CONSULTING WITH IMMIGRANT, REFUGEE AND VISIBLE MINORITY COMMUNITIES: A MODEL OF CONSULTING WITH THE PUNJABI/SIKH COMMUNITY.

submitted

by

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CONSULTING WITH IMMIGRANT, REFUGEE AND VISIBLE MINORITY COMMUNITIES: A MODEL OF CONSULTING WITH THE PUNJABI/SIKH COMMUNITY

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HARDEEP KLER

A Practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

ABSTRACT

Researchers in the past have provided information about consultation with mainstream communities in a number of settings. However, limited material exists concerning consultation with immigrant, refugee and visible minority communities.

This practicum explored the learning, which resulted from taking part in two pilot project consultations with the immigrant, refugee and visible minority communities and through participating in a practicum study at a health organization. This opportunity involved conducting thirty consultations specifically with the Punjabi/Sikh community on AIDS. It is important to mention the practicum focuses only on the process of consultation with the Punjabi/Sikh community and does not get into the content findings about AIDS.

The study provides two models of consultation, an ethno-culturally generic model and an ethno-culturally specific model. The first model can be used by social service personel when meeting with the immigrant, refugee and visible minority communities as a whole. The ethno-culturally specific model serves as a more thorough guide for consultation with the Punjabi/Sikh community. However, the ethno-culturally specific model can serve to p ¬ basis when intervening with diverse ethno-specific communities

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CHAPTER 1

INTRODUCTION

Historically, ethnic minorities have felt disenfranchised by the mental health system (Sue, 1992). Hence, **immigrant***, **refugee*** and **visible minority*** (hereafter referred to as IRVM) populations have experienced inequities, in and barriers to, this and other systems of our society. Literature regarding IRVM further supports the fact that these groups are disadvantaged and lacking opportunities throughout all areas of society (Bergin,1982; Doyle and Visano,1988; Sue,1991; Bolaria, 1985; Li, 1993; Stevens, 1993). This population has been disadvantaged and excluded from participation in **mainstream*** organizations and government. They have been especially limited in accessing the following areas: employment, education, housing and the social services. The Task Force On Mental Health Issues Affecting Immigrants and Refugees(1988) supports some of these claims.

In addition, the mental health and social service needs of IRVM communities are another area in which these groups are not receiving adequate service.

Barriers for ethno-cultural groups to the social services include a lack of service information in languages other than English and French (Bergin,1988; Doyle & Visano,1987) and neither understanding the work of helping professionals nor the service delivery system. As well, the way in which some services are designed and delivered is inappropriate for some cultures. Social welfare services in Canada are increasingly being utilized by the poor, single mothers, native people, immigrants and refugees, yet these individuals are under-represented as professional service providers and lack key policy making authority (McKenzie & Mitchinson, 1989).

*** All underlined and starred words are defined in the glossary at the end.**

Hence, the need for further research and ensuring equitable and adequate services for IRVM communities take on added importance since this population is an increasingly vital part of the Canadian reality. The purpose of this practicum is to construct a **ethno-culturally generic*** and **ethno-culturally specific*** strategy for working with the IRVM communities.

These consultation strategies will be constructed through reference to two pilot projects and one practicum site. All three examples entail consulting with the IRVM **communities*** on different issues.

DESCRIPTION OF PRACTICUM

The preliminaries to the practicum included taking part in two pilot projects which involved consultation with the IRVM communities. The first pilot project deals with the **educational equity*** initiative at the Faculty of Social Work, University of Manitoba. This example lays the groundwork for the ethno-culturally generic model because it includes individuals from the IRVM communities of different cultural backgrounds. This pilot project will be explained in more detail in chapter three.

The second pilot project is a needs assessment to appraise the psychosocial and cultural needs of ethnic communities for a multi-disciplinary clinic. Areas of consultation include: education, accreditation, employment, housing, language, health, family assistance, legal aspects, cultural/ethnic expressions, culture, financial aspects, life satisfaction and priority needs identification. The specific community consulted for this project is the **South Asian*** community. These consultations are the basis for the development of the ethno-culturally specific model of consultation. This pilot project will be discussed further in chapter three.

The final opportunity, the focus of the practicum, deals with consultations with the **Punjabi/Sikh community*** (hereafter referred to as PSC) in Winnipeg on the issue of **AIDS*** initiated by a health organization. The health organization advocates, facilitates and provides public education on issues of sexuality and reproductive health. It is a community-based, non-profit organization designed to respond to community needs and issues. It hosts the Immigrant/Refugee Health Programs and the AIDS outreach project. The AIDS outreach program is a program that provides services to immigrant populations on the issue of AIDS. This program attempts to find community based AIDS education strategies that are culturally appropriate for the IRVM populations.

The consultations with the PSC served two functions: first, they allowed me to participate in and learn about the process involved in working with the PSC and secondly, they provided a comparison of this process with the consultation processes conducted for the multi-disciplinary clinic and the Faculty of Social Work. The content of the consultations will not be the focus of this practicum, rather the process undertaken in conducting the consultations is the central concern. Ultimately, the consultation findings will be utilized by the reproductive health organization to develop prevention and intervention techniques for the PSC on the issue of sexuality education and Aids prevention.

All three consultation opportunities assessed the needs of IRVM groups in order that the organizations might better understand and meet their needs. Hence, the content gathered from all the consultations will be utilized in planning and developing programs to meet the needs of the diverse ethno-cultural population in this province.

PRACTICUN GOAL

In analyzing the process of consultation through the three projects mentioned above, the writer will attempt to frame a ethno-culturally generic and a ethno-culturally specific model for consulting with IRVM populations. The similarities and differences between the ethno-culturally generic IRVM and specific (South Asian, Punjabi/Sikh) consultation processes will be compared. The end result will be the development of two models of consultation. One will be aimed at ethno-culturally generic populations and the other at ethno-culturally specific groups.

The purpose of these models will be to enable other service providers to consult effectively with these populations on a vast array of topics. By so doing, the needs of the IRVM communities will be better represented in the development, implementation and monitoring of programs that affect them.

PRACTICUN OBJECTIVES

There are a number of objectives for the writer within this practicum. The main objective of this practicum is to develop an ethno-culturally specific consultation model for the PSC. The development of this model will require the writer to analyze, critique, evaluate and apply existing models mentioned in the literature and the findings of the two pilot projects mentioned previously. In addition, it is hoped that this model can guide future consultants with ethno-specific communities to plan and intervene with them more effectively.

The second objective of this practicum is to develop a ethno-culturally generic model of practice. This model will be developed through the extensive literature review phase and through first-hand experience obtained through the two pilot projects mentioned. The ethno-culturally

generic model will be a useful tool when consulting across ethno-cultures.

Another objective of this practicum is to enhance my skills in community consultation. This includes skills in: report writing, interpersonal communication, data analysis, community development, community networking, organizing focus group meetings and transcribing interviews.

The final objective of the practicum is the literature review. The literature review will explore information about: consultation, community development and cross cultural counselling. It will serve to broaden the knowledge base of the student in these areas. This is important because it will provide a comprehensive understanding and a solid base for further work during this practicum and afterwards.

RATIONALE FOR THE APPROACH

The practicum approach is guided by community development principles which encourage participation of people involved in the situation needing change. Community consultation will serve as a way to motivate and increase interest in the issue of AIDS in the PSC. Bergin (1988) emphasized that those likely to be involved in making changes and/or are affected by those changes, need to participate in the process. This approach will allow the consultant to view the perspective of the respondent, a perspective that is especially valuable to understanding stigmatized and under-represented groups such as IRVM communities. The consultant's involvement as an active participant in the consultation process will enable the development of a more comprehensive consultation model. Thus, the overriding purpose of this practicum report is to develop consultation strategies that will enhance the competence of service providers in interacting more effectively with the IRVM communities.

RATIONALE FOR SELECTING THIS PRACTICUM

The selection of this practicum was influenced by the lack of resources in this area. Inquiry into ethno-cultural consultation strategies will not only benefit higher education and the IRVM communities but it will also benefit the social work profession. In reference to the benefits to social work, such a strategy could assist practitioners in better understanding and working with the IRVM communities.

UNDERSTANDING THE NEED

A. Immigration Trends

Canada is a nation of immigrants. Today, fully one third of the Canadian population is comprised of peoples other than the charter member groups: the French, British, and Native people (Bolaria & Li,1988). "In 1986, almost 9.4 million Canadians reported having at least one ethnic origin other than English or French, and over six million Canadians reported only non-British, non-French ethnic origins". (Stevens, 1993,p.1)

In Canada, three main patterns of immigration have occurred. Between 1901 and 1921, the majority of immigrants came from Great Britain and Northern Europe. Between 1921 and 1971, more than 80% of immigrants came from European heritage, mainly from southern Europe, particularity Italy, Greece and the Azores. However, almost 20% came from non-white, non-westernized countries. From the mid 1980's to the present, a large number of visible minority immigrants entered Canada from around the globe. The last two immigration trends are relevant to the practicum. They merit further discussion.

1. Immigration Trends in the Sixties and Seventies

During the sixties and seventies the major portion of immigrants were of British or European background. As a result of this immigration trend, a major part of the literature on the mental health of immigrants tends to

focus on the situations of earlier groups of immigrants, especially those from Britain and the European sub-continent . It is important to keep in mind that since our early influx of Southern Europeans the following changes have occurred: characteristics and world views of immigrant cohorts are different; the political economy of the world has shifted; changes in technology in the areas of transport and communication have occurred. Thus, we must refrain from generalizing the experiences of the earlier immigrants to that of those from the 1980's. With the increasing diversity of visible minority immigrants and refugees entering Canada, representation and collaboration with IRVM groups in both the social services and other institutions of our society are both needed and warranted.

2. Immigration in the 1980's

Since World War II, and especially since 1980, the relatively sudden and mounting volume of visibly and linguistically different persons has seriously impacted the societies of industrialized countries with the sole exception of densely populated Japan. (adapted from Samuda, 1990)

In Canada, since the late eighties, a flood of **visible minority immigrants*** came from India, China, Latin America, South-East Asia, the Caribbean, Africa and the Middle East. In reviewing the immigration statistics found in Appendix 1, for the period of 1987 onwards, one can conclude that immigration has definitely increased in Canada for this specific period. The statistics for 1989 indicate 192,001 immigrants and refugees landed in Canada.

3. Immigration in the 1990's and onwards

According to the federal government's five year plan, an estimated 250,000 immigrants would enter Canada in 1992 (Employment and Immigration Canada,1990). The actual number of immigrants who entered Canada in 1992 was 252,842, a number that exceeded government projections.

In 1993, 254,677 immigrants and refugees entered Canada. Of these entries 77% came from Asia, Africa or South & Central America (Employment and Immigration, 1993). The actual breakdown of immigrants entering Canada in 1993 is found in Appendix 2. These statistics show a significant increase in the "visibility" of **ethnic groups*** in the Canadian population, a trend that is unlikely to change in this coming century. Hence, the trend of visible minority immigrants coming to Canada is continuing and the needs of these people and their communities certainly require attention.

In sum, during the past three decades there has been an increase in immigrants from the Third World countries with a decrease from industrialized countries. A large percentage of them are not fluent in either of Canada's official languages. This linguistic barrier impinges greatly on their accessibility to social services. More recently, immigration is being curbed by the Canadian Government because of the current economic crisis in Canada. The federal government is consciously moving to limit immigration into Canada. This can be substantiated by the extensive increase in **sponsorship fees*** set forth in the February 28/1995 budget. The recently imposed landing and application fees well exceed $1400 per applicant. It is anticipated that the trend toward increased immigration since the late 1980's will be reversed in the coming years. Yet, when this country is once again in need of a labour force the gates of immigration will again be widened.

B) Attitudes Toward Immigration

Immigrants came to Canada for a number of reasons. Some came to escape political, religious and military oppression, others came for economic betterment; some came to provide a better future for their children, especially for a better education. The majority of immigrants came to Canada to fulfil a notion of a better life-- politically, economically and socially.

From the early 1980's through to 1990, the Canadian government was working to restore immigration to post-war levels. Increased immigration was needed for Canada's economic growth and social development (Manitoba Culture, Heritage and Citizenship,1991). The Canadian population is aging and is expected to decrease in the next thirty years. Birth rates have declined in this country since the 1970's and are expected to further decline until early in the next century (Stevens,1993). Hence, Canada is not bringing immigrants in simply for humanitarian purposes but rather to keep the population stable and the economy strong.

It is not new for government policy to favour immigration when the country's needs warrant it. Expanded immigration policies are tied to the economic and industrial development of this country. In the past, immigration has been used to respond to growth and development requirements. An example is the recruitment of immigrants by the government to respond to labour force needs for the construction of the Canadian Pacific Railway (Bolaria & Li,1988). Thus, history indicates that the myth cherished by most Canadians that this country was built on rich libertarian traditions is not entirely true.

"Immigrants were not always welcomed with an outpouring of compassion appropriate for the world's downtrodden, oppressed and displaced." (Mazurek, 1987, p.1) In times of economic hardship intolerant attitudes

tend to surface. As economic and social insecurity increase, the common tactic of blaming immigrants is used by the government to cover up the real causes of unemployment. Recently, headlines similar to those below have appeared in the newspapers: " Immigration cut to protect Jobs "; " Immigrants are draining our Welfare and pension system"; " Immigrant crime on the rise". It is important to remember that such headlines are attacks on minorities and immigrants by government and private institutions. Such attitudes ignore the fact that IRVM are functioning and contributing members of this country. It is essential to recognize that immigrants are needed for the growth and prosperity of the Canadian economy. In the period between 1951-81, 38% of Canada's population growth can be attributed to immigration and the offspring of immigrants who arrived during those years (Lee,1985).

C. Impact Of Changing Demographics On The Social Services

> Statistics Canada data show that the foreign-born are less likely than Canadian- born persons to receive social assistance. At the same time, immigrants tend to have higher incomes and thus contribute more in taxes to the treasury(reflecting the fact that on the average they are better educated and more apt to live in urban centres). In fact, their net contribution to the public purse exceeds that of the native-born by over $200 annually. (Stevens, 1993, p.3-4)

As the IRVM population increases, it also provides a large percentage of tax revenue for our social programs. The reality is, according to government figures, that immigrants now subsidize the non-immigrant population (Stevens, 1993). Thus, this population is definitely entitled to access services afforded to them as contributing members of Canadian society. Nevertheless, a majority of services are not accessible as will be shown in the next section on multiculturalism.

The statistics and trends mentioned above pose a real challenge for social service agencies. In the future, a majority of their clientele will reflect this increased ethnic diversity. The likelihood that

practitioners and clients will be of different ethnic backgrounds increases each year. Therefore, addressing the needs of IRVM populations by providing culturally sensitive services and methods of working is imperative. To best accomplish this, it is important that the IRVM groups are consulted. At the same time, " mainstream" consultation strategies may not be appropriate when dealing with these diverse communities. Therefore, further investigation on developing methodologies for consulting with IRVM groups is needed.

THE CANADIAN CHARTER OF RIGHTS AND FREEDOMS

The Canadian Charter Of Rights and Freedoms, enacted in 1982, gives recognition to discrimination people may have suffered in the past. This act sets out, in sections 15 and 27, that all Canadian citizens have the right to participation in all spheres of life, social, political and economic, regardless of colour, creed or cultural background. This document provides support to the practicum because it recognizes the needs of diverse Canadian citizens to enjoy all the privileges associated with being a citizen of Canada. This document advocates equality for all individuals in society. Yet, this notion of equality for all may not be satisfactory to the needs of the ethno-cultural communities because their needs may be different from the needs of others in society. In response to the lack of acknowledment of the different needs of different groups by the Charter Of Rights and Freedoms, the notion of multiculturalism was introduced.

MULTICULTURALISM

> The government of Canada recognizes the diversity of Canadians... as a fundumental characteristic of Canadian society and is committed to a policy of multiculturalism designed to preserve and enhance the multicultural heritage of Canadians while working to achieve equality of all Canadians in the economic, social, cultural and the political life of Canada (Canadian Multiculturalism Act,1988).

The new policy is based on the idea that everyone, including the government, is responsible for changes in our society. This includes the elimination of racism and discrimination. The right to appropriate services together with the right to participation in labour, education and other sectors of our society is afforded to immigrants by the policy of Multi-culturalism* enacted unanimously by parliament in 1988. The policy was adopted as a consequence of agitation by non-English, non-French ethnic groups who felt that a policy of bilingualism and biculturalism ignored their identities and contributions to Canada (Bolario & Li,1988).

In Canada there are two dominant languages and hence two dominant groups beyond this multiculturalism is espoused. A multicultural policy is upheld both at the federal and provincial jurisdictions. In Manitoba, the Government has generally accepted and attempted to promote the multicultural philosophy. This policy encourages all people to celebrate and share their history, while participating fully in the economic and social life of this country (Manitoba's Policy of Multiculturalism, 1990).

A multicultural Canada means there is both equal access to service and equal standards of service for all Canadians. Multiculturalism attempts to foster a society in which our similarities and differences are accepted and respected. It recognizes multiculturalism is a fundumental characteristic of this country and one that is deeply valued. Further its aim is to help minority groups preserve and share their language and culture and to remove the cultural barriers they have faced.

The multicultural policy is very idealistic and lacks the recognition that sometimes equality of opportunity does not necessarily translate into the ideal of equality for all. It assumes that all people are on an equal playing field. For instance, it fails to recognize that systemic barriers

negatively affect and inhibit IRVM groups from reaching their full potential. The barriers are numerous and they can be set out in five categories: information and knowledge barriers; cultural barriers; communication barriers; circumstantial barriers and administrative & systemic barriers (Nyman, 1992). The intentions of this policy may have been good but reality reveals that the policy is better in its intent than in its action.

Multiculturalism is important because this policy provides IRVM groups with the right to be understood and to have equal access to services in all spheres of our society. This practicum is guided by the notion that equal access is both necessary and legitimate. However, it goes one step further to acknowledge that specialized interventions are necessary for diverse groups. Ethno-cultural communities require different consultation strategies than the mainstream population because these groups adhere to values, beliefs and norms which are different from those of the western culture.

THE ROLE OF SOCIAL WORK TO CORRECT INJUSTICES

The social work profession has a long history of commitment to social justice, to ending discrimination and to empowering people to gain control over their lives. It is fitting that the inequalities IRVM groups experience are addressed by social work (Stout et al;1993). Services for the IRVM communities need to move away from the charity model and ethnocentrism to one which is based on commitment to social justice and equity. We need a model which will focus on enabling IRVM groups to do for themselves rather than others doing for them.

Historically, settlement workers lived in immigrant communities and learned from them(e.g.Jane Adams). However, more recently there has been little communication with and understanding of the IRVM communities by the

social work profession. More interaction is essential for developing methods, approaches and services which are culturally appropriate for IRVM needs. In social work, an attempt to develop new typologies and paradigms for understanding and working with diversity is essential. Ultimately, such new and innovative strategies will enhance the understanding of social work practitioners working with all people. Accordingly, this practicum will focus on developing **ethno-cultural consultation*** strategies oriented to the needs of the **ethno-cultural*** populations in Canada. The overall objective of social work consultation is the improvement of services to people. Consultation is a legitimate social work role and a valid social work function (Rapoport, 1963).

ESSENTIAL THEORETICAL MODELS FOR THE PRACTICUM

The writer will utilize an eclectic theory base in devising an appropriate consultation strategy for the IRVM communities. It is important to look at the consultation strategies that exist in social work together with their theoretical bases. Cross-cultural theoretical frameworks need to be considered in order to devise a culturally appropriate consultation strategy. It is also important to incorporate community development theories because they encourage communities to devise methods that improve their social conditions (Yelaja, 1985). The chapter which follows will expand on these theoretical frameworks.

The practicum has been organized into six chapters. Each of these chapters builds on the theory and knowledge base of the previous chapters.

The first chapter, which you have just read,provides a basic introduction to the practicum and its goals and rationale. The introduction to the problem has been outlined. Further, the role of social work in correcting injustices was explored and essential theoretical models necessary for the practicum examined.

Chapter two provides information on how consultation evolved; the background of consultation; a review of the definitions of consultation, consultant and consultee; the purpose of consultation; and a literature review on consultation. Further, this chapter looks at four theories of consultation and their relevance to the practicum: Caplan's model, Schein's model, Block's model and O'Neil and Trickett's model. The chapter examines community development and cross-cultural models of practice. These models will serve to provide a specialized understanding of the needs of communities and ethnically diverse groups. This information will later be utilized in the development of the culturally generic and culturally specific consultation models.

Chapter three explores two pilot projects and outlines the foundation of the practicum selected. In addition, this chapter presents and elaborates on an ethno-culturally generic model for practitioners. This model was developed through a literature review and through the experiences obtained from the two pilot projects.

Chapter four unfolds by presenting information about the importance of specific models of consultation alongside generic models. Then a model of ethno-culturally specific consultation is presented and discussed extensively. The practicum opportunity, the literature review and the model of ethno-culturally generic consultation were all sources used in the development of the ethno-culturally specific model of consultation presented in this chapter. This model examines the consultation process which came out of the practicum opportunity with the Punjabi/Sikh community.

Chapter five presents a comparison between the two models, the ethno-culturally generic and the ethno-culturally specific, and ends with a summary of findings. In addition, this chapter provides some

recommendations for consulting with ethno-cultural communities.

Chapter six provides a brief summary and various recommendations for social service providers. The recommendations are based on the learning acquired from the practicum opportunity.

CHAPTER 2: CONSULTATION

1. CONSULTATION IN SOCIAL WORK

Historically, professional interest in consultation developed as a response to social work practitioners recognizing the connection between consultation strategies and social work practice. Social work consultation activities were introduced in the literature as a function of counsellors' work-related activities. Some proponents who supported the connection between social work practice and consultation are: Cottingham, 1968; Faust, 1968; Schein, 1969; Caplan, 197; and Block, 1981.

Consultation as a technique links up with both social work methods(casework, group work, community organization) and fields of practice. Originally, the professional consideration of consultation arose from two different fields of practice: the field of public welfare and the practice of medical social work. In both, the original focus was on the individual client. This has since been expanded to include groups, even communities, through the process of conducting various needs assessments.

Consultation initially was described as involving a problem solving process by which expert knowledge and skills are transmitted in the relationship between consultant and consultee (Sikkema, 1955). The problem solving process includes study or fact finding, diagnosis or evaluating the facts, and treatment or formulating and implementing a plan of action. Later, Caplan (1970) and Schein (1969) began to describe the consultant as a "process helper". More recently, authors Becker et al (1992) and Kurpius (1978) defined the consultant as an integral part of the helping process and

collaborative consultation. As the years have passed, consultation has become linked to the social work profession as it resembles casework, group work and community development work in many ways.

Consultation, according to Funk & Wagnall's Standard Dictionary, is "to ask the advice of; go for counsel; refer;" and "to have regard to in deciding or acting; consider; to consult one's best interest(p.137). "In this definition, the aim of consultation is the facilitation of intended effects" (O'Neil & Trickett, p. 2, 1982). Consultation takes place among many people and in many situations. More specifically, consultation is selectively directed toward enabling the consultee to increase, develop, free or modify his\her knowledge, skills, attitudes, and behaviours toward a solution of a current or anticipated work-related problem (Caplan, 1970). To summarize, then, consultation involves the interaction of consultants with various host settings and people of diverse backgrounds and cultures.

Dougherty (1990) defined a consultant as a person, typically a human service professional, who delivers direct service to another person (consultee) who has a work-related or a care-giving related problem with a person, group, organization or community. Thus, the consultant is seen as an advisor, educator and technical assistant. The consultant requires skills in communication, interpersonal relationships, and in appraising, understanding and interacting with professional and organizational subcultures. Further, she/he requires the ability to engage in and guide the change process. Ronald Lippitt, for example, describes the consultant as "an outsider", but goes on to say that "the role of the psychosocial outsider can sometimes be taken by a consultant located within the client system".(Lippitt, 1973, p.3). Hence, the consultant is someone who intervenes, a person whose intervention is temporary, who works with a system focus, and whose advice may be accepted or rejected as the client

chooses (O'Neil et al, 1982). Consultants can make contributions to the efforts of community groups to do what they want and get what they need.

The purpose of consultation is to introduce change in some facet of the consultee system. Thus, the consultant role may be viewed as that of change agent. The more immediate goal of consultation is to strengthen consultees in their designated role. The content of consultation may be focused on cases, policy or program. Consultation takes place through an arrangement in which help is given with work problems and in which some technical knowledge, relevant to the problem under examination, may be transmitted. Consultation may be carried out either through individual or group methods. To elaborate, the consultant has the choice of conducting individual or focus group consultations.

2. CONSULTATION

The early proponents of consultation literature are writers such as: Sikkemma, 1955; Schein, 1969; Westermeyer, and Hausman, 1974; Blake & Mouton, 1976; Caplan, 1970; Lippitt & Lippitt, 1978. The more contemporary writers on consultation are authors such as: Block, 1981; Conely & Conely, 1982; Gallessich, 1982; Glaser & Backer, 1982; O'Neil and Trickett, 1982; Cooper & Hodges, 1983; Mannino & Shore, 1985; Kurpius, 1985; Brown,1988; Schulte, 1987; Wilcoxan, 1988; and Sullivan, 1991.

I found two articles especially helpful in gaining some theoretical understanding about consultation. The first is titled "Problem-Solving Strategies in Consultation" by Hollister & Miller (1979) and the other is titled "Consultants in the Public Sector: A Symposium" by Richard L. Pattenaude (1979). Finally, a few books currently exist that deal specifically with social work consultations: Consulting with Human Service Systems by Leonard D. Goodstein (1978); Consultation in Social Work Practice by A. Kadushin (1977); Consultation in Social Work Practice

by Lydia Rapaport (1977). These books focus on mental health consultations and organizational consultations aimed at improving programs.

Consultation has a long and healthy tradition in the healing arts, especially in the area of mental health. Most of the books on organizational consultation, for example, have concentrated their attention on organizations in the private, profit-making sector, except for a few that have focused on public schools (Sarason et al, 1966). Much has been written about consultation as it applies to various professional fields such as psychiatry, education, management and others. However, there has been little focus on consultation in the field of social work or in consultation with IRVM communities (Cogswell & Miles, 1984).

A review of recent social work literature yields few articles on consultation. The social work abstracts from 1978 through 1980 list only fifteen articles on consultations and consultants (Cogswell & Miles, 1984). Most of the articles are descriptive in nature and focus on social work consultations in specific settings. Only a few articles deal with theoretical issues in enough depth to be of general use to the beginning consultant. Consultants must deal with the fact that there are many models of consultation from various disciplines to choose from. Nevertheless, a comprehensive model, experienced individuals and resources for conducting social work consultations with ethnic communities are lacking.

Since the late 1940s and early 1950s when the role of consultation was first discussed in the professional literature (Argyris and Schon, 1975, p.5-6) as a process or interventive role, many consultation models and theories of social work have been proposed. However, no one clear model which can be used by all consultants has emerged.

There are basically two conceptual frameworks emerging from the consultation literature: Gerald Caplan's (1970) and Edward Schein's models (1978). These, in addition to Block's, O'Neil's (1982) and Tricket's theories (1982) on consulting, will be elaborated upon.

A. CAPLAN'S MODEL

Caplan specifically defined consultation as the following:

> A process of interaction between two professional persons--the consultant, who is a specialist, and the consultee, who involves the consultant's help with regard to a current work problem with which he is having some difficulty and which he has decided is within the other's area of specialized expertise. The work problem involves the management or treatment of one or more clients of the consultee, or the planning or implementation of a program to cater to such clients. (Caplan, 1970, p.19)

Caplan's model was originally developed for the mental health field and now is utilized in many other areas as well. This model was outlined by Caplan in his book, The Theory And Practice Of Mental Health Consultation.

The model describes a style of consultation whereby the expertise of the specialist-consultant is passed on to consultees who either work directly with clients or who plan programs aimed at giving services to clients (Mendoza,1993). Caplan comments on the elements of consultation from his own personal and professional experience as a consultant in helping large human service organizations deal more effectively with the difficult client cases for which they sought assistance. Caplan's model of consultation serves a dual-purpose:to help the consultee with current work problems and to increase the consultee's effectiveness in solving similar problems in the future. In other words, the main purpose of the consultation is to impart knowledge and decrease dependency on the consultant.

A general process of consultation can be extracted from Caplan's work (1970). This process may be looked at as a series of phases or stages

including entry into consultation, actively establishing a **coordinate relationship***, assessing the work problem, formulating a plan of remedial action, and evaluating and following up on the consultation engagement (Mendoza, 1993). This process will be further discussed separately below.

1. Entry Into Consultation

Caplan (1970) suggested that entry into consulting relationships within an organization be entrusted to those in the position of highest authority so that resistance to interventions within an organization might be reduced by using the support of the top person to get others on board.

In addition to gaining sanction from those in charge, entry must include the clarification of the role of the consultant to those who will be part of the consultation process. The consultants need to identify what they expect from those being consulted and what those being consulted can expect from the consultant. The outcome of this process will be an agreement or contract outlining the expectations of both parties.

2. Establishing a Coordinate Relationship

After entry, the consultant needs to start developing a trusting relationship by using the consultee to learn about the values, power structure, mission, and traditions of the organization. The relationship with the consultee needs to be one which is coordinate in nature, as this coordinate relationship supports the interdependence of the consultant and consultee. Both collaborate as equals, each owning particular responsibilities in the process of resolving a problem (Mendoza, 1993). Assuring confidentiality during this phase of consultation is very important.

3. Assessing The Work Problem

The process of assessing the work problem involves gathering data from a variety of sources. Information concerning the nature of the problem is also discussed during the consultation with the consultee. There must be a mutual agreement that the problem to be the focus of the consultation has been clearly identified. Assessment also includes exploration of the resources available to the consultee in dealing with the work problem.

4. Intervention: Developing a Plan of Remedial Action

Once the assessment has been completed, Caplan (1970) emphasizes that the consultant needs to draw up an intervention plan and check this plan against the resources of both the individual consultee and the work setting to ensure its feasibility. The consultant meets with the consultee to make sure that the recommendations forwarded are appropriate to the needs of the consultee.

5. Follow up and Evaluation

The final stage of consultation mentioned by Caplan (1970) is the one of follow-up and evaluation. The purpose of this stage is to ascertain the efficacy of the consultation and also to obtain feedback on how to improve future consultation for similar problems. Caplan does not specify strategies for follow-up and evaluation and admits that this stage of consultation is often passed over in practice.

As well as describing the steps of the consultation process Caplan also outlines four primary types of mental health consultation: client-centered,consultee-centered, program centered administrative, and consultee-centered administrative (Caplan, 1970). The process explored above is similar when conducting any of these types of consultations. Caplan's four approach consultation model is appropriate for many practice areas of social work. It can be used with micro or macro systems and can

focus on clients, the professional helping person, specific program issues, or characteristics of the consultee and the human service agency in which he or she is employed (Caplan, 1970). These four models of consultation will be explored further below.

Client-centered consultation requires the consultant to focus on the problems of the client of the consultee. In this approach, the consultant is seen as an expert and is usually asked for his/her opinion in a situation. Hence, the consultee approaches the consultant for assistance with a difficult client case. The specialist consultant examines the client directly, makes an assessment and provides the consultee with a verbal or a written report of recommended treatment for the client. The consultant's primary goal is to provide a prescription for helping the client. The client is the focus of the consultation intervention, as the improvement of the client's situation is the desired outcome of the consultation. Of Caplan's four types of consultation, client-centred case consultation resembles the familiar process of referral to an expert.

In the consultee-centred consultation, the consultant focuses on the consultee and what he or she brings to the service delivery system. The purpose of this kind of consultation is to identify and correct any professional shortcomings which affect the consultee's work in a particular case for which consultation assistance is sought. In this consultation mode, in contrast to client-centred consultation, improvement of the client's condition, although desirable and important, is considered secondary. Of primary importance is improvement of the consultee's capacity to function more effectively in dealing with similar clients in the future. In other words, the presenting case is simply used by the consultant as a means for examining and correcting the professional work problems of the consultee, who is the focus of the consultation

intervention. The consultant must diagnose whether the issue for the consultee is lack of knowledge, lack of skill, lack of self-confidence or lack of professional objectivity.

To summarize, in consultee-centred case consultation, consultants help consultees learn about themselves. The case brought to the attention of the consultant is a means of improving the consultee's future performance with similar cases. Sometimes providing information and support is all that is necessary. Caplan does not mention how the societal system figures in this model. However, it seems logical that the system will function better if the individual improves his/her ability to deal with certain cases for the future. In this model the consultant does not help to deal with systemic issues.

The program-centred administrative consultation requires the consultant to have specific knowledge and experience in relation to certain programs or the development of new ones. The focus is not on the specific client or consultee but on the collective needs of a group of clients. In the program-centred administrative consultation, the consultant is invited by the administrator (or group of administrators) to help with problems in program development, planning and implementation of organizational and personnel management or other administrative functions needing improvement. In this type of consultation, the consultant is responsible for applying his or her expertise (areas of expertise may include psychology, psychotherapy, organizational theory, planning, fiscal and personnel management, and general administration) to the task of accurately assessing the current problem and offering specific prescriptions for action. The responsibility of accepting or rejecting the consultant's recommendations remains with the consultee.

In consultee-centered administrative consultation, the consultant is called by one or more members of the administrative staff to help them better deal with administrative duties and to develop, plan, coordinate and evaluate programs. Unlike program-centred consultation, however, the consultant's role in this type of consultation is to help the administration of an organization learn the process of solving its own current problems so that its capacity to solve similar problems in the future is improved. Thus, the primary function of consultee-centred administrative consultation is educative in nature and focused on the consultee's capacity rather than the program or administrative activity.

Caplan's program-centred administrative consultation and the process of consultation presented by him will be utilized in the development of a culturally generic consultation model presented at the end of chapter three. Caplan's model supports the need to look at clients in a group and try to meet their needs by developing, modifying, and adapting programs. In this practicum the needs of the immigrant, refugee and visible minority communities will be reviewed with regard to the process of consultation with such groups. In particular, the consultation process appropriate for the Punjabi/Sikh community, relating to an AIDS project, will be analyzed.

The program centered administrative consultation model states that consultants require a certain degree of expertise with relation to the group and topic that they will be consulting about. The writer will obtain this expertise by conducting a literature review and reflecting on previously conducted consultations with this community. Further, my background will be an asset in this process as I am a member of both the visible minority and the immigrant group. The limitation of this model

for giving direction to my work is that it focuses specifically on mental health consultation and does not highlight factors relating to ethno-

cultural consultation, which ultimately relates to the main learning objective of the practicum. This obstacle will be overcome by examining the consultation process with the immigrant, refugee and visible minority groups through the two pilot project experiences and the process of consultations conducted with the Punjabi/Sikh community. These three opportunities allowed me to write more specifically about consultation with ethno-cultural communities thereby assisting in providing future ethno-cultural consultants with some direction when consulting with such populations.

B. SCHEIN'S PROCESS VERSUS CONTENT CONSULTATION MODEL

As early as 1969, Edgar Schein was developing a typology of consultation models based on key underlying assumptions about helping. In Schein's models, the underlying point is that it is important for the helper to understand what presumptions he or she brings to the helping process. If the assumptions are inaccurate, the helping process will be undermined. Schein's models focus on content versus process components of problems and problem solving. Edgar Schein (1969; 1978; 1989; 1990) has proposed three models of consultation based on assumptions inherent in different helping styles. The first two, the purchase expertise model and the doctor-patient model, focus more strongly on the content of the organizational problem. The third model focuses on how problems are solved and is referred to as the process consultation model.

The purchase of expertise model, is content-centred. For example, there is some problem in an organization; they hire a consultant to fix it. The consultant needs to provide some expertise, whether it is some kind of

specialized ability or information, to solve the problem. In essence, the client is saying, "I've found a problem that I can't solve. You fix it and bring me the bill." This model allows clients to remove themselves from the problem. The client has definite control over whether he/she accepts the solutions the consultant proposes in this model.

Like the purchase of the expert model the doctor-patient relationship model of consultation focuses more on content than on process. The difference is that whereas the purchase expertise model requires the client to know what the problem is, with the doctor-patient model the client knows something is wrong but does not know how to fix it. The consultant is brought in both to make a diagnosis and to provide a prescription for a solution to the problem. This model, the client abdicates even greater control to the consultant than he or she does the purchase expertise model. This is the case because the client depends on the consultant to diagnose and prescribe a remedy to the problems he/she may be facing. This is different from the last model because the client in this case will take the prescription outlined by the expert, in many cases without challenge. This is because the consultant is viewed as an expert, whereas, in the purchase expert model, the client had the option to accept or reject the recommendation provided by the consultant. In fact, the client takes on a dependent role and hands the problem over to the consultant, much as a patient does to a doctor.

In the process consultation model, the emphasis shifts from a focus on the content of the problem to a focus on how problems are solved. The belief is that the only way to arrive at a truly workable solution within an organization is to involve the client throughout the process of diagnosing the problem and generating solutions. This model stresses a collaborative relationship between consultant and client, with the consultant facilitating the client's process of exploration and intervention into the

organization's problems. This joint effort between the two encourages the client to provide input throughout the process. The client's involvement can help to break down potential resistance and resentment to proposed solutions which might occur if the consultant worked independently.

Schein's process consultation model focuses not on the consultant as a content expert, but as a facilitator in helping consultees solve problems themselves. Schein's model and its assumptions correspond closely to the social work principle of "helping others help themselves" and it makes frequent use of the social work roles of facilitator and catalyst (Schein, 1978). It is a model that could be used in any social work setting. Consultants would feel free to enter a variety of situations, even those in which they had little or no experience, because their expertise is in the process of problem solving, not on a specific content area. The consultant in this approach would participate with the consultees in the joint establishment of a service plan.

Schein's model of process consultation is also a useful model for the objective of this practicum as it focuses more on resolution of problems in partnership with the client system. From the beginning, it is important for the consultant to work with clients to get inside their world and see it from their perspective. Hence, knowledge and familiarity with the social context of the group being consulted is essential in conducting effective consultations with any community group. In this model, the client does not give the problem to the consultant, relax, and wait for the solution. The consultant never moves into a position of owning the problem and subsequently prescribing solutions. Process consultation is systematic in that it accepts the goals and values of the organization as a whole, attempts to work with clients within those values and goals and jointly find solutions that will fit within the organizational system.

Exploring the dynamics of the process of consultation between consultee and consultant is the focus of this practicum. Schein's model is clearly more oriented toward organizations than to consultations in the social work field. Yet, the ideas of the process consultation model can be adapted and utilized in the human service profession as well. This model, compared to the purchase of expertise model and the doctor-patient model, is more appropriate and in line with the intentions of this practicum. This is because the notion of collaboration in consultation presented in the process model will be the basis of the consultations conducted for the practicum. The immigrant, refugee and visible minority community can or recommend solutions that are most appropriate to their needs using a collaborative consultation process. Further, this model advocates that one does not need to be an expert on the topic being consulted about, but consultation can serve as a reciprocal educational opportunity. This notion will also serve the practicum since I had limited knowledge about AIDS (the consultation content) prior to conducting the consultations with the Punjabi/Sikh community. Rather, my strengths were skills in consultation and a knowledge of the socio-cultural dynamics of the Punjabi/Sikh community.

C. BLOCK'S CONSULTING THEORY

Peter Block (1981), in his book Flawless Consulting, defined the consulting process as one that can be conducted without errors (Ross, 1993). Block maintains that consultants do not need to take full control, rather they can advise or recommend interventions to clients. The concept of flawless consulting rests on the assumption that within each person is a perfect consultant. The process involves managing lateral relationships. Neither the consultant nor the client is in charge. The power balance in such a relationship is ambiguous. Block (1981) presents five phases of the consulting process.

1) Entry and contracting
2) Data collection and diagnosis
3) Feedback and decision to act
4) Implementation
5) Extension, recycle or termination.

Two main elements of this approach are: approaching the client with authenticity and the careful completion of business for the five phases of the consulting process. Most consultation models lack the integration of cultural factors in the consultation theories. Block's(1981)description of consultation encompasses many vital issues that can serve as the portal of consideration for multicultural issues in consultation.

I will discuss the entry and contracting phase because these are the key areas of concern to the practicum. Since this practicum is focused on the development of an appropriate consultation process for the IRVM community, it is important to understand the processes of entry and contracting outlined in Block's model. Throughout his descriptions of the phases of consulting, Block has woven the themes of engaging the client, reducing resistance, and increasing probabilities of success. He has given special attention to the first stage, that is, the entry and contracting phase. These two phases are essential in any type of consultation and need to be planned carefully. Block concentrates on the process of entry, including contracting, because he maintains that these first stages will guarantee success in the implementation phases. The main feature of the first phase is that it is highly collaborative. "The decisions of the entry and contracting phase require a 50-50 split in responsibility on the part of the consultant and client" (Ross, 1993, p.639). Block looks at contracting as a major piece of the initial stage of consultation. Contracting involves negotiating on the part of the consultant and the client. Two issues, those of mutual consent and valid consideration, exist for both parties.

To begin, Block has suggested increasing the personal comfort of the client with some agreeable comments, followed by an understanding of the problem, clarity about what the client wants from the consultant and what the consultant wants from the process, plus what is being offered (Block, 1981). In essence, agreement on these points needs to be negotiated by both parties.

The contract should include the boundaries of the analysis, including what will not be done and the objectives of the project, be they focusing on solving the business problem, teaching clients to solve future problems themselves, or improving the management within the organization in general. Other information that needs to be clarified is: the consultant's role in the project, the product to be delivered, and the support expected from the client. A general idea of a time schedule, information about confidentiality of material, and feedback to the consultant at a later time are also in a contract. These points guide me in developing the entry phase of the consultation process for the model, to be presented in chapter three. Block highlights two problems that can occur for the consultant in the entry phase. The client can be resistant and the consultant can lose control of the consultation. The remedy he offers to overcome the resistance is to identify the resistance, view it as a natural process, support the client in expressing resistance, and not take the resistance as a personal attack (Ross, 1993). The control issue can be dealt with by emphasizing mutuality and hence control will not reside with the consultant. In many types of consultation strategies, control is usually in the hands of the consultant because he/she assumes the expert role. Through the mutual sharing of power, both sides gain something of value, and both sides give mutual consent to the procedures.

D. O'NEIL AND TRICKETT'S CONSULTATION MODEL

O'Neil and Trickett support the need to view a consultant as a resource. These authors maintain that different characteristics, ranging from personal style to background training, constitute different sorts of consultant resources. This approach differs from that of the theorists who offer specific models and techniques as blueprints for consultation (among them Argyvis, 1970; Caplan, 1970; Goodstein, 1978). The resource-based approach advocates that the models consultants espouse and the techniques they use are among the resources they bring to groups. Whether and how these characteristics, techniques and theories are useful, and the way in which they are useful, will depend on the context of the consultation.

Context includes time and place, community traditions, the nature of the problem facing the community group and the obstacles and opportunities in the environment. Emphasis on social context should yield an appreciation of the ways in which group processes, norms, policies and social structures influence communities.

This model provides direction and structure to the practicum because it gives recognition to culture. It does not predetermine the consultation process but justifies the differences in various contexts and with diverse peoples. This model also serves as a framework for the ethno-cultural consultation strategies developed in this practicum. It is important that consultants are informed about and sensitized to cross-cultural issues, thereby allowing the consultant to provide the best service possible.

Thus far in this chapter a brief literature review on consultation and theoretical consultation models have been presented. The four models that have been explored are those of Caplan, Schein, Block and O'Neil & Trickett. These models all contribute to the consultation literature although not any one of them suits the consultation needs of the IRVM communities entirely. Block's model and O'Neil and Trickett's models are the more useful ones because they can be adapted to address issues of culture.

Sue (1981), on the other hand, contends that cross-cultural work cannot be approached through western models; Sue reasons that, ideas about the nature of persons and personality are culturally defined and that most Western helping models naively imply that they are applicable to all populations, situations and problems. No one particular model of consultation satisfies the theoretical underpinnings of this practicum. I have chosen to use an eclectic and open theory base to develop a cross-culturally generic and specific consultation model. This model will adapt pieces from the theories presented and also present new ideas for consulting with ethnically diverse communities.

3. COMMUNITY DEVELOPMENT LITERATURE

The major proponents of community development are writers such as: Ross (1967); Pearlman & Gurin (1972); Rothman (1974); O'Brien (1979); Williams (1980); Lipskey (1980); Bullock (1990) and Wharf (1992). An influential book on the theory and practice of community work argues that the overall objective of community development is to assist residents of a particular area to confront and resolve the problems facing them (Ross, 1967). In terms of workers' skills, community work requires the ability to carry out surveys, to identify needs and resources, to analyze and evaluate programs, and to develop new services.

The notion of community development is important to this practicum because this ideology advocates empowering communities to find resolutions to their own problems. This notion serves as a guiding principle in the consultation strategies developed because I believe those who are encountering problems are best able to identify them and develop feasible strategies of intervention. In this practicum, the problem identified is the absence of consultation strategies for the IRVM communities. Conducting consultations with diverse communities and monitoring the process of intervention has assisted in the development of alternative consultation strategies.

Community development advocates the democratic right of all citizens to take action and participate in bringing about whatever desired change is needed in society(Wharf, 1992). The consultant in social work is seen as a change agent because the consultant is attempting, by meeting with individuals and listening to their needs, to improve their life in some manner. Consequently, my role in the consultations to be conducted will reflect the roles of advocate and change agent at a broader level.

Common sense suggests that those closest to a problem should have some way of contributing information about the problem--its scope, impact and the effect of current programs. The overriding purpose of community work is social reform which is achieved mainly by improving social policies and programs to enhance the competence of consumers, staff, and others affected by them. Therefore, the development of a ethno-culturally generic consultation strategy for the IRVM community and a specific consultation strategy for the Punjabi/Sikh community were developed by consulting directly with these respective communities.

The main argument of advocates of community development is that when governments plan for communities, not with them, the programs developed are frequently ineffective and inappropriate. An example of such ineffective planning is the development of child welfare policies without input from First Nations peoples. These unsensitive policies have harmed the Aboriginal communities far beyond our comprehension.

The first steps of community development (and all good social work) are relationship formation and needs assessment. In order to change organizations and develop community-based programs, it is essential to form links with all population groups and to learn from them what needs to change and what the best strategies for such change are. In providing a consultation strategy with the IRVM communities change in understanding and communication with these communities result among social workers. Further, it will increase the likelihood of better meeting the communities needs and interests.

Community-based programming carries community participation forward into all stages of implementation. A truly community-based program will revolve around needs and solutions as identified by the community itself. The utilization of a **community based consultation strategy* in consulting** with the IRVM communities further links it to the community development literature. This approach recognizes that those closest to the problem or issue should have some way to contribute information. The collaborative problem-solving approach is the basis of any kind of community work (Wharf, 1993). Further, it is supported by social work literature that encourages collaboration, mutuality and communication during any type of intervention. Consultations conducted with the community become the basis for the development of an ethno-cultural models.

4. CROSS-CULTURAL LITERATURE

The literature regarding cross-cultural consultations specifically, is sparse. Most of the literature on consultation strategies is not inclusive of the immigrant, refugee and visible minority communities because it assumes that they are the same as everyone else. Thus, most literature on consultation is written from the western mind-set and does not take into account the special needs of diverse communities. In undertaking the development of an ethno-cultural consultation process for the IRVM communities, one obtains little assistance from the consultation literature. Therefore it's essential to explore the general cross-cultural literature.

The major proponents of cross-cultural work are such authors as Chau (1990); Herberg (1992); Devore & Schlesinger (1991); Lum (1986); Green (1982); Sue (1981); Tseung & Sue (1980). This cross-cultural literature takes one of two directions. Some authors identify culturally specific principles(emic) related to one particular culture (Sue, 1981); others describe culturally general principles(etic) that would apply in many cultural settings (Tseung & Sue, 1980). Culturally specific models are much easier to develop because they focus only on the characteristics of the group one studies whereas the general models attempt to generalize similarities across cultures.

Most cross-cultural practice content has tended to focus on specific models of practice (Delgado, 1977; Elkaim, 1970; Levine & Padilla, 1980) and has stayed away from more generalized models of cross-cultural practice. This practicum attempts specifically to balance the literature by devising consultation models for the IRVM groups that are both generic and specific in nature.

The current cross-cultural consultation material within social work and

other disciplines stresses the importance of understanding the cultural components involved in establishing effective relationships and communication in consultations (Bogo and Herington, 1988)). Almost thirty three years ago Caplan wrote, "In order to work well, we must have certain special information of the people whom we are dealing with" (Caplan, 1959). This is important to keep in mind when working with the IRVM communities.

The work of Westermeyer and Hausman (1974), Brislin, Cushner, Cherrie and Yong (1986) and Chan (1990) have reflected on the issues involved in cross-cultural consultations. They state that effective cross-cultural communication includes the willingness to engage in cross-cultural interactions that explore differences openly and respectfully, interactions that dispel myths and open doors to understanding. Cross-cultural competence demands we lower our defenses, take risks, and practice behaviours that may feel unfamiliar and uncomfortable. It requires a flexible mind, respect for individuals from different cultures, an open heart and sense of humour, tolerance for ambiguity, and an approach to others which reflects a desire to learn and a willingness to accept alternative viewpoints (Herberg, 1993; Lynch, E., 1993). Chan(1990) states this another way. He lists three important elements in building cross-cultural competence:

1. Self Awareness
2. culture specific awareness and understanding
3. cross cultural communication

These elements are the essential tools for building cross-cultural competence when one is conducting consultations with diverse ethnic communities. Becoming aware of one's values, beliefs and background is important to recognizing some of the biases that we all hold.

1. Self Awareness

In developing an effective cross-cultural consultation strategy, self-awareness is the first step in the journey toward cross-cultural competence (Chan, 1990; Tiedt & Tiedt, 1990). Cultural self-awareness begins with an exploration of one's own heritage. Issues such as place of origin, time of immigration, language(s) spoken and the place of the first settlement in Canada, all aid in defining one's own cultural heritage. Learning about one's own roots assists in determining how one's values and beliefs differ or are similar to those of others. The following dominant American values outlined by Althen (1988) may serve as a guide for examining your own:

-Importance of individualism and privacy
-Belief in equality of all individuals
-Informality of interactions with others
-Emphasis on future, change and progress
-Belief in the general goodness of humanity
-Emphasis on the importance of time and punctuality
-High regard for achievement, action, work, and materialism

All cultures have built-in biases, and there are no right or wrong cultural beliefs. However, there are differences that must be accepted and understood in order to work effectively with individuals from different cultures. Communication between individuals who do not share the same culture or mother tongue is always challenging (Stevens, 1993).

2. Culture Specific Information

There are many ways to learn about other cultures. Perhaps the five most effective ways outlined throughout the literature (Sue, 1982; Atkinson, 1986; Chau, 1990; Lynch, 1992) are as follows: learning through studying and reading about the culture; participating in the daily life of another culture; talking and working with individuals who can act as

cultural guides or mediators; utilizing theories of contexting and acculturation to get more of a specific understanding of the groups being consulted with; and learning the language of the other culture.

Although reading is not sufficient, it may be the best place to start when gathering information about other cultures. Readings may range through history, geography, poetry, and religion. The literature written by authors from the culture assist to provide an alternative perspective. Most literature on cross-cultural counselling suggests any intervention with an ethno-cultural community needs to encompass an extensive background reading prior to an on-site visit. Further, many advocates of cross-cultural competence suggest that viewing relevant documentaries on the population to be consulted with is useful. An initial literature review will provide the consultant with a general understanding of some of the history, values, beliefs and context of the community in which the work will be done. Further, it will allow the consultant to recognize the differences in values between their world view and the world view of the community to be consulted. It is important that consultants understand the traditions of the settings they enter in order to have real impact. Community consultants need to be able to work with multiple and diverse peoples and settings.

After the consultant has learned about his/her culture and readings etc.. have been explored, the next step is to learn about other cultures through interaction and involvement. Celebrating holidays, joining in worship, and getting involved in community projects are all ways in which individuals can increase their understanding and appreciation of different cultures. This entry into the community is as guests or friends who wish to increase their knowledge base. Culture specific information helps explain the values, beliefs, and behaviours that are encountered in cross-cultural interactions. "Counsellors need to leave the office to

understand the client's culture" (Stori, 1989, p.92).

Silverio, Hausman & Westermeyer (1960) maintain that a personal work study experience in another culture is an invaluable training ground for undertaking cross cultural consultation. These authors believe some months or better, some years, should be spent in contact with the target population. Without this background, the consultant will discern even the major issues with difficulty, and he/she will not sense the subtlety so important to a consultation.

Identifying and meeting with key members of the community, can be effective. These cultural mediators or guides can help to explore values, feelings, beliefs, or practices that may be unfamiliar. In meeting key members, a better understanding of the community and how to best work with it can be obtained. In addition to clarifying the picture of the community the consultant can use these prominent members to help establish and build networks for potential consultations.

3. Cross Cultural Communication

Two prominent cultural frameworks that provide guidance to this practicum and assist to better cross cultural communication are the contexting theory outlined by Hall and the acculturation theory outlined by Herberg. These theories will be discussed in more detail in the section to follow. As well, mention will be made of the need for linguistic accommodation.

The concept of contexting is important because it describes value frames that cover whole cultural groups, members of which can be in interaction with each other for the purpose of professional service. This notion covers variation within and between cultural groups; it reflects the processive nature of reality and applies it to anyone in Canada (Herberg, 1993). The framework presented by Hall outlines two types of cultural

contexts, high and low.

In high context cultures, social life is connected to the kinship relationships. Asians, Native Americans, Arabs, Latinos and African Americans are examples of high context cultures. High context cultures are more formal, holistic, religious, more reliant on hierarchies, gender segregated, and are more deeply rooted in the past (Hall, 1977). Further, beliefs are accepted and not questioned in high context cultures. This point of view also holds the value of polychronic time. High context cultures adhere to an oral tradition of passing information on. Cultures differ in the amount of information that is explicitly transmitted through words versus the amount of information that is transmitted through the context of the situation, the relationship, and physical cues (Hall,1976,1984). High context cultures rely less on verbal communication than on understanding through shared experience, history, and implicit messages (Hect, Andersen & Ribeau,1989). Fewer words are spoken and less emphasis is placed upon verbal interactions. High context cultures are more attuned to non-verbal cues and messages.

In comparison to high context cultures low context cultures believe in equality, fragmentation (i.e. specialization), beliefs being questioned and gender integration. They are secular in nature. Individuals from low context cultures, such as Anglo-European, American, Swiss, German, and Scandinavian typically focus on precise, direct, logical verbal communication and are often impatient with communicators and communications that do not get to the point quickly(Hecht et al).
In the low context mode, very little of one's identity, obligations and rights derive from the family. Rather, the individual is expected to develop his or her place or context in each situation and on a lifelong basis.

Recognizing high and low context communities can help the consultant to get a sense of the value system that the community adheres to. In so doing, the consultant is better equipped to communicate more effectively with diverse community groups. When families and consultants differ in the level of context that they use in communication, there may be misunderstandings. Consultants may have to listen as opposed to talking, consult with cultural guides/ mediators, and to begin to pace their interactions to the community's communication styles.

To allow the reader a better understanding of the contexting framework, Hall(1977) and Herberg(1993) provide further elaboration. In addition, Appendix 3 also provides a brief synopsis of the contexting theory.

A. Values

In "mainstream" society, individualism and self-sufficiency are valued. The notion is that we must all work hard to meet and achieve our own desired needs. The nuclear family is usually isolated in this frame of reference.

On the other hand, in the value system of many ethno-cultural groups, there is more of an adherence to the value framework of interdependence, sharing and cooperation. The ethno-cultural communities view the relationship with the family to include not only the immediate family but also the extended family. In many cases the extended family live together, are economically tied to one another and have historically prescribed roles in relation to one another. Many immigrants family life is based on the values of communal living. Their network is very intricate and members are deeply connected to one another. The family works cooperatively as a unit to keep things functioning properly.

"Famialism"*, family determination and confidentiality overshadow ideals of individualism and self-determination. The values of obligation to the family, respecting authority, placing group needs over individual ones are more common characteristics for members from ethno-cultural groups.

B. Acculturation Framework

The acculturation framework was devised by Dorothy Herberg. It is a tool that can be used to understand the diverse groups' experiences in Canadian society and to teach about an individual's ethnicity. It is a conceptual tool for aiding the helping services in working with and understanding new immigrants or immigrants who have been in Canada for many generations. (Herberg, 1993). It is a way of recording sequences of events that can be considered as a person goes through the immigration/settlement process and through the adaptation process in Canada. The acculturation framework is a simple flow chart consisting of a time line and benchmark points or stages of acculturation, each of which needs exposition. In Appendix 4, a visual format of this model is provided.

The **acculturation framework*** can be used by everyone in Canada to trace their cultural heritages. It provides a way of organizing cultural information about individuals, families, native or ethnic groups (Herberg, 1993). Simultaneously, it expresses our many cultural differences and allows us to see ourselves as one people. The acculturation model is used in the literature review stage of the consultations in this practicum. It provides the consultant with information relevant to the particular benchmark of the person or community. It assists the consultant to decipher the context and specific needs of the community or individual with which he/she is working.

C. Linguistic Accommodation:

Learning the language is one of the strongest commitments to learning about a culture.

The consultant can take a beginner's course in the language of the cultural group in which he/she will conduct consultations. However, more likely the consultant will not have the time to learn to speak the language of each and every ethno-cultural group one consults with. Hiring translators for consultees who do not speak English is an accommodation which can be made. The consultant can use translators to communicate with individuals who require first language accommodation. The translators need to be culturally trained and have some knowledge about ethical concerns around confidentiality.

5. CROSS CULTURAL CONSULTATIONS- A SUMMARY

Since the social work literature contains little on consultation with immigrant, refugee and visible minorities, literature from other areas must be utilized. In short, beginning consultants in the area of cross-cultural consultations are faced with major problems. They have not been trained conceptually in cross-cultural consultation processes. There is a lack of information on this topic in the literature. Thus, potential cross-cultural consultants are left to choose from a vast composite of consultation and cross-cultural materials in order to develop models appropriate for the IRVM communities. To adapt a model developed in one culture to fit another ignores the native modes of coping and is not the route to developing an effective cross-cultural model.

Much of the work around multicultural counselling is in recognition of the fact that we are fast becoming a multiracial, multicultural, multilingual society (Sue, 1991; Sue & Sue, 1990). Considering that multiculturalism is becoming more of a norm in Canadian society, it is important that

consultation strategies are inclusive and sensitive to ethnically and culturally diverse communities. The onus is on the practitioner to be culturally aware of his/her own cultural values and beliefs and to understand how they differ from others. The integration of multicultural concerns in consultation is necessary to ensure that organizations that reflect and embrace ethnic diversity will have their needs, goals and missions achieved.

The professional literature in the area of cross cultural services has grown tremendously in the last few years. Yet, as mentioned above, the area of cross-cultural consultations remains in need of further research. The practicum was developed in response to this shortcoming.

The theoretical content mentioned thus far and the pilot projects to be discussed next will provide the basis for the culturally generic model which is found at the end of the following chapter. This model was developed to serve as a comparison to the culturally specific model which will be presented in chapter four.

CHAPTER THREE

PILOT SITES: OUTLINING THE PRACTICUM AND PRESENTATION OF AN ETHNO-CULTURAL CONSULTATION MODEL

Introduction

This chapter will describe the two pilot projects, presented earlier, in more detail. It will also serve to review the foundation of the practicum selected. In addition, this chapter will explore the ethno-cultural genric consultation model. This model was developed through a literature review presented in chapter two and through the experience obtained from the two pilot consultation projects discussed below.

The Ethno-culturally generic consultation model is one which can be used across cultures. This model serves as a starting point for cross-cultural consultation and can be utilized by social service providers who are intervening with diverse ethno-cultural communities. The model is made up of two stages: the preparatory and intervention. The preparatory and intervention stages each consist of three components. In the preparatory stage, these components include: understanding, data collection, setting a meeting. In the intervention stage the components include: preliminaries, content and termination. Each of the components in both stages are made up of various elements. These elements direct the appropriate strategies to be carried out with the immigrant, refugee and visible minority (IRVM) communities.

PILOT CONSULTATION PROJECT #1

My first opportunity for consultations with the IRVM community was provided by an educational equity committee at the Faculty of Social Work, University of Manitoba. A unique initiative was recently undertaken by the Faculty of Social Work. In September, 1992, the Faculty established an Affirmative Action Committee. This committee is made up of faculty, support staff, students and community members from various priority groups. The purpose of the affirmative action initiative is twofold: first, to achieve educational equity in professional social work education; second, to increase the representation and number of successful BSW and MSW graduates from the priority groups identified. This is being accomplished through a process of community needs assessment and through the implementation of resulting recommendations. In order to meet the goals of the affirmative action initiative, the committee developed a consultation process. Three community consultants were hired, one from each of the three priority groups. The three priority groups consisted of the following: immigrants, refugees, visible minorities(IRVM groups have been amalgamated into one group), the Aboriginal peoples and persons with disabilities. The Faculty maintains that the above-mentioned groups are under-represented in the faculty and face extensive systemic barriers. These barriers and inequities inhibit people from the priority groups from achieving their full educational potential.

Over the period of May, 1994 to October, 1994, I worked with the Affirmative Action Committee as a community consultant/ researcher for the immigrant, refugee and visible minority communities. The opportunity allowed me to gain practical experiential knowledge important in working with this population. As a community consultant, I was responsible for consulting with approximately 30 to 35 individuals, both individually and in focus groups, around the issue of educational equity. A qualitative, open-ended questionnaire about this topic was developed in conjunction

with the chairperson of the Affirmative Action Committee, the coordinator of the initiative and the other two consultants hired, who were also members of their representative priority communities. I recorded field notes that related to the process of each consultation. These notes assisted in developing a cross-cultural consultation model which attempts to address the needs of ethno-cultural populations.

PILOT CONSULTATION PROJECT #2

The second opportunity was provided by a multidisciplinary clinic in Manitoba. The consultations conducted for the clinic provided specialized experience in consulting with a specific ethno-cultural community. This clinic hosts a cross-cultural counselling program which provides individual and family counselling to IRVM specifically around mental health.

The project I was involved in entailed conducting a needs assessment to evaluate the psychosocial and cultural needs of ethnic communities living in Winnipeg, Manitoba for this multidisciplinary clinic's outreach project. I conducted thirty consultations with the South Asian community. Although a majority of the consultations were individual in nature, some chose to fill out the questionnaires at leisure and had me collect them at a later time. The duration of this project was approximately one month.

A structured questionnaire combined with open-ended questions was utilized. The questionnaire was devised by the head of the cross cultural department and was used to gather information from various ethno-cultural communities in Winnipeg. The questionnaire addressed a vast array of issues: adaptation process of new immigrants, education, employment, accreditation, housing, language, health, legal aspects, family assistance, cultural/ethnic expression, financial aspects, life satisfaction and hierarchy of needs.

In sum, these opportunities provided me experience with two different communities. The two communities represented examples of a generic group of IRVM and a specific group of South Asians. The experience of working in these two pilot projects assisted me in understanding the art of consultation. The opportunity to participate as a consultant in both capacities heightened my interest in the area of consultation and counselling with IRVM communities.

REVIEW OF PRACTICUM SELECTED

The actual practicum site was negotiated at an organization which provides services around reproductive health. This site was utilized to test the usefulness of the model presented at the end of this chapter. The particular project I worked on is a joint effort of this reproductive health organization and Health and Welfare Canada. I worked with an AIDS outreach project for a period of two months. The opportunity involved consulting with the Punjabi/ Sikh community(PSC). The consultations took place in March, 1995, with approximately 30 respondents. A qualitative, open-ended questionnaire was developed by myself, a few members from the PSC and my colleagues at the reproductive health organization. Field notes were used to record the findings and process. The following model was developed, as mentioned previously, through the experience obtained from the two pilot consultation projects and from conducting an extensive literature review.

PROCESS OF CONSULTATION FOR ETHNO-CULTURAL COMMUNITIES

STAGE I: PREPARATORY STAGE

COMPONENT A: DEVELOPING AN UNDERSTANDING OF CULTURES

The initial stage is a very important one because efforts on the part of the consultant to understand the culture will enhance his or her credibility and will transmit the message that the consultant is sincere and open to discussing a wide range of topics. Those consultants who are

Stages	Components	Elements	Strategies
I. Preparatory	(A) Understanding	1. Literature Review	a. books b. magazines c. documentaries d. abstracts e. movies f. community resource list g. periodicals
		2. Value Exploration	a. literature review b. contexting theory c. petal of culture d. participatory learning e. key informant interviews
		3. Language Accommodation	a. simple non technical English b. culturally trained translator c. culturally appropriate greetings
	(B) Data Collection	1. Tools	a. qualitative } mailout b. quantitative } conduct in person c. mixture } telephone
		2. Consent	a. explain the initiative b. outline consultants responsibilities c. outline consultees options d. ethical issues e. draft form
		3. Pre-test	a. test b. refine
	(C) Setting up a Meeting	1. Access	a. resource list/letter invitation, invite participation through a letter b. community networking via key informant c. community announcement d. in-person introduction e. focus group meetings
		2. Initial Contact	a. introductions b. explain the initiative c. answer questions
		3. Agreement	a. time b. place

Stage II - Intervention		Elements	Strategies
	(A) Preliminaries	1. Contact Consultee	a. reconfirm b. reschedule
		2. Relationship Building	a. appropriate cultural greeting b. setting context c. general conversation d. hospitality
		3. Contract	a. importance of consent form b. language accommodation c. sign the consent form d. determine a recording instrument e. importance of time
	(B) Consultation Content	1. Reinforce Options	a. the right to terminate b. the right to answer select questions c. the right to ask questions throughout
		2. Data Collection	a. video tape b. audio tape c. handwritten notes
	(C) Termination	1. Evaluate the Process	a. review process b. review tools
		2. Discuss Other Issues	a. general issues
		3. "Good-bye's"	a. first language good-bye's

unfamiliar with and unwilling to explore issues relevant to the ethnic diversity of the client have an ethical responsibility to refer the client to another professional. Not having knowledge about the topic of consultation or the group being consulted with should not stop a consultant from entering a consultation. The consultant needs to be motivated, however, to become familiar with the culture and the topic. Some of this learning needs to precede the actual consultation. The initial consultation stage needs to incorporate the following elements as outlined in the model:

1. Literature review
2. Value exploration: Contexting, understanding the client's acculturation process, participatory learning, key informant interviews
3. Language accommodation

1. LITERATURE REVIEW: KNOW YOUR FACTS!

It is important for consultants to be informed and understand the area and the group they will be interacting with. Thus, knowing the facts is the key to an effective consultation process. Initially, one to two weeks needs to be dedicated to literature review prior to consultation. The literature review needs to be on-going throughout the consultation.

Research about the IRVM communities is necessary. The literature review can involve books, periodicals, abstracts, magazines, documentaries, movies, and conversations with community members. The consultant can try to get the perspective of these groups by accessing literature and other media that is written and produced by individuals from these groups. Information about their history, religion, political and social make-up is necessary. The literature review also needs to make sense of the person's social context. It is important to have knowledge and understanding of the context where the consultation occurs. This is the job of the consultant.

2. EXPLORING ONE'S VALUE SYSTEM: KNOW WHAT WORLD VIEWS THE CONSULTEE AND CONSULTANT ADHERE TO!

Consultants need to know what value frame they adhere to. This can be done by using the contexting theory. (Refer to Appendix 3, for a detailed understanding of the theory). This personal evaluation allows the consultant to recognize, accept and understand the differences and commonalities between his/her own culture. The consultant needs to understand the western value frame-work and the ethno-cultural community's value framework. Taking time to explore and understand the values of a culture encourages the opportunity for a mutually trusting and respectful relationship between the consultant and consultee. Understanding the world view, values, goals, and context of helping in differing cultural settings increases the consultant's awareness of his/her own cultures.

It is important not only to understand the context of the person being consulted but also to understand the process of acculturation and assimilation to the Canadian lifestyle and where the consultee is in that process. Dorothy Herberg's acculturation model and Hall's Petal of Culture are both excellent tools which provide a holistic view of the community. (Refer to Appendix 4 for illustrations of the acculturation model and the petal of culture).

Participatory learning includes actual participation with the community or communities to be consulted. It is a good idea to attend the community church, community functions, community centers, celebrations and the social services that serve such populations. This initial participation will identify you to the community and allow you to gain some credibility. Further, by participating in the actual community you may learn some of the mores, values, taboos and beliefs that will be important later on in the consultation process. In addition, it allows you access to key members of the community who can assist in providing potential consultees.

The consultant can start interviewing key individuals in the community through the links obtained from the participatory stage. Perhaps five or ten individuals can be contacted and interviewed openly about the values, mores, beliefs and history of the community. These interviews serve to help you penetrate the community and also validate some of the findings of the literature and information you have about ethnic communities thus far. These key individuals can also guide you about the best strategies of consultation with their community and can serve to check the instrument you decide to utilize.

3. LANGUAGE ACCOMMODATION: KNOW SOME OF THE LANGUAGE!

The consultant can first accommodate individuals who do not have a high fluency of English by using simple non-technical language. In addition, the consultant can learn the culturally appropriate greetings of "hello" and "goodbye" for the culture to be consulted. Alternatively, the consultant can hire a translator to accommodate non-English speaking individuals. It is essential that the translator hired be culturally trained and have knowledge about the requirement for confidentiality.

COMPONENT B: DATA COLLECTION

DATA COLLECTION METHODOLOGY

1. Instruments
2. Consent form
3. Pre-test/refine data collection tools

1. INSTRUMENTS/TOOLS

Many data collection tools can be used to collect data from the general population. One option is to use a questionnaire which can be either qualitative, quantitative or a mixture of both. With both the qualitative

and quantitative questionnaires one can conduct them either in- person, on the phone, or they can be mailed to the respondents. However, qualitative instruments are rarely mailed. Qualitative information can also be collected in a focus group setting. All these options have merit and which one to use depends on the community and the information needed.

A structured questionnaire was utilized initially in the educational equity project but yielded very few responses. The telephone interview was not a strategy tested with this community, therefore I cannot comment on its effectiveness with this population. Although literature suggests that this option is not effective because it is very impersonal and does not allow the consultee the opportunity to get a sense of the consultants context. The in-person open-ended questionnaire proved to be more effective and yielded far better results for the IRVM community. Although, this method is very expensive and time consuming, it needs to be considered as an effective technique in meeting the needs of IRVM communities.

Individual interviewing may be perceived as expensive, time consuming, and having some degree of risk. Recognizing these limitations, face-to-face interviewing can be used to maximize the expected value of improved community visibility of human service agencies, improved public relations, and of greatest importance, the opportunity to hear from the person whose money supports the services.

Throughout my experiences in consultation, the majority of individuals from the IRVM groups felt more comfortable in the individual interviews or focus group type meetings. Very few felt that mailed questionnaires or telephone interviews were appropriate. They felt that an in person interview allowed them to express their feelings more openly and provided them an opportunity to question issues. Further, the individuals from this

community felt that by making the effort to meet with them, the consultant showed a genuine interest in hearing their opinions.

Consequently, by conducting further research and by gaining experience from the two pilot projects, the reasons that the mail-out questionnaires were indicated as inappropriate are as follows:

1) Some individuals from the IRVM community do not feel comfortable with their writing skills to fill out a questionnaire.

2) The individuals are unable to ask questions if they do not understand the question and thus may get annoyed and discard the questionnaire.

3) In many cases the language utilized in the mail in surveys is to technical.

4) Most questionnaires are too long and time consuming

5) Mail-in questionnaires are a new technology that they are unfamiliar with.

2. THE CONTENT OF A CONSENT FORM

One principal means for assuring protection of human rights is to obtain informed consent from the respondents. Informed consent is a written agreement signed by the respondent, expressing willingness to participate. The consent form should be signed at the first consultation interview.

The consent form is an agreement between two or more people on the tentative purpose of consultation, who will be involved, and what will be expected of the participant. The consent form outlines the purpose of the consultation and the ethical guidelines that the consultant will adhere to while conducting the consultation. It needs to allow the consultee to opt out of the consultation at any point, to address the issue of confidentiality and to provide access to information collected and compiled by the consultant about the consultee.

It is very important that the consultant makes accommodation to ensure the consultee completely understands the consent form. The English language

consent form when used with the IRVM groups needs to present information in simple English.

Most IRVM group members are hesitant to sign any type of document because of past injustices and uncertainty about the use of the consent form. The majority of ethno-cultural groups are not familiar with written contracts because they adhere more to verbal contracts.

Thus IRVM communities require a lot of explanation about the purpose and use of the consent form. This stage takes time and needs to be handled very carefully. It is critical that the consultant does not rush this step because the consultee may be very hesitant about giving information and signing documents. Thus, the key at this point is to be very patient and allow the consultee the flexibility to sign the consent form at the end. Flexilibility allows the consultee the option to first find out what they have shared when consenting to the use of the information.

3. PRE-TEST AND REFINE INSTRUMENTS

It is important to pre-test and refine instruments with the community it will be used for. It is important to conduct a few test consultation interviews with representation from diverse members of the community (e.g. women, men, youth, elderly, professionals, grassroots, poor, middle-class, orthodox and more acculturated members of the community). It is necessary that members of the community have an opportunity to comment on the effectiveness of the data collection tool and consent form proposed.

Once the pre-tests have been concluded, the consultant can then revise and adapt the data collection tool and the consent form to reflect the changes proposed by the community members. In addition, it is a good idea to get feedback on the two forms from co-workers who are from diverse backgrounds.

COMPONENT C: SETTING A MEETING: INITIAL RELATIONSHIP BUILDING PHASE

After gaining an understanding of the consultee's community, developing the data collection tool and the consent form and pre-testing and refining these items, the consultant is ready to make contact with the community.

In any initial contact with the IRVM, the following steps are important:

1. Access
2. Initial contact
3. Agreeing on a meeting

1. ACCESS

The following techniques were used to access the IRVM community:

a. Compiling a resource list & inviting participation via a letter
b. Community networking
c. Linking at community-based meetings or events
d. Initial introduction meeting
e. Focus group meetings

a. COMPILING A COMMUNITY RESOURCES AND INVITING PARTICIPATION VIA A LETTER.

The consultant can start by compiling a community resource list and checking around with the community in identifying some of the key organizations. After a list is compiled the consultant can write a letter to the organization inviting their participation.

b. COMMUNITY NETWORKING: ROLLING BALL EFFECT!

The consultant may have received a few leads from the consultations conducted with key community informants and through the participatory consultation step. This may be an appropriate place to start. The consultant can also make contact with the key informants contacted earlier and ask them to suggest a few people they think may be interested in the project. The consultant can request the permission of the informant to use his/her name as a referral source to be used when contacting the

potential consultees. The consultant can contact these individuals via the telephone, in-person contact and at a community-based meeting or event. By having an internal connection and utilizing this person's name when making initial contact, there will be a higher likelihood that access into the community will be permitted.

This approach can be continued throughout the consultations conducted by asking consultees to provide the names of a few people who could be contacted and consulted with. It is important to keep in mind that diversity in consultations is important and referrals, in most cases, will provide access to consultees similar in characteristics to the referral source. In such cases, it is important for the consultant to identify the sections of the community he/she wishes to target and specify this to the referral source.

c. LINKING AT COMMUNITY-BASED MEETINGS OR EVENTS

The consultant may attend community functions at which the project may be mentioned informally in one-to-one conversation or through a verbal or written announcement. Those who wish to participate may indicate so in the conversation and can be contacted by the consultant at a later time to set up an appointment.

d. INITIAL INTRODUCTION MEETING

An introduction meeting is one in which the consultant goes out to the consultee and meets the consultee prior to the consultation. This type of meeting will take care of the housekeeping issues and break the ice for both parties, resulting in a more informative and focused consultation intervention phase. This strategy will also assist in developing commitment, rapport and trust if the consultant lets the consultee set the agenda of this meeting. It is important to allow the consultee to take control because the consultant wants to develop a relationship that is a

partnership as opposed to one in which he/she is the expert. It is important that the consultant go in without an agenda and let the consultee set the focus and pace of this meeting. However, its important to explain the project at the tail end of this meeting. At the initial introduction meeting, it is acceptable to talk openly about any issue relating to the community, answer questions concerning the project, ask questions to gain a better understanding of the community, and talk about anything else that is important to the consultee. This meeting needs to serve as a reciprocal information exchange session in which the consultee can gain more knowledge about the community and the consultee can obtain information about the consultant or the project.

At the initial meeting of introduction the actual consultation meeting can be scheduled. Further, this approach will allow the person to think about the issue and perhaps undertake some consultation with friends in the community about the issue thereby providing an opinion that is reflective of the larger community. (If this is the strategy chosen, then the next contact with the consultee is the intervention phase).

e. FOCUS GROUP MEETINGS

A focus group meeting is another technique that can be used when consulting with ethno-cultural communities. The focus group meeting did not prove to be satisfactory for the educational equity or the multi-disciplinary clinic consultations conducted. The fact was that all participants in the focus group for the educational equity initiative were social service professionals, all of whom had different issues and experiences with the university to share, some had personal concerns and some had more knowledge about the educational equity initiative than others. From my experience with the two pilot projects, this group of professionals was better dealt with individually. The focus group was also not an option for the multi-disciplinary group because the

questionnaire was structured quantitatively with some open- ended questions. Thus, the structure of the instrument made it difficult to consult with a group.

However, there are a number of strengths to the focus group methodology. First, workshops provide an opportunity for people to network. Second, small groups discussions facilitate information-sharing and problem solving more than do written surveys. Third, the small groups have very good overviews and insights, especially for citizen groups. They help bring communities closer together and foster greater mutual understanding. Hence, the focus group method is an alternative that needs to be kept in mind.

2. INITIAL CONTACT

However the community is acessed in the intial contact component the following factors need to be considered:

a. Introductions
b. Explanation of the initiative
c. Answer questions/ Partnership

Consultants need to introduce themselves and allow the consultees an opportunity to do the same. The consultant can start by stipulating who he/she works for. Further, an explanation of the initiative,answering any questions that may arise and welcoming the potential consultee's participation are important in this component. After all these elements have been taken care of, the consultant needs to set up a time and the place for the consultation meeting.

In sum, the initial meeting, no matter what technique one uses, must clearly introduce the consultant, explain the initiative, and answer any questions that the consultee may have. It is important to emphasize the importance of their participation in the project. The next step after the initial meeting stage is to set up a consultation meeting with interested individuals.

3. AGREEING ON A MEETING

In most instances, the most convenient times for the IRVM communities are weekends and evenings. Therefore, consultant need to be very flexible and accommodating because they may find themselves working during the evenings and weekends.

Most of the ethno-culturally generic consultations conducted in the pilot project were with professionals and took place in a formal office setting. Such a setting may not always be best because it results in a more structured process and is more likely to be interrupted by the telephone, clients or colleagues. After the experience obtained from the pilot projects and understanding gained from some literature, it is obvious there are other possible sites. Some unconventional locations at which consultations can take place for the IRVM communities are: shopping centers, restaurants, public libraries or the consultee's residence.

My experience demonstrated that these locations resulted in a more open, informal and unstructured consultation process. Thus, consultants need to be open and flexible about the consultation site.

The unstructured interview setting was more appropriate with a professional audience from ethno-culturally generic populations. It needs to be recognized that the more grassroots the community, the more appropriate it is to use unconventional sites and data collection tools to conduct the intervention.

Example:

The pilot at the multi-disciplinary clinic utilized a questionnaire that was a mixture of both quantitative structured and qualitative open-ended questions. It is important to mention that the questionnaire generally

reflected more of a structured quantitative tool. Nevertheless, the settings of these consultation interviews were unstructured in nature. The flexibility of the consultation site allowed for more of an informal process of interaction between the consultee and consultant. The end result of these consultations indicated they were more open, informal, lengthy, productive, detailed and in most cases covered the complete questionnaire during the interviews.

In contrast, if these questionnaires had been mailed out to the IRVM population, the response rate probably would have been much lower than the in-person interview method.

STAGE 2: INTERVENTION STAGE

COMPONENT A: CONSULTATION PRELIMINARIES

The intervention stage consists of the following three components as outlined in the model: preliminaries, content and termination. The elements to be discussed under the preliminaries are: consultee contact prior to consultation, relationship building and contract negotiation. The elements to be explored in the content stage are: reinforcing options and data collection. Finally, the last component, termination, includes the following elements: evaluation of the process, discussion of other issues and a "good-bye greeting".

1. CONTACT THE CONSULTEE PRIOR TO THE CONSULTATION MEETING

It is important to confirm the meeting prior to it. This will ensure that the respondent has not forgotten about it. This step serves to increase commitment between the consultant and the consultee because they have both re-confirmed their obligation to meet. This step is helpful because it serves as a reminder in case the consultee has forgotten about the meeting and it also allows the consultee the option to re-schedule in case the original meeting is not feasible. This will also ensure the consultant

will not waste his/her time driving out to the consultation site to find that nobody is there. It is important to note that IRVM communities may operate on polychronic time and being late for appointments may be a regular and normal occurrence for them (refer to appendix 4, contexting, for a better understanding of polychronic time). The consultant needs to be aware of this and may at times have to wait half an hour or so for some individuals. It is important that the consultant take some work or some reading along in case he/she needs to wait for the consultee to show up. The initiative of making contact prior to the consultation interview reinforces that the consultant is genuinely interested in the consultee's input.

2. ESTABLISH A RELATIONSHIP UPON ARRIVAL

The following strategies are important in establishing an effective relationship when consulting with the IRVM communities:

a. appropriate cultural greeting
b. setting context
c. general conversation
d. sharing hospitality

As a cross-cultural consultant one can make an effort to learn the greetings of hello and goodbye. This will indicate to the consultee that you have done some research and also provide an instantaneous connection with you. Then the consultant could introduce herself/himself in an informal manner. The introduction could include your name and where you are working. In the early stages of consultation it is important to allow some time for informal conversation which can include a wide range of topics. Some of these are listed below: family issues; political issues; employment issues; religious issues and the country of origin.

This initial information exchange helps to build rapport and trust with the consultant. During this initial informal discussion, the majority of IRVM community members will offer food and drink. This is an important ritual for many cultures. It is a normal process when any guest comes to

the home. The ritual of sharing food is important because it will increase acceptance of the consultant by the consultee. Further, it will bring about a more relaxed atmosphere in which a connection with the consultee can be further developed. After a level of comfort with the consultee is established, the consultant can suggest that they start the consultation process.

3. CONTRACT

The general consultation process with the IRVM communities requires more time than most other consultations in the contract component. This is because in high context communities primarily one needs to develop a clear context of the consultee and the consultation project. The consultees will need to get a good sense of the consultant and the project.

In sum, the polychronic nature of time in most IRVM communities, the need for contexting and the need to clearly explain the consent form increase the time length of the consultation process. Therefore, the consultant needs to be aware that the consultation process can easily exceed two hours. Hence the consultant needs to plan for such occurrences.

The consultation needs to start by going over the consent form thoroughly with the consultee/s and emphasizing that by signing the form they will in no way be harmed. The consent form needs to be accommodated for IRVM communities by using non-technical language in its content and explanation. The English language consent form needs to be clear, concise and free of technical words. The form can be explained and given to the consultee to read and then sign. The consultant can use a culturally trained translator to explain the content and gain an agreement in cases where the consultee does not speak English.

After the consent form has been explained and the consultee has signed,

the consultant should define how he/she intends to record the information during the consultation process. It is important to check with the consultee if the technique of recording information is appropriate for them. It is my opinion that hand recording the information is the best method for the IRVM communities. Tools such as tape recorders and video tapes may be viewed with suspicion and may not be effective with these communities. Some of these communities include members who have accents, who are not comfortable with spoken or written English and some may be fearful that the tapes can be used against them to deport them. Further, these techniques are foreign to the IRVM grassroots populations. Using such methods may result in unproductive, closed and tense consultation meetings because the consultee may fear saying the wrong thing or using the wrong words.

In conclusion, the consultant needs to provide sufficient time, special accommodation and check whether the recording instrument is appropriate for the consultee. In addition, it is essential to ensure that, before signing the document, the consultee is made aware that he/she will not in any way be harmed. The purpose of the consent form needs to be covered thoroughly and the option to sign the form at the beginning or at the end of the consultation should be left to the discretion of the person being consulted. It is also important to allow the consultee the opportunity to ask questions concerning the consultation and/or opt out of the consultation at any time.

B. CONSULTATION CONTENT

1. REINFORCE CONSULTEE'S OPTIONS

The consultant needs to reinforce the fact that the consultee has the option to ask questions and terminate the interview at any point. By giving the consultee this option the consultee will be made to feel more

comfortable and will not need to feel obliged to complete the meeting if he/she is uneasy about the content or process.

2. DATA COLLECTION

The consultant should allow the respondent to start the consultation at any point. One does not need to follow the sequential order outlined on the questionnaire or survey. This freedom will allow the respondent some control in the relationship and will also lessen the power differential between the consultee and consultant. This relationship needs to be one of mutual respect, understanding and partnership. It also assures that the consultee begins where he/she is most comfortable. At this point, the consultant can begin the data collection for the project.

C. TERMINATION

1. Evaluate the process
2. Discuss any issues of concern
3. "Good-bye" greeting

1. EVALUATE THE PROCESS

It is important to bring the consultation to closure very gradually; this is another step that cannot be rushed. It should not be ended abruptly because the consultant does not want to give the impression that he/she has served their purpose and can finally get on their way. It is a good idea to talk about and evaluate the consultation process and the instruments used in order that both the consultant and consultee can learn from their experience.

2. DISCUSS OTHER MATTERS OF CONCERN

Another factor in ending the consultation is by making conversation regarding other matters the consultant feels are areas that the community needs to explore. This takes them away from the intensity of the consultation topic and moves them to more general conversation. This general conversation helps to bring about closure very naturally.

3. GOOD-BYE GREETING

It is important to leave the consultee with a parting comment. A culturally appropriate "good-bye" in the first langauge is a good idea, especially in cases where the consultant previously used the culturally appropriate "hello" at the begining of the consultation process.

ESSENTIAL CONSULTATION SKILLS

Throughout the consulation process the consultant requires the following skills:

1) Consultants need to remain neutral and allow respondents to explore issues. The main purpose of consultations is to collectinformation, not to debate issues, although certain ideas presented may conflict with the value base the consultant adheres to. In such circumstances the consultant needs to understand and challenge very sensitively.

2) The consultant needs to be an attentive listener especially with individuals from the IRVM community because in some instances members from these groups may have accents or use words and concepts differently.

3) Flexibility is an important issue during the whole process of consultation. The consultant needs to watch for non-verbal cues such as restlessness and pre-occupation with the time. If these cues are spotted, it is wise that the consultant re-schedules the remainder of the appointment. This is definitely a time-consuming alternative for the consultant but it will result in more complete and thorough responses from the consultee for the questions remaining.

4) It is important for the consultant to be direct with the consultee. If during the consultation the consultee does not make sense or is not understood, it is important to ask for elaboration and to clarify the uncertainty. Another way of checking whether you have understood the person is to paraphrase ideas back to him/her throughout the consultation process.

5) The consultant can use the probing techniques to keep the consultation flowing and more natural.

6) The consultant needs to be aware that certain cultures may not make as much eye contact as we do in North America. This is especially true when consulting with a person of the opposite sex from the IRVM communities.

7) The consultant needs to maintain control, especially if the consultee frequently moves into different tangents.

8) The consultant needs to encourage the consultee to participate and direct the consultation process. This can be done by allowing them various options throughout the consultation process.

SUMMARY

At the moment there are no coherent models for consultation with IRVM groups. Consultation models definitely exist in the literature, yet consultation strategies for the IRVM communities are lacking. The point of this practicum is to develop a model that deals with the different processes involved in consulting with a specific ethno-cultural community. This chapter outlined an ethno-culturally generic consultation model developed through extensive reading and experience. This model will direct the practicum. It will be tested by a consultation with the Punjabi/Sikh community on the issue of AIDS. The model outlined above contains elements of universality of consultation but also allows flexibility for some differences when consulting with diverse cultures. Further, the model also points out that the consultant is responsible for acquiring skills to enhance client comfort, to foster trust, to convey understanding, to communicate professional competence, and to express caring and goodwill.

In concluding this chapter the following questions come to mind:

1. Will the ethno-culturally generic model work for the Punjabi/Sikh community consultations?
2. What will be similar?
3. What will be different?
4. Is there an ethno-culturally generic and ethno-culturally specific consultation model?
5. How will these models help the social services?

CHAPTER 4:

AN ETHNO-CULTURALLY SPECIFIC MODEL OF PRACTICE

INTRODUCTION

The ethno-culturally specific model of consultation includes two stages preparatory and intervention. Each stage consists of three components. The model includes various elements and strategies important in carrying out the task of each component. This model is very similar in format to the ethno-culturally generic model, although some differences in the elements and strategies used are evident.

It is important to have generic cross cultural models of consultation for use in IRVM communities. The model presented in chapter three was intended to provide a generic base for future ethno-cultural consultations. General information about cultures that differ from one's own is essential to overall awareness and understanding of cultural differences; however, it is also helpful for consultants to have very specific information related to the cultural views on children, women, family roles and structure, health and healing, sexuality and other rituals that are inherent in a particular culture. This information is important in order to understand the cultural context and the different needs of specific ethno-cultural communities.

Becoming familiar with culture-specific information and determining its importance to individuals, families and the community members can reduce the potential tension between consultants and individuals from different cultural backgrounds.

Culture is only one variable that determines values, beliefs, mores and attitudes. A person's socio-economic status, educational level, degree of affiliation with the culture, the language(s) spoken, the length of time in Canada and the reasons for emigrating all impinge on a person's values, beliefs, and ways of behaving. Hence, when consulting with specific communities such factors need to be considered and explored for that community. Further, by developing ethno-specific models of consultation a better understanding and intervention with specific communities will result. The practicum focuses on the exploration of a consultation strategy that is specific in nature. As mentioned previously, the practicum was negotiated with a health organization. It involved consulting with the Punjabi/Sikh community(PSC) on the issue of AIDS. The central purpose of the practicum in consulting with the Punjabi/Sikh community was to analyze the process of consultation appropriate for this ethno-cultural community. Instead of using a prescribed consultation strategy developed by the mainstream literature, I have followed the model presented in chapter three to guide the consultation process. This process was evaluated and adapted to meet the specific needs of the PSC. Consequently, a revised model for ethno-culturally specific community consultation has resulted to provide an alternative strategy which is sensitive to the needs of this particular ethno-cultural community.

A GUIDING MODEL OF ETHNO-CULTURALLY SPECIFIC CONSULTATION WITH THE PUNJABI/SIKH COMMUNITY

The culturally-specific model presented below was developed through an extensive literature review,practical experience with the PSC and with guidance from the culturally-generic model presented earlier. This model has two stages, the preparatory and the intervention. Both stages are broken down into three components; the components consists of various elements which direct the culturally appropriate strategies presented.

Stages	Components	Elements	Strategies
I. Preparatory	(A) Understanding	1. Literature Review	a. books b. magazines c. documentaries d. abstracts e. movies f. community resource list g. periodicals **h. community newsletters** **i. community based films, newspapers, magazines** **j. cultural T.V./radio programs**
		2. Value Exploration	a. Literature Review b. Contexting theory **(time, hierarchy, interdependence and gender segregation)** c. Acculturation d. Petal of Culture e. Participatory learning f. Key informant interviews, **Consult community social workers**
		3. Language Accommodation	a. **Hire a consultant with first language capability** b. Culturally appropriate greetings c. **Translate tools** d. Simple non-technical English e. Culturally trained translator f. **partnership with community member** g. **Organization requiring consultations - need to commit resources**
	(B) Data Collection	1. Tools	a. qualitative (**open-ended in-person questionnaire**)} mailout b. quantitative } conduct in-person c. mixture } telephone
		2. Consent	***translate form in first language verbally or written** a. draft the form b. explain the initiative c. outline consultant's responsibilities d. outline the consultee's options e. ethical issues
		3. Pre-test	a. test (**five pre-test interviews with a representative group**) b. refine
	(C) Setting up meeting	1. Access	a. resource list and letter invitation **(not successful with PSC)** b. community networking via key informant c. community announcement ***verbal one-to-one worked best** d. focus group meetings ***separate groups for different segments** e. **mediator-contact approach** f. **hire gender specific consultant** g. **consult with family unit**
		2. Initial Contact	a. introductions **/identify referral source** b. explain the initiative and answer questions
		3. Agreement	a. time ***afternoons on weekend, weekdays late** b. place ***consultee's residence**

Stages	Components	Elements	Strategies
Stage II Intervention	(A) Preliminaries	1. Contact Consultee	a. reconfirm prior to contact b. reschedule
		2. Relationship Building	a. appropriate cultural greeting ***greeting for "hello" and "goodbye" sats re akal** b. setting context ***the more you share the more they will share** c. general conversation ***pertaining to the project** d. hospitality ***take part**
		3. Contract	a. ***key to success** take time b. importance of consent form ***the consent form used differently with different segments** c. language accommodation d. **negotiate**, sign the consent form e. determine recording instrument
	(B) Consultation Content	1. Reinforce Options	a. the right to terminate b. the right to answer select questions c. the right to ask questions throughout
		2. Data Collection	a. video tape b. audio tape c. handwritten notes **with PSC**
		3. **Attend to Interaction Patterns**	a. **general to specific - structure of questions**
	(C) Termination	1. Evaluate the Process	a. review the process b. review tools
		2. **Sign the Consent Form**	a. **for those not signing earlier**
		3. Discuss Other Issues	a. general issues b. **referrals** c. take time
		4. "Good-bye's"	a. **sats re akal in Punjabi**

PROCESS OF CONSULTATION WITH THE PUNJABI/SIKH COMMUNITY(PSC)

I. PREPARATORY STAGE

COMPONENT A: DEVELOPING AN UNDERSTANDING OF THE PUNJABI/SIKH COMMUNITY

The initial stage of consultation provided understanding of the PSC. Having information about this community was the key to planning and carrying out an effective consultation strategy. It is important for the consultant to get a holistic sense of what the community is all about. The consultant needs to make it his/her responsibility to explore the community in the following ways:

1. Literature review
2. Explore one's value system and that of the community through: contexting, understanding the client's acculturation process, using the petal of culture, participatory learning and key informant interviews
3. Language accommodation

1. LITERATURE REVIEW: KNOW YOUR FACTS!

The first step in getting a sense of the PSC was to conduct a literature review which included reading books, magazines and abstracts and periodicals and viewing documentaries and movies as suggested in the culturally generic(ECG) model. The literature review conducted was inclusive of writers and producers from the PSC. Further, the literature review included reading the community-based newspapers, magazines, and newsletters and viewing films and the weekly cultural television programs.

In addition, I got acquainted with the resources existing in the community. The literature review element needs to start a few weeks prior to the consultation meetings and needs to be an on-going process throughout all phases of consultation. This is important because the

consultant not only increases knowledge but he/she also can challenge academic knowledge with practical knowledge gained while consulting with a community. The content of the literature review and a resource list for the PSC can be found in Appendix 5.

2. EXPLORATION OF ONE'S VALUE SYSTEM AND THE VALUES OF THE PSC. KNOW WHAT WORLD VIEW YOU AND THE CONSULTEE ADHERE TO!

a. LITERATURE REVIEW

The literature review element serves as a tool to increase knowledge as stated above. This element can also serve to inform the consultant about different values one adheres to.

b. CONTEXTING

Exploring and understanding one's value system and that of the consultee is an essential step to successful consultation. In the case of the consultations conducted with the PSC, the value framework of the consultant and that of the consultee were complementary. In reality this is usually not the case. In most instances the two parties commonly come from two different ethno-cultural value systems. In such a situation, it becomes critical that the consultant does his/her homework in order to understand and accommodate differing values.

Since I am from the PSC and have grown up in this context it was much easier for me to understand the value framework that the community adheres to. Other consultants can utilize the contexting theory when their values are different from the values of the PSC. The values that this community follows are familialism, inter-dependence, hierarchy and gender segregation. Further, the PSC is a community based on religious tradition. The PSC also holds the value of polychronic time. They do not see time as a commodity but as something that happens. In addition, polychronic time recognizes that individuals can do more than one thing at

a time whereas western society maintains the notion of doing only one thing at a time. In the following section I have explored four main values important to the PSC.

THE VALUE OF TIME IN THE PSC

The PSC refers to two types of time: Indian time and Canadian time. Indian time is always about a half hour after the time outlined. In the realm of employment, the PSC complies with the notion of monochronic time. However, in the realm of the household and social interaction in the community, time is considered polychronic. There is a certain unwritten norm that allows flexibility around the issue of time.

EXAMPLE:

> In conducting consultations with the Punjabi community, I found it fascinating that when I was exactly on time for consultations I felt uncomfortable. Exploring this discomfort, I came to the realization that being on time adds an atmosphere of formality to the relationship. This formality seems similar to keeping a doctor's appointment or business appointment. Hence, being a few minutes late or early will generally go unnoticed and will set you up for more of an informal consultation process. At the same time, it is important to keep in mind that when consulting with professionals in the community, the monochronic time frame is probably more appropriate.

The process of one of the consultations conducted with a member of the PSC highlighted another aspect of polychronic time, which maintains that a person can do more than one thing at a time.

EXAMPLE:

One consultation took place at the consultee's house while the mother was feeding her child and, at the same time, monitoring dinner cooking on the stove and answering the phone when it rang.

In the above-mentioned example, someone from the monochronic world view may perceive the consultee as disinterested, rude, disrespectful, or resistant because the consultee is doing more than one thing during the consultation. Projecting this image is not the intention of the consultee. He/she is functioning in the environment in the only way known. Thus, the consultant needs to be aware that the polychronic value system accepts doing more than one thing at a time because it is perceived to be a natural process of interaction. However, the carrying on of many tasks at once holds more true for women than for men in the community.

THE VALUE OF HIERARCHY

The structure of most communities and families is hierarchical in nature. In most communities men are usually at the top rung of the hierarchy and women precede children. In the case of the PSC, the hierarchy follows the same pattern above. The men or the elders of the community are at the top of the hierarchy. This hierarchical structure extends to the community organizations. If someone from the "western" world view didn't understand this notion of hierarchy and simply consulted with the leaders of the community organizations, the information they would receive on certain issues would not be reflective of the whole community. This is the case because of the following reasons:

1) The majority of the community organizations are headed by men of all ages (mainly those in their late thirties and older). Thus the views of women and youth would be missed.

2) Most organizations are politically and religiously divided. This can complicate access for the consultant if he/she is viewed as aligning herself/himself with one specific Gurdwara (religious meeting place) or organization over another. The organizational leaders may block access depending on the sensitivity of the issue, making it harder to gain access to the community.

THE VALUE OF INTERDEPENDENCE

The PSC highly values the notion of the family; for them the family is inclusive of extended family members. The community functions on the notion of collaborative survival as opposed to the "western" world view of individual survival. An example of the dedication of the family is as follows:

> In the PSC the notion of interdependence can be highlighted by the dedication this community holds in relation to the elderly. This community maintains that the elderly are the responsibility of the family and need to remain in this context until they pass away. The grandparents usually reside with and are a part of the nuclear family.

In the consultation process that was undertaken with the PSC the following example highlights the position of the elderly in the community:

> The meeting took place at the residence of one of the participants who served as mediator-contact in planning the meeting. An interesting dynamic took place just as we were about to start the consultation process. One of the women excused herself and went into the kitchen to invite her mother-in-law to take part. This recognition of the elder member of the family was important. Even though the elder did not say anything throughout the meeting, her presence was important because it provided her the respect her position commands. If the elder had not been invited, this may have caused tension later because

she may have felt disrespected and left out by her family.

THE VALUE OF GENDER

The PSC adheres to the notion of the male gender being given more importance than females. Men are perceived as an asset because they carry on the family name and usually provide the financial support and care for the parents in their old age. Daughters are perceived as a liability in most cases because of two reasons: heavy dowries may be associated with their marriages and once married, the in-laws, not the natural parents, usually benefit from them in old age. An example of an annual celebration which highlights this gender segregation is the festivities of Lohri. This celebration is commemorated once a year, usually in the month of January to celebrate the birth of a male child born into one's family. The celebration of Lohri reinforces this idea of the male gender being more significant than the female. Such celebrations still take place but they are being questioned and challenged by the more recent generation of women in the community. The challenge by the new generation of women will hopefully result in re-evaluating and accommodating women in some way in such festivities. As the role of women in the PSC is changing so to are the values of hierarchy in the community. This means that consultants need to be careful in making assumptions about the communities hierarcy.

c. UNDERSTANDING THE CLIENT'S ACCULTURATION PROCESS: KNOW WHERE THE CONSULTEE IS AT!

In each community, individuals are at different points of acculturation according to how they have adapted to Canada. For example, if a person came to Canada and moved into a middle class white neighbourhood, they are more likely to assimilate and adapt some of the values and mores of the host culture. On the other hand, if an individual moves into a culturally enclavic community upon arrival and remains there for twenty years, they

are less likely to adapt and have association with the norms of mainstream society. Hence, having some knowledge of the acculturation framework (refer to Appendix 4) allows the consultant to quickly map out the acculturation point of the consultee. Many consultants may assume that just because someone has been in the country in excess of twenty years they understand the English language, adhere to some of the western values, are open and flexible to share information and have knowledge about the process of consultation. This may not necessarily be the case. Comparing the acculturation process of two women who took part in the consultations emphasizes the effectiveness of the acculturation framework for understanding:

EXAMPLE:

> One of the participants is a housewife who has limited English skills, lived most of her 23 years in an enclavic community and is completely dependent on her husband for interaction with the mainstream. This individual is at a different adaptation point than a participant who is a teacher, has English language capability, has lived most of her 23 years in a rural community, and is separated from her husband.

In both these scenarios the consultant adapts himself/herself to the consultee's capabilities. In the first case, the consultant who is not a community member recognizes he/she does not have the capability to intervene, calls on a cultural specialist who has the Punjabi language and knowledge of the culture. In the second case the consultant intervenes through the use of the ethno-culturally generic model previously outlined. The mapping of the acculturation process for these two individuals can be found in Appendix 6.

d. USING THE PETAL OF CULTURE: KNOW THE COMMUNITY HOLISTICALLY!

The consultant can use Hall's petal of culture framework to get a further sense of the PSC. The consultant can explore each petal of a culture which includes such things as gender roles, languages spoken, sexual mores, ethnicity, class/caste, socio-economic status, value framework, religion, family roles, generation, history, geography and social networks(adapted from Hall). The petal of culture framework was used in understanding the PSC. I explored a few of the petals outlined above. This information can be found in Appendix 4 after the visual presentation of the acculturation model.

e. PARTICIPATE IN THE COMMUNITY PRIOR TO CONSULTATION: KNOW THE COMMUNITY SPECIFICALLY!

As a member of the PSC, my interaction with the community involved years of participation in all sorts of cultural, religious, political and social activities. The main participatory experience I undertook prior to the consultations was visiting India. This visit allowed me to take part in the living culture of the PSC in both rural and urban settings. This opportunity may not be a feasible option for all consultants. However, participation with a specific community can also take place in the city in which the consultations will be carried out. The consultant takes part in the daily life of another culture, participates in the holiday celebrations, joins in worship at the appropriate site and participates in community events.

Participation with the PSC starts at the **Gurdwara** *. As a distinctive member of a particular Gurdwara, it was hard for me to establish contact with the other Gurdwara membership directly by attending each of the different sites. Considering that the community is well aware of where my loyalty resides, direct contact with other Gurdwara's was not a feasible option. Thus, participation from other Gurdwara memberships had to be established through one-to-one telephone contact, in-person contact, or

contact at a site other than the Gurdwara. This alternative site could be any of the following: an enclavic workplace site, home environment, community meeting, or a cultural social evening. This contact can be established directly or through a mediator who has knowledge about both parties and feels that both sides can benefit from the consultation. Considering the Gurdwara is the main community meeting place of people from all walks of life, it is a key place for consultants to learn about the religion, culture, values and mores. The following example highlights the kind of learning that can occur from visiting the Gurdwara site:

> EXAMPLE:
>
> If a consultant visits the Gurdwara, he/she will see, as soon as they enter the main religious hall, that there is a distinct place for men to sit and a separate place for women. This observation will allow the consultant to realize that the gender issue is a strong one for this community and he/she needs to find a strategy of consultation which accommodates each gender separately.

The Gurdwara is also a place where potential consultants can get a broad view of the PSC. It is important to keep in mind that each Gurdwara is split politically and it is not wise for consultants to align themselves with one particular Gurdwara or to talk about politics unless one has internal knowledge and understanding of the community. An attempt needs

to be made to obtain participation from each Gurdwara's membership. In addition, it is essential for consultants in the participation stage to scan the community and learn about the culture prior to any type of intervention with the community. At this stage, the project does not need to be mentioned. The consultant can simply go in as an interested individual who wants to gain a better understanding of the community. The participation stage needs to be used as a learning experience from which practical knowledge about the community will be obtained. It is easy to

get caught up in the politics of a community. The consultant needs, therefore, to be diplomatic and neutral throughout the consultation process. If enough contact cannot be established through participation at the various Gurdwaras, then the consultant may need to resort to direct contact(through membership lists), or in-person contact(at social events), or through the mediator approach.

f. KEY INFORMANT INTERVIEWS: KNOW THE RESPECTED MEMBERS OF A COMMUNITY!

First I consulted with a few prominent community members who have been active in all aspects of the PSC. These individuals ranged from professionals to grassroots leaders. The consultation with them served as an exploratory phase to get direction about how to intervene effectively with the PSC for the AIDS project to be carried out. These individuals were known to me through family links and my experience in working with the community.

The second step in the practicum was to consult with a few social workers from the PSC in order to provide me with a better sense of the community and also to update them on current issues affecting the PSC. The social workers were an excellent referral resource because they had links throughout the community and provided me with potential consultees. It is also a good idea to consult with other professionals in the community ie. doctors, lawyers, teachers, engineers, etc.

Consultants can screen these key members in the participatory phase. They can do this by meeting committee members while they visit the Gurdwaras, attending and meeting the organizers of community functions, and by talking to community members and asking them to identify some key people in the community. Further, consultants can work together with a credible member from the community. This person can assist in getting easier

access into the community and help in identifying objectively some of the key players from the PSC community. These key informants can also help the consultant understand values, feelings, beliefs, and practices that may be unfamiliar to the consultant. The consultant can link up with social workers at the Gurdwara or by contacting the National Indo-Canadian Association which has a list of social workers from the South Asian community. The link with the social workers can also serve to provide an advisory function for the consultant when certain strategies are not working.

3. LANGUAGE ACCOMMODATION: KNOW THE LANGUAGE!

The ideal situation for the PSC is to have a member from the community who speaks the Punjabi language as a consultant. Fortunately, I was the consultant hired and my Punjabi language skills were truly an asset for the consultations conducted with the PSC. Therefore, it is a benefit if the consultant speaks the language of the group. This accommodation especially allows the participation of grassroots and new immigrants in the consultation process. Finding an organization that will make this commitment to hire a consultant from the community with the first language capability may not be easy. In such cases, providing a consultant with language and cultural consultation skills for the community becomes difficult. However there are other options consultants without the first language capability can consider like learning greetings in the Punjabi language. This will allow the consultant to gain respect from the community. The greeting for hello and good bye in Punjabi is "SATS RE AKAL". This greeting needs to be said while joining both palms of the hand together and raising them to the chest and then bowing the head and tipping the nose slightly towards the hands. This greeting is more appropriate for the PSC than the handshake method.

In addition, if the only option is to conduct the consultations in the English language, the consultant can refrain from using technical English language. It is best to use simple English words and avoid abbreviations and slang. It is also important that the consultant gets the consent form and questionnaire translated to the Punjabi language if the consultation is going to be conducted in the English language. If the consultant speaks the Punjabi language, verbally translating the consent form and questions for the consultees is acceptable.

Another option is for the consultant to hire a culturally trained individual as a translator. The translator approach may not be welcomed with open arms by individuals from the PSC, especially when concerning very personal and sensitive issues because the consultees may fear the information will be leaked back into the community. The translator, if hired, needs to be very credible and aware of the importance of confidentiality for this community. The use of the translator needs to be explained to the consultee prior to the intervention. The consultee's approval to bring this person to the consultation is essential.

The consultant can also work in partnership with a person from the PSC who is both aware of the culture, has links in the community and speaks the Punjabi language. This person needs to be equally active in the whole project and may at times have to take the lead role when directing the consultation. All consultants need to remember that the community will trust one of their own before they trust someone from the mainstream because of past injustices these groups have suffered from the mainstream communities. Therefore, the mainstream consultant may have to take a back seat and let the cultural specialist carry out most of the intervention in the first language. The consultant may not understand the consultation content but can serve a positive role in this arrangement because he/she can more objectively question the process of the consultation.

The organization which is requesting the consultation may also be responsible for meeting the language needs of the IRVM communities. They can do this by hiring consultants with the linguistic capabilities of the group the consultations are targeted for. Moreover, by hiring consultants from the same cultural group there is a likelihood they will understand the community context, have potential contacts, have easy access to the community and have the first language capability.

STAGE I/ COMPONENT B: DATA COLLECTION

The data collection component consists of three elements: tools, consent and pre-test. The strategies of intervention for each of these elements will be discussed below.

1. TOOLS

The data collection tool and process utilized for the PSC was an open-ended in-person questionnaire. This questionnaire was devised by me and pre-tested on a few members of the community. The actual questionnaire used can be found in Appendix 7. It was eventually refined and adapted by my colleagues at the reproductive health organization and by a few members from the PSC who were originally part of the pre-test consultations.

The open-ended in-person consultation was used because this method had been very effective in the two pilot projects outlined earlier and was deemed appropriate by most of the IRVM members consulted. The PSC especially felt this method to be more enabling, personal and confidential. It allowed them to select the site, time and language they were most comfortable with.

The in-person consultation approach is especially appropriate for individuals from the community who are not comfortable with their English speaking and writing skills. They were accommodated linguistically

because the consultant spoke the Punjabi language. They were more carefree, if their writing skills were weak, since the consultant was responsible for recording the information. They also had the opportunity to ask questions, clear up misunderstandings, and elaborate on some of the cultural mores, practices, values, notions and beliefs that were unclear to me. In addition, the consultant can be more attentive when the person has an accent if the consultation interview is conducted in-person instead of on the telephone.

The quantitative structured or the mixed qualitative and quantitative questionnaires, mail-in or telephone methods are formal and not commonly used methods in the home country of the PSC. These methods do not allow the consultee and consultant to establish a personal relationship and understand the social context of the consultee when different from the consultant's.

2. DEVELOPING A CONSENT FORM

I was responsible for drawing up a consent form which described the purpose of the consultation and provided a synopsis of the organization initiating the consultations. Further, it stated how the information would be used, what some of my responsibilities were as a consultant and what options the consultees had. The consent form utilized for the PSC consultations can be found in Appendix 8.

In addition, the consultant needs to ensure that he/she will be respectful in explaining any religious, social or cultural beliefs sacred to the community. This information is important in the consent form because you are ensuring that you will be accountable and sensitive to the needs of ethno-cultural groups. The final point about the consent form is that the community needs to be provided the opportunity to have access to the report or other documents that are compiled at the end of the community consultations.

One of the main options that needs to be guaranteed in the consent form is the right for the consultee to opt out of the consultation at any time. Another key point that needs to be included in the consent form is the assurance of confidentiality with relation to any information disclosed during the consultation. The Punjabi/Sikh individuals are generally very private. They feel problems are private matters that need to be solved in the context of the family. In addition, they greatly fear the community getting access to information concerning their problems.

3. PRETEST AND REFINE THE DATA COLLECTION TOOL/CONSENT FORM

After I developed the qualitative, open-ended English language questionnaire and the consent form, I conducted five pre-test consultations with a representative group of people from the PSC. In addition, I got feedback on the questionnaire and consent from my colleagues at the reproductive health organization. The outcome of the suggestions from the pre-tests and the feedback from my colleagues led to my revising both instruments.

STAGE I COMPONENT C: SETTING UP A MEETING: APPROACHES TO INTERVENTION WITH THE PSC

The third and final component of the preparatory stage, " Setting Up a Meeting", includes three elements: access, initial contact and agreement. These three elements and strategies utilized to carry them out will be presented below.

1. STRATEGIES FOR ACCESSING THE PSC

The strategies used to access the PSC are as follows: community networking, hiring a gender specific community consultant, mediator contact approach, consulting with the family, separate focus group meetings and linking at community meetings. These strategies will be discussed in more detail below.

a. COMMUNITY NETWORKING: SNOW BALL EFFECT!

I made a tentative list of people and contacted them via the telephone and through in-person contact at the Gurdwara and at community meetings. These individuals included individuals from a youth group I am involved in, clients from my previous case load who still have contact with me, students from the university and some friends and acquaintances whom I became connected to by attending the Gurdwara. Further, this list was also compiled from the referrals that the various key informants had indicated as important people to contact in the community. It is important to mention that in each consultation conducted I requested the names of two additional people whom I could contact and consult with. This "snow ball" effect was the main strategy used in getting access to the community.

Consultants who are from a different world view may utilize the names received through the key informants and contacts obtained through the

participatory stage as a starting point and accordingly network further into the core of the community. The networking strategy was especially effective for consulting with the professionals (both genders) and the youth of the PSC. Unfortunately, this approach was not as appropriate for accessing the grassroots male and female population.

b. HIRING A GENDER SPECIFIC COMMUNITY CONSULTANT

Along with being a female, the sensitive consultation topic (AIDS) made intervention with the grassroots male population very difficult for me. The issue of safety had to be considered since the topic to be discussed had sexual connotations. It may have been interpreted by the males as promiscuous, inappropriate and immoral for a young single female from the community to raise this subject. Since all my individual attempts to engage the men in the consultations were unsuccessful, another means of intervening was attempted. The intervention that was eventually effective in gaining access to this group involved hiring and training a male from the grassroots population to conduct consultation interviews with the grassroots male population. He contacted potential consultees via the telephone and through in-person contact at his workplace site. This method worked.

The male consultant was responsible for monitoring the process, data collection and transcribing responses. The consultant hired did not feel comfortable recording word for word the content of the conversations with the grass roots male population. This was because the content of the discussions sometimes was inappropriate. Considering, the consultant knew, the information would eventually be passed on to me, he did not feel comfortable sharing the discussions word for word. His reluctance is understandable since sexuality is a taboo subject in the PSC. It is rarely openly discussed, and especially not with those of the opposite sex.

There are instances in which neither internal nor external consultants will be able to gain access to certain sections of the community. There were many reasons for the resistance of the grassroots male population of the PSC. For instance, the main reasons for the resistance from the grassroots males were: the gender issue, the sensitivity of the topic, and the age issue. The fact that I am single was also an inhibiting

factor because sexuality is usually only discussed within marriage with your partner and only separately amongst the male population and female population. Its important to acknowledge such barriers can exist for consultants and attempt to find alternative approaches which are more suitable.

c. MEDIATOR CONTACT APPROACH

The approach utilized in setting up a meeting and gaining access to the grassroots women was very different from that of the two methods mentioned above. For the grassroots women the best way to intervene was by using the mediator contact approach. This approach entails the presence of a person who has some connection and knowledge of both consultant and consultee. These community mediators are another key to reaching parts of the community that are not easily accessible.

The predominant pattern that occurred during consultations with the grass roots women from the PSC was that the mediator contact approach was most appropriate. The mediators were usually professional females who had already been consulted before. These professionals were informed during consultations that I was having a hard time accessing grassroots women and their help would be appreciated in gaining access to this population. As a result of this request, many contacted me after they had checked around with friends in the community who fit the grassroots description.

After the mediator contact had established commitment from the grassroots women she usually extended an invitation to conduct the consultation intervention with them. Hence, in this approach, the mediator took the lead role in inviting people to the intervention stage and also commonly hosted the consultation at her residence. It was critical for the mediator to be present in the actual intervention stage because she was the person who had made initial contact and established a relationship with the

women. In most of the consultations conducted with the grassroots women, focus group meetings were used. For example, one offer accepted which took place in the mediator's residence included: four young grassroots women, two first generation youth, a middleaged women and an elderly member.

d. CONSULTING WITH THE FAMILY UNIT

With a few contacts I invited the participation of the whole family in the consultation intervention phase. This strategy was very useful and resulted in a very interesting and comprehensive consultation. In most cases I spoke to the male of the household and explained the initiative, who I was and what the purpose of the intervention was. The male made the decision whether his family would take part or whether he would be part of the consultation process by himself. Usually, where this strategy was suggested, the consultees met with me as a family unit. This strategy works more effectively for those individuals who are in the later stages of the acculturation process and who are from more educated backgrounds. In interaction with PSC families, the consultant must be aware of the hierarchical nature of familial relationships. Since men are at the head of the family, it can inhibit participation from other family members. In such case the consultant needs to encourage the input of the females and youth present. This can occur by continuously focusing in on those who are not saying anything and encouraging them to respond to the questions or elaborate on certain questions after the male member has already given his input. This needs to be done very tactfully so that the male member does not feel as though you are cutting him off and priorizing the concerns of the women. It is important in cases where women say little during the consultation meeting that you extend them an invitation to take part in a meeting with you individually at a later time.

e. SEPARATE FOCUS GROUP MEETING FOR MEN/WOMEN/YOUTH/ELDERLY AND SPECIAL CONSIDERATION FOR THE GRASSROOTS POPULATION

Another approach a consultant can use in accessing the PSC is to hold separate focus group meetings for professionals and youth and to make special accommodation for the grassroots men, women, youth and the elderly members of the community. This approach was used and tested with the PSC during the process of conducting a community needs assessment outside of the work of this practicum. The use of this approach was received positively by the community and resulted in very productive outcomes.

The focus group meetings for professionals in the community can be held at hotels, halls, and community centers and can accommodate different genders and ages, if required, by having separate focus groups. In most instances this group will be comfortable working together on general issues but issues of sensitivity may require the use of gender and age segregation.

The focus groups with youth can take place at the Gurdwaras, universities, high schools, community centers, hotels, halls, or restaurants. The youth are probably the most comfortable and most flexible group about working together as a whole on all kinds of issues in the community. Consultants from the mainstream can access the youth through contacting either the community youth groups usually connected to the Gurdwaras, cultural university organizations, community youth dance groups or youths who can be the link to other places where the PSC youth can be found. In one focus group consultation I conducted with the youth of the community, the process of gaining access was as follows:

> I was walking through an area of the university where I saw a group of Punjabi youth sitting. I approached them because a few of them were familiar to me from the youth group and from attending the Gurdwara. I spoke to one of the youth whom I knew the best and explained the project and the purpose of the consultation I wished

to carry out. He then approached the group and asked them if they wished to participate. They consented and I was able to carry out the focus group consultation with the youth immediately.

The mainstream consultant may not be able to intervene and gain access in the same way I did unless he/she has, in the participatory stage, established very close contacts with the youth in the community. Another method would be to align himself/herself with a few youth and ask them to host a focus group meeting at which a few youth they know could be invited. However, when consulting with new immigrant youth, the above strategies will be inappropriate because these groups are generally isolated and lack social supports that first generation youth have been raised with in Canada. Hence, the best approach to use for the grassroots youth is the method outlined below for the grassroots population.

The focus groups for grassroots men, women, elderly and youth need to be held at the Gurdwara. The consultant with the grassroots community should preferably be someone from the community; hired or volunteer, gender and age specific, speak the Punjabi language, and be respected members of the grassroots population. Since the Gurdwara are places where the community congregates every Sunday, it may yield larger numbers of grassroots participants. The grassroots (women, men, elderly, youth) will be very reluctant to participate unless the strategy accommodates women, men, the elderly, and female youth and male youth separately. This approach is suitable because it allows each group the opportunity to speak openly and freely.

When using any of the above techniques of intervention, it is a good idea to introduce yourself, explain the initiative and emphasize their participation would be valuable for the community as a whole. The consultees may need some time to think about whether they want to

participate and may ask you to check back with them. As a consultant, the onus is on you to re-contact people and network with community members to gain access to the community at all levels. It is important to be attentive, polite and open because you want to build a relationship with the respondent that is trusting in order to establish a more effective intervention.

f. LINKING AT COMMUNITY MEETINGS

The consultant can set up meetings while attending community functions. This can be done by mentioning the project verbally or in written form and requesting people to take part.

In my practicum experience with the PSC I was able, in most cases, to set up a consultation meeting immediately at a community function. If I did not secure a meeting, I was provided a phone number to contact the person at a later time. I used the verbal "one-to-one" approach because of the sensitivity of the AIDS topic for the community. Using written advertisements about AIDS would be too direct a strategy for the PSC. They do not discuss issues around sexuality openly and are a community based on oral tradition, not written.

2. INITIAL CONTACT:

It is important when first contact is made with the community to identify who you are, who your referral sources, and to explain the project. Then it is important to invite the person to ask any questions that he/she may have concerning the project. The last point is to welcome participation and make arrangements to meet.

3. AGREEMENT

The agreement stage involves setting up an appropriate time and place for the consultation.

a. MEETING TIMES APPROPRIATE

The majority of the consultations with the PSC, took place during weekday evenings and late afternoons during the weekends.

b. MEETING PLACES FOR CONSULTATIONS

The meeting place and time in all instances were left completely up to the consultee. The majority of the consultations with the PSC took place at the residences of the consultees. Other locations the consultation took place are listed below:

1) the consultant's residence.
2) the residence of a previous person
3) my aunt's residence
4) a taxi cab (the ones the hired consultant conducted).
5) the consultee's workplace.
6) at restaurants.

As a consultant with the PSC, the consultation sites and times may be unconventional for those who are from the western framework. However, these times and places are reasonable alternatives for meeting the needs of the PSC. The accommodation of time can be explained through reference to the contexting theory. This theory maintains that there are two types of time frames: polychronic (unstructured time) and monochronic (structured time). Most immigrant communities tend to adhere more to the unstructured notion of time which is polychronic time. Thus, interacting with such communities during the working day, at the workplace site, when they are adhering to the western notion of monochronic time will yield far different consultation results than if you consult with them in the evening or weekends when they transfer back to the polychronic time frame. Giving the consultees control over where and when the consultation takes place also allows the consultee to feel that their opinion matters. By

allowing them to have the consultation in their own homes, it helps to increase the chances of the consultation process being more comfortable and productive.

STAGE II: INTERVENTION

The intervention stage includes the following components: consultation preliminaries, consultation content and termination.

COMPONENT A: CONSULTATION PRELIMINARIES

The consultation preliminaries include three elements: contacting the consultee, relationship building, and contract. These elements were carried out through certain strategies which will be discussed below.

1. CONTACT THE CONSULTEE PRIOR TO THE CONSULTATION MEETING

The consultant who works with the PSC needs to check with the consultees a day prior to the consultation. Since the PSC is comfortable with polychronic time, it is always a good idea to re-confirm the time and place to ensure the consultee has not forgotten or is unable to make the appointment. By doing so, the consultant saves him\herself the frustration of travelling to a meeting site and waiting for someone who does not show up. In a few of the consultation interventions this step saved me a lot of time. An example of how calling to confirm aided me in the consultation process is emphasized in the following:

> In this instance the consultee left the country very quickly for personal reasons and did not inform me. By calling to confirm the meeting, I learned from the family that the consultee was away for two months and could not be reached. This simple telephone call saved unnecessary time and hassle.

Similarly, it is a good idea that when the consultant is unable to call one day prior, she/he can call before leaving for the consultation site. This allows the consultee flexibility to change the time, day, or meeting place of the consultation if something has come up and changed since setting up the original meeting. In the PSC, the consultant really needs to be very flexible and accommodating. This may mean meeting the consultee at whatever time, place and day they prefer. By allowing this leeway the end result will prove to be more beneficial and productive and the relationship with the consultee will be one of respect and understanding.

2. ESTABLISHING A RELATIONSHIP UPON ARRIVAL

Establishing a relationship includes using an appropriate greeting, setting the context, general conversation, and hospitality.

a. USE THE APPROPRIATE CULTURAL GREETING UPON ENTRY

When one first arrives at the consultation with the PSC, it is very appropriate for all consultants to greet the consultee by saying "Sats re akal" using the appropriate hand gesture as stated previously. The community members will be impressed that the consultant has taken the time and effort to learn their cultural greeting. This action on the part of the consultant will allow the establishment of an instantaneous connection and therefore easier access. The consultee will feel this person truly has the potential for understanding him/her.

b. SETTING THE CONTEXT

The consultant should expect to use about an hour to settle into the new environment before doing any work. Most consultations with the PSC started with an introduction of myself to the consultee or consultees. The introduction was not simply my name and where I work. It included what family I belong to, what village my parents originally were from,

where I was born, how many sisters or brothers I had, whether I was married or single, how long I had lived in Canada, etc.... This type of sharing is very important in building a relationship with the PSC because it is such a high context community. After getting a sense of me, in the majority of the interventions conducted in the PSC the consultee then shared something about his/her context. This allowed me to get a sense of the social context of the consultee and of his/her acculturation process.

Consultants from the western worldview may perceive consultees to be invading their privacy by asking so many questions. However, by simply introducing oneself and the initiative and moving into the work stage the consultant will miss out on creating an atmosphere of comfort which provides for a more open, relaxed and productive interview process.

c. GENERAL CONVERSATION IS IMPORTANT TO BUILDING A TRUSTING RELATIONSHIP!

Following the introduction phase the conversation with the PSC moved into talking about more general issues. These issues included a vast array of topics, some of which are:

1) India's political, economic and social situation
2) upcoming cultural events
3) family issues
4) work problems
5) the stress associated with children in Canada
6) arranged marriages
7) the Sikh religion
8) health concerns
9) lack of parental communication with youth

This stage gave me the opportunity to further convince the consultee of my credibility. This was done by demonstrating a broad knowledge base and understanding of the PSC. This knowledge was projected by commenting and having an opinion about the various topics the consultee brought up. Further, consultation with the PSC follows a different interaction process. The PSC usually looks at the general picture of things and then moves into the specifics. The western world view follows the opposite scheme. One usually first deals with specifics and then moves out to the

general. General conversation first serves to educate the consultant about the PSC and also allows him/her to question and clarify issues, beliefs etc. that are not clear in the literature.

External consultants may not have the extensive knowledge base that an internal consultant does. Yet, they can use this step to question some of the things that have been uncertain and/or unclear to them after taking part in the literature review and participatory learning stage. This will give the consultee the feeling that there is genuine interest in the community since the consultant is trying to gain a clearer understanding. However, external consultants will need to exercise caution more than internal consultants about some topics(e.g. politics and religion).

d. SHARING IN HOSPITALITY

This stage follows the informal conversation and is critical in interaction with the PSC. It was common in most of the consultation interviews conducted. The sharing of food and drink is not only a ritual at the homes of the PSC, but also extends out to the community level at the Gurdwara. On Sundays the ladies of the community work together and prepare a communal lunch that everybody shares no matter what their social, economic or political position in or outside the community. The "Western" consultant will learn this during the participatory stage by making on site visits at the different Gurdwara. The sharing of food and drink is an inherent part of this community and needs to be respected and accepted by external consultants. In the PSC, letting a visitor come into your home and leave without having something to drink or eat is not deemed appropriate. For the consultant, taking part in the ritual of food and drink is an essential part of respecting the host.

Most families I visited, had ussually prepared something, especially for the consultations at their homes. I found the food and drink helped to ease the tension between the consultee and consultant and set the context for a very relaxed consultation.

3. CONTRACT

After settling in and understanding the context of the consultee, the consultant can then initiate the consultation. The contract component includes the following strategies: the importance of time, importance of the consent form, language accomodation, negotiating signing the consent form and determining a recording instrument. These strategies will be discussed below.

a. THE IMPORTANCE OF TIME

Contracting is the most critical part of the consultation meeting. In the consultations conducted with the PSC, this section was extremely time-consuming. In the initial few consultations with the PSC, the contracting process was rushed resulting in very uncomfortable and uneasy relationships throughout. In the consultations conducted thereafter I made it a point to spend time on this element and also to allow for some flexibility in signing the consent form. The signing sometimes occurred after the meeting had taken place. (see section below for more details). The consultant needs to be calm, flexible and avoid rushing the contracting process.

b. OBTAINING CONSENT

The consultation with the PSC began, in the majority of the cases, by explaining the consent form. The consent form used pointed out the purpose of the consultation, the responsibilities of the consultant and the options the consultee had in relation to the consultation.

The consent form was used differently with different segments of the community. For the professionals and the youth, the form in the English language was simply handed to them. They read it and usually signed it immediately afterwards. However, with the grassroots population, I had to verbally translate the consent form and explain the purpose very thoroughly. Further, I had to reassure them that by signing the consent form they were not going to be harmed financially, emotionally or in any other way. As already stated, this step was very time-consuming but critical.

c. LANGUAGE ACCOMMODATION

In most consultations with community members who did not speak English, I used the verbal translation method to inform them about the content of the consent form. However, English language consent forms were used with the professional and youth audience of the PSC. The consent form needs to be translated either verbally or in written form, for those individuals who are not very fluent in the English language. Yet, for individuals who are professionals and those who are comfortable with using English the English language consent form is a feasible option.

d. NEGOTIATE AND SIGN THE CONSENT FORM

It was important to be very patient throughout this signing because establishing a working relationship with the respondent is usually the outcome if handled properly. Further, allowing alternatives and options are important with this population. For example, in the majority of the consultation interventions conducted, I allowed the consultees the option of signing the consent form at the beginning or end of the consultation interview. This opportunity allowed us to move on. It gave the respondent the option of signing the consent form after he/she knew what information was disclosed to the consultant.

As I explored the resistance to written contracts by the grassroots with some of my key informants, I discovered that this community is not comfortable with written consent forms. People believe in the use of verbal contracts as opposed to written contracts. The PSC community believes that once you have given your word, that is good enough. You do not need to have a formal document to assure compliance. The written contract is not viewed as an insult because most realize it is a formality of the western mind set. The community may perceive a written contract as suspicious because of the past oppression of the British in India. The mainstream consultant needs to especially explain the purpose and use of the consent form and highlight that by the consultee signing the consent form the consultee will not be harmed.

e. DETERMINE THE RECORDING INSTRUMENTS

Preceding the contract phase, the consultant needs to be very clear about the instrument and method of recording information that he/she will use during the consultation intervention. The consultant has the choice of audio tapes, video tapes or hand written notes.

The recording instrument that I used was the hand written, note-taking method. This was outlined to the consultees prior to starting the data collection. In the majority of the consultations with the PSC there was little objection to this procedure. The reason that I chose this method of recording is because this method worked well with the educational equity pilot consultations. In addition, I felt this method was the least threatening method of recording information from the PSC. The use of audio tapes or video tapes would in my opinion have inhibited the consultation process.

If the consultees from the PSC initially agree to the use of the tape recorder or video tape and the consultant realizes these methods are not working, it is important to re-negotiate the data collection instrument immediately!

COMPONENT B: CONSULTATION CONTENT

This component is made up of three elements: reinforcing options, data collection and attending to interaction patterns. Each of these elements and the strategies used to put them into action will be discussed in the following section.

1. REINFORCE THE CONSULTEE'S OPTIONS

In the consultation interview with the PSC after the contract stage had been completed, I again highlighted some of the consultee's options. The points I emphasized at this time were that the consultee had the right to terminate when he/she saw fit and he/she could interrupt the process anytime for clarification.

2. DATA COLLECTION

The data collection instrument was explained thoroughly to all participants from the PSC and any questions they had concerning it were welcomed. I asked the questions stipulated on the questionnaire although not in sequential order. I asked questions which were general in nature first and then directed the process to the more specific ones later in the consultation meeting. This was more effective because, as mentioned previously, the PSC moves from the general sphere to the more specific.

3. INTERACTION PATTERNS

The interaction patterns of individuals from the PSC reflect the notion of doing more than one thing at a time. In conversations at the Gurdwara, social outings and family gatherings there may be as many as three or four

conversations going on at the same time. This is not considered inappropriate or rude; it's just how things operate in the PSC. The following example highlights one such interaction pattern.

The father was carrying on a conversation with me; the son was carrying on a conversation with his mother; the daughter was taking part in both conversations and interjecting her opinion when she felt it necessary. At times the interaction in the room included interrupting each other, speaking across the room to one another and participating in various conversations at once.

If a consultant from the "western" worldview were looking in as an observer, he/she might perceive the interaction to be disorganized, disrespectful, chaotic and unproductive. Yet, this community is comfortable with and interacts in such a fashion in their daily lives at home and in the community. This pattern may cause conflict in the mainstream work environment because individuals may be perceived as rude or interrupting others. Most times the PSC community adapts itself when interacting with the mainstream culture but at times their pattern of interaction may occur unconsciously because it is inherent to the culture.

The consultant needs to understand that just because a person functions differently from him/her does not necessarily mean that one way is wrong. What is important is that the consultant discover and understand the practice or patterns of interaction most comfortable for the consultee in order to obtain more accurate responses and to create a familiar and open atmosphere. The information concerning community interaction patterns can be obtained in the participatory stage while interacting informally with the PSC and, as well, through the literature review.

COMPONENT C: TERMINATION

The termination stage with the PSC was one which usually included signing the consent form, if not yet done. In addition, it included evaluating the process and the instruments used. After this, I directed the conversation from the evaluation phase by asking the consultees to priorize ten other items of concern to the PSC. The goal of gaining this information was to get a sense of other issues of concern the community requires information on or assistance with. By slowly moving the focus from the specific to the general, closure was far more natural. The general information collected can serve as a data source which can be used by consultants and social service agencies when planning programs for ethno-cultural groups.

SKILLS REQUIRED BY A CONSULTANT WHEN INTERVENING WITH THE PSC

Up until this point, the consultant has established a partnership with the consultee that is respectful, trusting, cooperative, understanding and open-minded. The extensive process the consultant has ventured through has aided to establish such a connection. There are many essential qualities for consultants to possess. The qualities of diplomacy, attentiveness, directness, skills of probing, maintaining control and understanding different cultural communication patterns are important skills for consultants to have, as mentioned in the ECG model. These qualities are also consistent with the skills the ethno-culturally specific consultant requires. I will touch on a few of the above-mentioned qualities and some new ones that arose out of the consultations with the PSC in the section to follow.

A. THE CONSULTANT NEEDS TO EMPOWER MEMBERS OF THE PSC.

At the intervention stage, it is important to remind the consultee that he/she can opt out of the consultation at any time, ask questions at any time and feel free not to respond to certain questions which are uncomfortable. Allowing the consultees this choice reinforces that the consultee has some control in the process and need not feel pressured in any way. Providing consultees options throughout the consultation processes facilitates the building of a mutual and genuine relationship. It is important that the consultant reinforces that he/she does not want consultees to do or say anything they do not feel comfortable with. By encouraging the consultee's input, a relationship that is open, mutual, cooperative, informal and productive results.

B. THE CONSULTANT NEEDS TO BE PATIENT

Patience is an important quality throughout the consultation process with the PSC, especially in the contract phase because, as mentioned previously, signing written contracts is foreign to grassroots members of this community. In addition, the consultant who is used to the notion of monochronic time needs to have patience with consultees who adhere to the value of polychronic time.

C. THE CONSULTANT NEEDS TO COMPREHEND IN WHAT ORDER TO ASK QUESTIONS: GENERAL---TO---SPECIFIC

The process of moving from general questions to the more specific ones throughout the consultation process was effective. Specifically, this option worked well when beginning to ask questions about the consultation topic. The following examples highlight the importance of proper questioning structure.

> In one of the first consultation interventions conducted I began the process by asking a very specific question,("What do you know about AIDS?"), as outlined in the open-ended questionnaire that I was using. This question was deemed

inappropriate by the consultee and resulted in the termination of the intervention. At the next consultation interview I tried something different. I asked the more general questions, e.g., "Do you know where to get information about AIDS in Winnipeg?" and then went more into the specific ones. This strategy seemed to work more appropriately. It was employed successfully throughout the remaining consultations.

This notion of going from the general personal knowledge to more specific personal knowledge questions about AIDS was an ideal that holds true not only for the consultation topics. It is also useful throughout all stages of the consultation with the PSC.

D. CONSULTANTS NEED TO BE COMMITTED THROUGHOUT THE CONSULTATION PROCESS WITH THE PSC

As mentioned in the model presented, the whole process of developing rapport with consultees is very long and takes a great deal of time and energy. Consultant discipline and commitment are very important.

E. PROBING & PARAPHRASING SKILLS

The consultant requires many communication skills those that I constantly utilized were paraphrasing and probing skills with the PSC. The former serves to verify whether I had heard the consultee properly in order to minimize misunderstandings. The ladder added fluidity to the consultation process.

SUMMARY

In developing an ethno-culturally specific model, fitting frameworks from the western mainstream to traditional ethno-cultural communities may compromise the values of the latter because the two world views are often polar opposites. When consulting with ethno-specific communities, it is essential to get a sense of the value system that the community adheres to because this will aid in understanding some of the issues that can impinge on the consultation process. It will also assist in better empathizing with the community that is being consulted. Values can be explored by using the contexting theory, acculturation framework, filling in the petal of culture, taking part in the community and through key informant interviews. These tools can assist consultants in gaining a comprehensive understanding of the consultee's world view and that of his/her culture.

The ethno-culturally specific model, presented in this chapter, was developed through a extensive literature review and some practical experiences. This model was also guided by the earlier presented ethno-culturally generic consultation model. The process outlined and the components presented in the ethno-culturally specific model are similar to that of the ethno-culturally generic model. However, the strategies used to carry out the components are what differs between the two models.

The ethno-culturally specific model is aimed at providing assistance to service providers working with the Sikh/Punjabi community. Much of the process outlined and utilized can be adapted in consulting with other ethno-specific populations. The process developed is not ideal. As one

utilizes it and further tests it, refinements can be made accordingly. The next chapter will provide a comparison between the ethno-culturally generic and ethno-culturally specific models to highlight the commonalities and differences between these models.

CHAPTER 5

A COMPARISON OF THE ETHNO-CULTURALLY GENERIC AND ETHNO-CULTURALLY SPECIFIC MODELS OF CONSULTATION

The last two chapters have presented two models of consultation. One is the ethno-culturally generic (hereafter referred to ECG) and the other is the ethno-culturally specific model (hereafter referred to as ECS). The ECG model was developed through a literature review and through the experience gained from the two pilot sites. The ECS model was based on the ECG model and was developed further through the consultations conducted with the Punjabi/Sikh community (PSC). The two models: ECG and the ECS provide social workers with alternative strategies of consultation with ethno-cultural communities.

The consultation models presented in the literature review section, make reference to culture very generally. Caplan's; Schein's; Block's and O'Neil and Trickett's models all lack definitive cultural components in the consultation processes they outline. O'Neil and Trickett's consultation model is the best guide for ethno-cultural consultation because it allows flexibility and the consultant the option to devise culturally sensitive strategies. The later mentioned model does not pre-determine set processes of consultation, it maintains each consultant brings with himself/her self different resources. The kinds of resources the consultant has determines the process the consultant chooses. O'Neil and Trickett's model was the basis of the ECG and ECS models. This model allowed for the use of an eclectic theory base in the development of the ECG and ECS models.

Caplan and Block outline process components of consultation for consultants to follow. However, they do not elaborate on how these components can be carried out. The strategies of intervention stipulated in the ECG and ECS models are useful for potential ethno-cultural consultants.

The ECG and ECS models advocate the need to spend a great deal of time on understanding and increasing knowledge about a community prior to any contact. This key premise differs in both Caplan and Block's models because both models emphasize that learning takes place after entry into the consultees system. In ethno-cultural consultations gaining a sense of the consultee's social context prior to entry is a must!

Caplan suggested that in the entry phase it is important to get those individuals in the highest positions on board, to counteract resistence. In comparison the ECS model points out, by simply consulting with leaders of the community certain complications (e.g. community politics and lack of representation of various community sectors) may occur. It is important to involve a diverse representation of the community or organizational leaders so a more accurate picture of the problem and concerns can be painted.

The ECG and the ECS models are developed for ethno-cultural communities. In comparison, Caplan's model was developed for the mental health field and has been adapted and utilized in many other areas. However, Schein's purchase expert and doctor/patient models are more for organizations than for the social service arena. Schein's models are not process oriented but focus more on content. Hence, the ECG and ECS models are more appropriate to the needs of ethno-culturally diverse communities.

Both Caplan and Schein define the consultant as an expert. In these models the dependent consultee learns and increases knowledge from the consultant. However, establishing a relationship and mutuality are underlying themes throughout all the consultation models discussed. Caplan, Block and Schein (in his process consultation model) emphasize consultants need to establish a coordinate, interdependent, collaborative relationship with consultees. The consultant needs to serve more as a facilitator than an expert. The ECG and ECS models highlight the need to work with consultees in partnership throughout the entire consultation process.

Caplan and Block's models are generally consistent in their consultation process in comparision to the consultation process outlined by the ECG and ECS models. The following components of consultation are similar in all these models: entry, relationship building, data collection, intervention and termination/evaluation. ECG and ECS models are also similar to Block's model because these models emphasize the need to spend time in the entry and contracting phases of consultation.

The above section has outlined some similarities and differences between the consultation models available in the consultation literature with comparision to the ECG and ECS. The similarities and differences between the ECG and ECG models will now be explored. The reminder of the chapter will compare these models.

The main commonalities noticed in both models is that they follow the same stages with the same components and basic elements. The point at which they sometimes differ is in the strategies used to carry out the different components and elements. Hence, the process of consulting with ethno-cultural communities can be applied consistently across different ethno-cultures. The six-step process is as follows:

I. PREPARATORY STAGE

A. Understanding

B. Data collection

C. Setting a Meeting

II. INTERVENTION STAGE

A. Preliminaries

B. Consultation Content

C. Termination

In the component of understanding, the two models are generally in consensus with relation to process and content. Nevertheless, there are still some areas in which the ECS model differs from the ECG model. The differences and similarities are discussed below.

The literature review in the ECS model includes additional sources not mentioned in the ECG model. As well as using books, articles, periodicals, abstracts, in-person interviews, movies, documentaries and material written by members of the ethno-cultural community, the consultant can also tap the ethno-cultural media, t.v programs, newspapers and magazines. Further, this model also suggests that the consultant acquaint himself/herself with existing community resources.

The element of value exploration is almost interchangeable in both ECG and ECS models. These models emphasize the need to explore values by using the contexting, acculturation and petal of culture frameworks. In addition, it is important to participate in the community, conduct a literature review and speak to key informants. A method of understanding community values, cited only for the ECG consultations, was through ethno-cultural membership.

Interesting differences arise in analyzing contexting theory in relation to the PSC. There appears to be a value difference about the notion of hierarchy. The ethno-culturally generic model adheres to the notion of hierarchy outlined by Hall. Hall's model associates hierarchy with the males being at the top of the ladder. However, in the case of the PSC, the structure of hierarchy is different because the authority originates from the elderly in the community and works down to children.

The consultant can use the acculturative framework and the petal of culture to get a sense of the community. These tools were compatible in both the ECG and ECS models. They are utilized in the knowledge phase to provide information which is holistic in nature about the communities.

The ECG and the ECS models advocate the need for consultants to take part in the daily life of the community by attending community meetings, community churches, community centers, community celebrations, etc. The ECS model elaborates in recommending that a consultant get a sense of the community by visiting the country of origin. This provides a taste of the root culture of the community. Further, this model maintains that by hiring individuals from the specific ethno-cultural community, more of a chance exists that individuals will have previous participatory

experience, established links in the community, first language capability and a sense of the cultural context important in intervening with ethno-cultural communities.

Tapping into key informants is a useful approach in both the ECG/ECS models. The main principles mentioned in the ECG model about key informants were applied in the PSC consultations. This step was positive. It allows the consultant to gain links, advice, clarification of misunderstandings, increased knowledge and referrals. The section on key informant interviews in the ECS model emphasizes the need to link specifically with social workers who are from the ethno-cultural community. This piece is missing from the ethno-culturally generic model but is essential and needs to be considered by all consultants. The ECG model highlights consulting with social service agencies who serve the immigrant, refugee and visible minority communities. This is a feasible alternative for the consultant to consider. If the workers from these agencies are not from the ethno-cultural community, then consulting with social workers from the particular community may provide better understanding of the culture and its context.

Another key point mentioned in the ECS model and not recognized by the ECG model was the need to understand and work with specific community politics. It is essential that the consultant maintain neutrality because affiliation with one specific organization may sometimes block the consultant from potential work in the community.

Language is a key issue when consulting with IRVM/PSC groups and can be accommodated in a number of ways, specifically the use of non-technical English language and of translators. These methods were the options offered in the ECG consultation model. In addition to these methods, another technique that can be used in consultations with the PSC are to

hire a consultant who speaks the Punjabi language. If needed, the ECS model also supports accommodation for those with limited English language skills by translating the consent form and the data collection tool either verbally or in written form. This approach is different from the language accommodation outlined in the ethno-culturally generic model because it maintains that first language accommodation is important in meeting the needs of the PSC. The ECG model simply attempts to accommodate language by using simple non-technical English language and/or using the translator approach. The latter technique has merit when working with certain populations of the ethno-cultural community. For example, using the non-technical English language may be feasible for professional audiences or youth in the ethno-cultural communities but is not as appropriate for grassroots members.

It is important consultants recognize that different segments of ethno-cultural communities require different language accommodation. The following factors need to be considered when planning for accommodating language with the ethno-cultural communities: acculturation point, socio-economic status, value framework, capabilities in the English language etc. Further, the consultee's age, gender and level of integration in the mainstream need to be considered. The ECG model does not fully address these issues.

The techniques of intervention in setting up a meeting with the IRVM communities are as follows: resource list and mail out invitation, community networking, linking at community events, in person introduction, focus groups. All of these methods except for the in person introduction technique were used in the consultations conducted with the PSC. In person introductions were not an option because of the time and financial constraints of the AIDS project. The ECS model requires agencies to

commit additional time and money to the consulting process. However, the financial costs associated with the in-person method should not be a deterrent because from my experience, with the two pilot projects, it was positive alternative with the IRVM communities. The use of a resource list and mail out invitations did not yield any responses with the PSC. I originally sent out letters to the various Gurdwaras' and invited participation. This strategy did not work for two reasons: first, the community prefers verbal contact to written contact; second, the leaders of the various organizations were men who may have blocked the initiative because of the sensitivity of the topic - AIDS.

The community networking approach was similar for both models yet the community linking approach differed somewhat. The linking approach used with the PSC was a verbal one-on-one interaction to explain the initiative. It was concluded that the verbal approach as opposed to the written announcement was a more feasible option for the Punjabi/Sikh community. As previously mentioned, this community is more attuned to verbal as opposed to written tradition.

In addition to the strategies above, the consultations with the PSC also yielded some other ideas for setting up a meeting. Some of these are: hiring a male consultant to gain access and information when community taboos make it unaccepting of female consultants; consulting with the family unit(at times this included extended family members as well); using the mediator contact approach to get access to grassroots women; and hosting focus group meetings according to gender, age and the degree of acculturation. Separating the men, women, youth, elderly, the grassroots and the educated into different focus groups is another strategy that can be used generically or specifically with ethno-cultural communities. All these alternative interventions recognize the need to intervene with different sections of the ethno-cultural communities according to their

needs, values and comfort level.

Focus group meetings were not an effective strategy with the IRVM communities. They were not successful for two reasons: the focus group audience was a professional audience that differed in English language capability and acculturation process; the data collection instrument selected did not allow for focus group meetings. However, after consulting with the PSC, it can be concluded that the focus group technique does work. Accommodation needs to be provided with relation to gender, age, degree of assimilation and language capabilities. For a successful focus group meeting, the best method of data collection is the unstructured, open-ended questionnaire.

Both models are in agreement with using the in-person open-ended questionnaire as the data collection tool. However, they differ on when the consent form should be signed. The ECG model maintains the consent form should be signed at the beginning of the consultation whereas the ethno-culturally specific model favours signing it at the end of the interview. In my experience with the PSC, flexibility around signing the consent form was important. Because verbal consent is preferred, allowing this accommodation provided a more open, trusting and unstructured consultation process. Giving ethno-cultural communities such options recognizes their value framework and meets their needs more appropriately.

In the preparatory stage, for the initial contact in both the ECG and ECS models, it was essential to make introductions, explain the initiative, answer questions and set up a time and place for the consultation meeting.

The introduction of oneself when dealing with the PSC was more detailed and in depth in comparison to the ethno-culturally generic consultations. High context communities require this initial in depth introduction in

order to build rapport, a relationship and trust. In addition, the ECS model also advocates mentioning the name of the referral source when contacting potential consultees. This will aid the access to the community because mentioning a person familiar to consultees is more likely to gain one a connection and a commitment.

The ECG model mentions that most consultations take place in the office setting in the daytime with only a few exceptions to this norm. The model highlights exceptions such as shopping centers, restaurants and public libraries. There was a striking difference in the consultation sites preferred by the PSC. Most of the PSC consultations ended up at the consultee's residence on weekday evenings and weekend afternoons. The main reason for the difference is because during the evenings and weekends the PSC are operating on a polychronic timeframe as opposed to a monochronic timeframe during the day while in the work force. Meeting the community on the timeframe that they commonly adhere to will result in a more informative, relaxed and productive consultation process. Hence, flexibility about the time and place of consultation is essential when working with diverse communities.

The ECS model encourages flexibility in the methodology of asking questions. Asking questions in sequential order is not recommended. The consultant should give the consultee the option to start at whatever point he/she wishes to. In the consultations with the PSC, the questionnaire was very short and was not divided into different sections. Thus I could offer the consultee the option to start where they wished. However, the sequence of asking questions that were personally general to those that were personally specific was an important technique used with the PSC.

Making contact with the consultee either a day prior to the consultation or the same day of the consultation meeting is an important step found in

both the ECG and ECS models. This contact allows the consultant to confirm the meeting or alter it, and thus save time and energy.

In the intervention phase of both models, the relationship building element of the consultation preliminaries was quite similar. The process suggests the following strategies for effectiveness.

1) using a culturally appropriate greeting
2) setting the context
3) general conversation
4) hospitality

These elements need to be understood by potential ethno-cultural consultants prior to any intervention with diverse communities so that they can prepare themselves adequately.

The ECG and the ECS models both highlight the importance of time, obtaining consent and negotiating a recording instrument during the contract phase. Further, the ECS model maintains that when obtaining consent with the PSC, one needs to use the consent form differently with different segments of the community.

When intervening with the IRVM communities and the PSC during the consultation, areas covered need to include the reinforcement of the consultees' options and the data collection process. Both models suggested that flexibility in asking questions allows the consultee an increased level of comfort and enhances the development of a relationship between the consultee and consultant. The questioning technique for the ECS model was consultee driven, rather than consultant directed because I questioned from the general to the specific. This accommodation was made because this community interacts from the general to the specific. This pattern was consistent throughout the consultations conducted in the pilot projects and the practicum opportunity.

Both models encourage the involvement of the community at various times and in various aspects of the consultation process. For example, the ECG and the ECS models both encourage participation of the community in evaluating the data collection tool, the consent form and the recording device. The involvement of the community increases the probability that the instruments will be appropriate to their needs. In so doing, the community is taking action and responsibility for devising instruments, strategies and programs that meet their particular needs. Hence, by empowering the community to participate by taking action will not only meet their needs more effectively but will also empower them to be self-sufficient.

The termination phase for the ECG and ECS are very similar. The only difference in termination is that the consultees sign the consent forms during the termination stage instead of the during the contract element stage. The consultation usually ended with most female members giving a small embrace while saying good-bye. Other elements such as evaluating the process, having time for general conversation and a culturally appropriate parting comment remain the same.

Finally, some skills ethno-cultural consultants require were presented after discussing both models. The skills both models focus on are: flexibility, diplomacy, directness, attentiveness, skills in probing, patience, empowering people, the awareness of different cultural communication techniques, the ability to maintain control. The ECS model also mentioned the need to have skills in paraphrasing, building partnerships and knowing of alternative techniques of asking questions. Commitment and respect for the consultee wew also essential.

In sum, this chapter has clarified some of the similarities and differences between the ECG and the ECS models of consultation. As can be seen, the ethno-culturally generic model can be applied to the Punjabi/Sikh community. However, the ethno-cultural specific model elaborates on the few areas specific to this community. Many of these elaborations can be added to the ethno-cultural model to enrich it.

The two models turned out to be quite similar. This was not anticipated. I thought that the two models would have been very different from one another. This finding points out that in ethno-cultural consultation the process components and elements of consultation are very much similar. The strategies used to carry out the components and elements are what varies. Hence, the ECS model is an elboration of the ethno-culturally generic model and can be used across diverse communities. However, it must be noted that variations in the strategies that the consultant chooses to use with each particular community will exist. In short, the ECS model can enhance the ethno-cultural consultation literature and serve as a guiding framework for future ethno-cultural consultants.

The next chapter will provide a summary and recommendations to assist social service professionals, social service agencies, educators and ethno-cultural consultants working with IRVM communities.

CHAPTER 6

SUMMARY/RECOMMENDATIONS

The two main objectives of this practicum were to develop an ethno-culturally generic(ECG) and an ethno-culturally specific(ECS) model of consultation with diverse communities. Two pilot projects and a literature review were used to develop an ethno-culturally generic consultation model. This model was tested and refined through consultations with the Punjabi/Sikh community(PSC) and a new ethno-culturally specific model was the outcome.

The two models that resulted were very similar in their format. The ECG and ECS models comprise the same components and almost all the same elements. However, these models differ in the strategies used to implement the components and the elements. The ECS model advocates the need to accommodate individuals in the first language, work in partnership with the ethno-cultural communities, use different strategies to gain access to the community and be flexible throughout the entire consultation process.

The recommendations which follow are an attempt to provide assistance to social service providers who may need to consult with ethno-cultural communities. It is hoped that these recommendations will be utilized in teaching future students how to intervene effectively with ethno-cultural communities. The recommendations have emerged from the extensive consultations carried out with the ethno-cultural communities and from the literature reviewed.

RECOMMENDATIONS:

PROCESS RECOMMENDATIONS:

The consultation process was somewhat different for ethno-cultural communities than general consultation literature suggested. The following are areas which are most significant. A six-step process can be used to consult effectively with ethno-culturally generic and specific communities. The major components of consultation are:

A) UNDERSTANDING

B) DATA COLLECTION

C) SETTING A MEETING

D) CONSULTATION PRELIMINARIES

E) CONSULTATION CONTENT

F) TERMINATION & EVALUATION

A. UNDERSTANDING

Understanding the community is essential to consultation effectiveness. To get a better idea about the community, the following are suggested:

1. It is important to talk to social workers from the specific ethno-cultural community and to the social service agencies that serve them.

2. It is important for consultants to undertake an extensive literature review that includes reading, books, magazines, community newspapers, community newsletters and periodicals. In addition, the consultant can expand understanding by watching movies, documentaries and cultural t.v. programs. The literature and visual forms of gaining knowledge mentioned above need also to include materials written and produced by members of that community.

3. In order to gain a holistic understanding of a culture, the following elements need to be explored:

   a) Literature review

   b) Contexting theory

   c) Acculturation process

   d) Petal of culture

   e) Key informant interviews

2) These are impotant tools in understanding any value base. culturally skilled counsellors have to be aware and sensitive to their own culture before they can value and respect differences of others.

4. Being a member of the specific community also provides the consultant with an understanding of the value base that the community adheres to.

5. Participatory learning is an essential process for obtaining knowledge about the ethno-cultural communities and learning about values, mores and beliefs. It is important to attend community events, community churches and any existing community organizations.

6. It is important to understand and refrain from getting caught up in the politics of a community because this factor can block access and inhibit potential work with the community.

B. DATA COLLECTION:

1. The best method of data collection with the IRVM and the PSC is the use of an open-ended in-person interview.

2. It is recommended that the consent form be translated in to the first language for consultees who have limited English language capabilities.

3. The development of the data collection tool and consent form requires input from the community. Pre-testing the instruments with a representative group from the community is a good idea!

4. The sequences in which questions are asked is important. It is recommended that questions be asked in the order the consultee feels is most comfortable.

5. It is recommended that the consultant use hand-written notes as a recording tool when working with IRVM communities.

6. Allowing flexibility and providing options about signing the consent form either at the beginning or end of the consultation process is important.

C. ARRANGING A MEETING

Different strategies of intervention may be needed for different segments of the community.

1. The following strategies of intervention are recommended in gaining access to the IRVM communities:
   a. community networking via the key informant
   b. community announcement
   c. separate focus group meetings(men, women, youth, elderly)
   d. mediator-contact approach
   e. hire a gender specific consultant
   f. consult with the family unit

2. If time permits, the strategy of the initial introduction meeting outlined in the ethno-culturally generic model is a good choice for the IRVM. This process results in a more informative and focused consultation intervention stage.

3. It is important to identify your referral source in cases where someone referred you to the consultee. This serves to link you to the community and the person via another individual that the consultee trusts and is familiar with.

4. Flexibility is an essential attribute. Areas where flexibility may be crucial are in the time and place of the consultation interview. The most convenient time for the IRVM communities are the weekends and evenings. It is important to meet the consultee on his/her turf.

5. The initial contact stage needs to include the following steps:
   a. Introduce yourself
   b. Explain the initiative
   c. Answer questions
   d. Invite participants
   e. Set up a meeting place and time.

D. CONSULTATION PRELIMINARIES

The consultation preliminary stage is made up of the following elements in both the ECG & ECS consultation models:

1. Contact consultee
2. Relationship Building
3. Contract

1. It is recommended to be open with time during the contract phase of consultation with ethno-cultural groups.

2. It is important that the relationship building phase outlined in both models be understood by potential ethno-cultural consultants prior to intervention with diverse communities.

E. CONSULTATION CONTENT

1. It is important to give the consultee the option to opt out and ask questions at any point in the consultation. This is especially important prior to the data collection phase.

2. Discussing consultation content with the IRVM communities requires more time than consultations with mainstream populations. This is because in high context communities a clear context of the participants(consultee and consultant) is needed before progressing to the subject area.

F. TERMINATION

1. Using the culturally appropriate "good-bye" greeting as a parting comment is a good idea.

2. It is important to take your time during the termination of the consultation process.

3. Asking the consultees for further contacts in the community is an excellent way to connect and network with the community.

4. Key informants can serve an advisory and referral function.

ADMINISTRATIVE RECOMMENDATIONS:

Organizations need to be responsible for providing services that are appropriate to the needs of diverse communities for two reasons. First, immigrants are becoming an increasing majority and secondly, they contribute a large percentage of the tax revenue. More funds need be provided for research with ethno-cultural communities. Further research will ultimately provide a better understanding of the ethno-cultural

communities thereby resulting in better service to these communities. Involving the community throughout the process increases the chances that the intervention will be culturally appropriate. Organizations need to provide comprehensive training about alternative consultation techniques that are appropriate for ethno-cultural communities. Hiring consultants from ethno-cultural communities to carry out projects aimed at their communities will enhance the likelihood that individuals have:

1) participatory experience
2) established links in the community
3) first language capability
4) an understanding of the cultural context

Hiring a gender-specific consultant may be required in order to consult effectively with some ethno-cultural groups. The organization requesting ethno-cultural consultations needs to be responsible for the financial implications of meeting the language needs of the ethno-cultural communities. This may include translation services, translating material or hiring a first language consultant. Organizations need to be flexible and open through the process of consultation with the ethno-cultural communities and need to allow the consultant and the community to work out an appropriate process for their needs.

In sum, organizations requiring consultations with individuals from ethno-cultural populations will need to commit extra time, money and resources in order to meet the specific needs of the diverse population in Canada.

SKILLS RECOMMENDATIONS

It is essential that consultants develop the following skills:

1) Consultants need to be flexible when working with communities which are culturally different from the dominant group. This is because these groups may require the consultant to make special accommodations throughout the process of consultation because of differing values, beliefs, mores and norms.

2) Consultants need to be aware of the different interaction patterns and communication skills which are an inherent part of different cultures. This knowledge will limit the chances of the consultant thinking the consultee is disinterested, resistant or incapable.

3) Consultants need to use the interpersonal communication techniques of probing and paraphrasing in order to increase the fluidity of the consultation process .

4) Consultants need to be direct when working with ethno-cultural communities. It is important at times to resume control in the consultation process because the consultee may go off on tangents. In such cases the consultant needs to resume control and re-direct the consultation process to meet the original goals the consultee and consultant initially agreed to.

5) Consultants need to be diplomatic. This is especially important in consultations with ethno-cultural groups where the consultants values may clash with those of the consultees. Keeping an open mind as opposed to being judgemental is extremely important in consultations with ethno-cultural groups because diplomacy is a key to building a mutual and trusting relationship with the consultee.

6) Consultants need to empower the community to take part in and direct the initiative. Involving the community in the consultation process from the beginning will enhance the chances that the process and the outcome will be more appropriate to the group's needs.

7) The consultant needs to be committed and patient throughout the consultation process. This is because the consultation process is a lengthy one and may at times far exceed the average mainstream consultation time.

RECOMMENDATIONS FOR LANGUAGE ACCOMMODATION

The need to accommodate individuals who do not speak English is essential if one wishes to gain information from a representative group of ethno-cultural community members. It is important that consultants recognize that different segments of the ethno-cultural communities require different language accommodation.

Consultants who only have the option of using the English language and English language tools need to use non-technical English for all segments of the ethno-cultural community. Where possible, the mainstream consultant can use culturally trained translators, preferably those individuals who have some knowledge of ethical guidelines. It is still

an option to use the English language and English language tools for the youth in later stages of acculturation and the educated professionals from the community.

On the other hand, language accommodation can include hiring consultants with first language abilities. It is preferable if the consultant is from the specific community the consultations are intended for. Hiring a culturally specific consultant increases the chances that this person has

first language capabilities, a sense of the community context, established contacts and specialized knowledge about that particular group.

Language needs accommodation for grassroots populations. This includes providing them with verbal or written first language translation throughout the consultation process. This includes the translation of the data collection tools. Either the verbal or written translation method is appropriate. Considering any ethno-cultural groups follow the oral tradition, the verbal translation method is often the better of the two methods.

CONCLUSION

This practicum opportunity has enhanced my knowledge in the areas of consultation, cross cultural intervention and community networking. It has also challenged me to understand the different options available to increase knowledge and understanding about diverse communities. Further, the practicum allowed me to explore the process of consulting with both ethno-culturally generic and ethno-culturally specific communities. The comparison of the two processes convinced me that consultations with the Punjabi\Sikh community are generally similar to the process of intervention with most cultural communities. However, the strategies of intervention may in some cases differ.

Hence, the practicum has served to provide a practical guide in effectively consulting with ethno-cultural communities. It has also enhanced my interpersonal communication skills, negotiating skills, conflict mediation skills, analytical and report writing skills. The knowledge and skills obtained from the practicum will definitely assist me in my professional career as a social worker. In addition, it is hoped that the consultation models developed will be utilized as guiding frameworks, by social service providers, social service agencies and

educators. Both models can be used to consult with and teach practitioners how to intervene effectively with diverse ethno-cultural groups .

GLOSSARY

ACCESS: The structural and organizational arrangements that facilitate an individual's ability to participate in a program or service (Rossi & Freemam, p.191-192, 1989)

ACCULTURATION FRAMEWORK: This term is used here to mean the process of cultural adaptation both behaviorally and in terms of ethnic consciousness and identity(Herberg,1993).

AIDS: AIDS stands for " acquired immune deficiency syndrome". It's an incurable, fatal disease caused by a virus. The name of the virus is "human immune deficiency virus"(HIV)(Planned Parenthood Pamphlet).

COMMUNITY(ies): is defined, in the context of this document, as a network of individuals from the immigrant, refugee and visible minority community with common needs, issues, and geographical proximity (adapted from Wharf, 1992).

COMMUNITY BASED CONSULTATION STRATEGY: The community based consultation strategy is inclusive of the community through the entire process of consultation. It is an approach that encourages openness, flexibility, and partnership during consultation with the community.

COMMUNITY DEVELOPMENT: Is defined as "a process which provides communities with methods and experiences aimed at improving social conditions"(Yelaja, 1985, p. 377).

CONSULTATION: A process of collaboration and mutual interaction between two or more people a consultant and respondents, about a certain topic area(adapted from (O'Neil & Trickett 1982) .

COORDINATE RELATIONSHIP: A relationship that involves assessing the work problem, formulating s plan of remedial action, and evaluating and following up on the consultation engagement(adapted from Mendoza,1993).

CULTURE: Is a way of life of people including social customs, systems of belief and of knowledge, language expressions, ideas and values. In other words, "it is the totality of ideas, beliefs and values and knowledge of a group of individuals that share certain historical experiences" (from Lee, E. 1985)

MULTICULTURAL APPROACH: Culturally sensitive approach's main tenets can be utilized across other cultures. Multicultural individuals are those who are open-minded, flexible, take risks and practice behaviours that may feel unfamiliar and uncomfortable, yet are able to accept alternative perspectives. (adapted from Herberg, 1993)

CULTURAL COMPETENCE: Occurs with progressive levels of understanding beginning narrowly and expanding to a more theoretical and abstract level. (Lum,1986).

CULTURAL SENSITIVITY: requires one to have a sense of awareness about one's own culture and knowledge about specific cultures(adapted Sue, 1990).

EDUCATIONAL EQUITY: "a general policy or term for programs of positive measures designed to assist groups previously excluded from or under used in education on the basis, in most cases, of their ethnicity, sex or handicap(from Young, 1981,p.2)."

ETHNIC GROUP: Also known as an Ethno-cultural group. Is a type of ethnic community that develops within a larger society, usually as a social minority (Definition adapted from Mount Carmel Clinic's definition list). An ethnic group, shares a common language, race, religion, or national origin (Stevens,1993,p.9).

ETHNO CULTURALLY GENERIC CONSULTATION: This refers to a consultation with ethno-cultural communities on the basis of general criteria. This approach is based on the accomadation of ethno-cultural communities to a limit. This approach is guided by knowledge available from literature and practical experience

ETHNO CULTURALLY SPECIFIC CONSULTATION: This refers to a consultation strategy that provides consultation to people on the basis of specific criteria which emphasises membership in a specific ethno-cultural group. This approach focuses on describing characteristics, beliefs and behaviours of a specific ethnic group. This approach is guided by a literature review and practical experience with a specific community.

ETHNICITY: refers to the roots or ancestral origin of the population. It is not nationality or citizenship.

ETHNO-CULTURAL: refers to diverse ethno-cultural groups. Canadians belong to many ethnic or cultural groups, such as Irish, Chinese, Punjabi, Spanish , Italians, portuguese etc....(adapted from the Canadian Council of Social Development,1989).

GRASS ROOTS: Are those individuals who are immigrants that come from the rural areas of Punjab and are lacking the English language and have limited education.

GURDWARA: Is the religious, social & political meeting place of the Punjabi/Sikh community.

IMMIGRANTS: Are those who do not record citizenship by birth and whose native tongue is not English.(Affirmative Action Report,1992, University of Manitoba, Faculty of Social Work).

FAMILIALISM: is defined as the value orientation in which the welfare of the family is considered more important than that of the individual(Maykovich, 1975).

MAINSTREAM: refers to those organizations which offer services to everyone in the community who meet general eligibility criteria, which are not based on membership in a particular cultural or racial group (Doyle and Visano, 1987).

MULTICULTURALISM: This ideology attempts to foster a society in which our similarities and differences are accepted and respected. It recognizes cultural retention and the further development of our cultural heritages as part of the Canadian identity (Canadain Multiculturalism Act, 1988).

PUNJABI/SIKH COMMUNITY: refers to the Sikh community who adhere to the Sikh religion and speak the Punjabi language. This group's ancestral heritage is rooted in the region of Punjab, India.

REFUGEES: A refugee is an individual who has left his/her country of residence because of persecution for belonging to a particular social, cultural, religious, and national group and/or for holding particular political beliefs and has been accepted for residence in Canada (Affirmative Action Committee, University of Manitoba, Faculty of Social Work).

SOUTH-EAST ASIAN: In the context of this document the term refers to both the Hindu, Muslim and Sikh community who originate from India.

SPONSORSHIP FEES: Monetary fees set by the government one pays when sponsoring family members or relatives to Canada.

VISIBLE MINORITY: Persons, other than Aboriginal peoples, who are, because of their colour, a visible minority in Canada (Affirmative Action Committee, University of Manitoba, Faculty of Social Work).

APPENDIX 1
INCREASE IN IMMIGRATION
SINCE 1987

IMMIGRATION TO CANADA BY YEAR
1867–1993

1867	10,666
1868	12,765
1869	18,630
1870	24,706
1871	27,773
1872	36,758
1873	50,050
1874	39,373
1875	27,382
1876	25,633
1877	27,082
1878	29,807
1879	40,492
1880	38,505
1881	47,991
1882	112,458
1883	133,624
1884	103,824
1885	79,169
1886	69,152
1887	84,526
1888	88,766
1889	91,600
1890	75,067
1891	82,165
1892	30,966
1893	29,633
1894	20,892

1895	18,790
1896	16,835
1897	21,716
1898	31,900
1899	44,543
1900	41,681
1901	55,747
1902	89,102
1903	138,660
1904	131,252
1905	141,465
1906	211,653
1907	272,409
1908	143,326
1909	173,694
1910	286,839
1911	331,288
1912	375,756
1913	400,870
1914	150,484
1915	36,665
1916	55,914
1917	72,910
1918	41,845
1919	107,698
1920	138,824
1921	91,728
1922	64,224

1923	133,729
1924	124,164
1925	84,907
1926	135,982
1927	158,886
1928	166,783
1929	164,993
1930	104,806
1931	27,530
1932	20,591
1933	14,382
1934	12,476
1935	11,277
1936	11,643
1937	15,101
1938	17,244
1939	16,994
1940	11,324
1941	9,329
1942	7,576
1943	8,504
1944	12,801
1945	22,722
1946	71,719
1947	64,127
1948	125,414
1949	95,217
1950	73,912

1951	194,391
1952	164,498
1953	168,868
1954	154,227
1955	109,946
1956	164,857
1957	282,164
1958	124,851
1959	106,928
1960	104,111
1961	71,689
1962	74,586
1963	93,151
1964	112,606
1965	146,758

1966	194,743
1967	222,876
1968	183,974
1969	161,531
1970	147,713
1971	121,900
1972	122,006
1973	184,200
1974	218,465
1975	187,881
1976	149,429
1977	114,914
1978	86,313
1979	112,096
1980	143,117

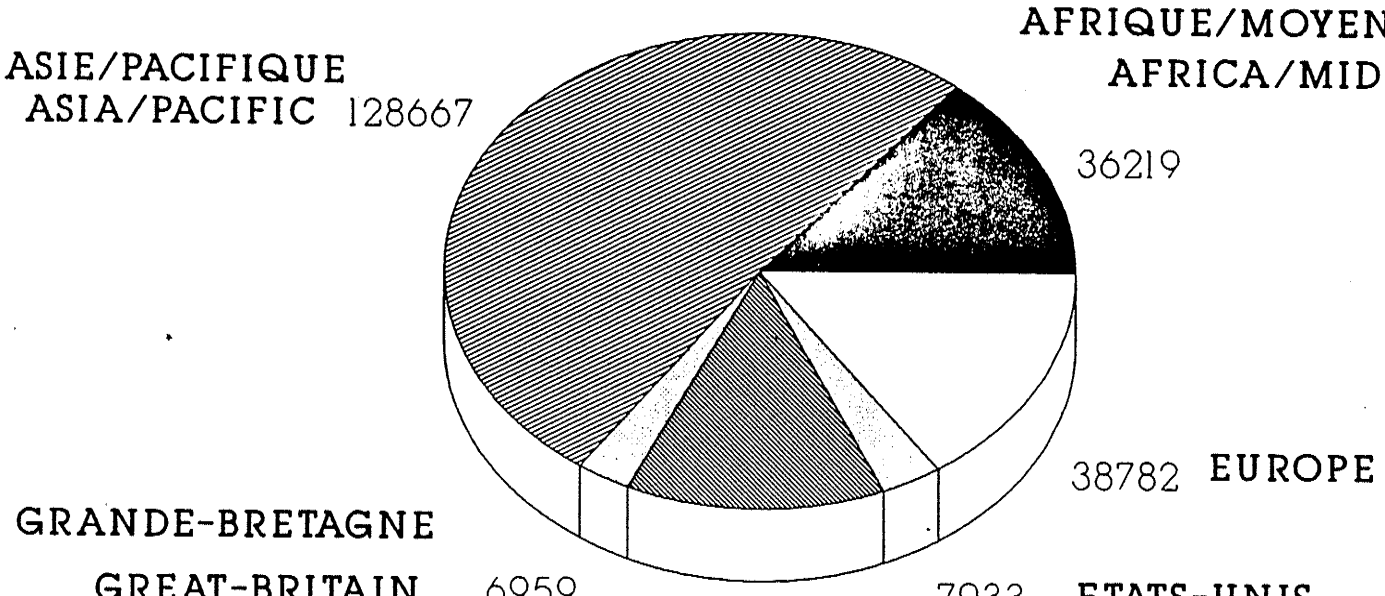
1981	128,618
1982	121,147
1983	89,157
1984	88,239
1985	84,302
1986	99,219
1987	152,098
1988	161,929
1989[1]	192,001
1990[1]	214,230
1991[1]	230,781
1992[1]	252,842
1993[1]	254,677

PRELIMINARY

Source: Citizenship and Immigration Canada, 1993

APPENDIX 2:
ACTUAL BREAKDOWN OF IMMIGRANTS ENTERING CANADA

IMM. ADMIS SELON LES REGIONS SOURCES
LANDINGS BY WORLD AREA



JAN.- DEC. 1993

Source: Citizenship and Immigration Canada, 1993

APPENDIX 3: CONTEXTING THEORY

CONTEXTING THEORY:

Contexting theory is a value scheme derived from Edward. T. Hall's work on high and low context cultures. Dorothy Herberg has adapted this model to suit the needs of the Canadian multicultural reality. The contexting theory is comprised of a contexting continuum. This continua separates the high and low context cultures as polar opposites. The high context cultures tend to adhere to the following values: interdependence, hierarchy, unquestionable beliefs, polychronic time, religious and oral tradition, gender segregation. However, the low context cultures adhere to the following values: independence, egalitarianism, questionable beliefs, monochronic time, secular and written tradition and gender integration. Hence, high context cultures emphasize kinship relationships and low context cultures do not rely on personal kinship but rather on professional credentials.

This concept is useful because it describes value frameworks that cover whole cultural groups, members of which can be in interaction with each other for the purpose of professional service (Herberg, 1993, p.28).

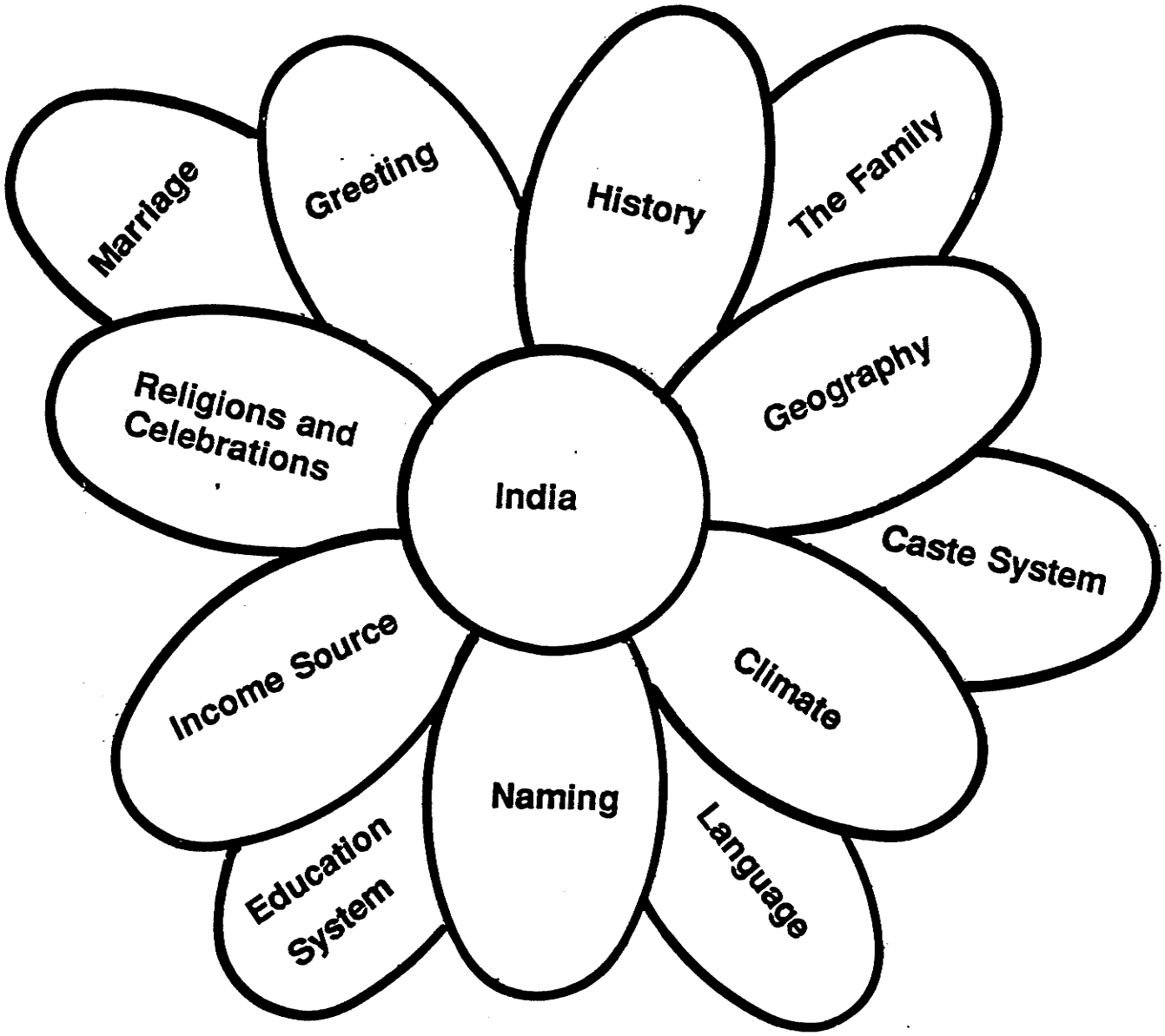
Understanding our own value frame and the value system of others will result in a better understanding between the practitioner and client.

* **For more elaboration on the contexting theory refer to Chapter 3 and 4 in *Frameworks for Cultural and Racial Diversity* by Dorothy Herberg.**

APPENDIX 4 VISUAL FORMAT OF ACCULTURATION MODEL & THE PETAL OF CULTURE

Fig. 7.1 — The Acculturative Framework

Herberg, Dorothy (1993). Frameworks for Cultural and Racial Diversity. Toronto: Canadian Scholars' Press.



PETAL OF CULTURE

Petal Of Culture Information

HISTORY:

The Indus Valley Civilization dates back over 5,000 years. Their golden age of science, literature and arts occurred during the Gupta Kingdom of the 4th-6th centuries.

Arab, Turk and Afghan Muslims ruled successively from the 8th to 18th c.

Portuguese, French and Dutch traders had an influence but the British gained political control in 1757.

After World War I, Mahatma Gandhi led a campaign of passive resistance to British rule. The peninsula was divided into an independent and Islamic Pakistan.

In 1950, India became a parliamentary republic in the British Commonwealth with 22 states and 9 union territories. Punjab is a state in the Northern part of India.

THE FAMILY:

The family is a basic social unit which is interdependent on each other.

The family system is usually joint or extended in the Punjabi/Sikh community.

Filial obligation are very important and override all other relationships.

The care of the elderly is usually the responsibility of the older son in the family.

The family system is hierarchical in nature. The pattern of hierarchy proceeds from the elderly to the men then to the women and finally the children.

GEOGRAPHY:

Size: 3,287 263 sq km (1,269,346 sq miles)

Population: 800 million, the second largest population in the world. The population of Punjab is approximately 18,000,755

Capital: New Delhi is the capital of India/Chadigarh is the capital of Punjab.

The Punjab region is the farming territory of India.

Geographic features:

7th largest country in the world, about a 1/3 the size of the U.S

Himalayan mountains form the northern border

1/4 of the country is forested and only about half is populated

CASTE SYSTEM:

In India a definite caste system exists which is based on the profession one holds in Punjab. The landowner caste is referred to as Jat. These individuals are usually those people who come from a farming heritage. Examples of other castes that exist are: the Ramgurhia or(Mistri) are the carpenters, Sinarai are the jewellers, Papai are the business class, Churai,poor class....

CLIMATE: Seasons: Summer--March to July
Rainy- - August to November
Winter-- December to February

In northern Punjab, the weather is very hot during the summer months. The temperature can go as high as 45 degrees celsius. In winter the temperature ranges between 15 celsius to 25 degrees celsius.

LANGUAGE: There are 22 different languages in India. The national language is Hindi.

The language used by the Punjabi/Sikh community is referred to as Punjabi.

NAMING: Punjabi Sikh women have the name "Kaur" meaning princess as a middle name and the men have the middle name "Singh" meaning Lion.

Upon the birth of a child the parents have the option to request a letter from the priest from the "Granth Sahib (Holy Book) to name their child.

EDUCATION SYSTEM:

Since gaining independence from Great Britain in 1947, India has sought to develop a modern, comprehensive school system.

The education systems of various states are under the direct control of the state government and the federal ministry of education assists the state systems.

Primary education is free and compulsory for ages 6-11 but facilities in the remote rural Punjab areas are usually inadequate.

Upper primary education is free in Punjab but the locations of the schools are usually a long distance from the rural farms that most people in Punjab operate.

The colleges in Punjab are usually run by religious groups. Fees are charged for attendance.

University education in India is subsidized by the government and usually those attending pay set fees.

There are approximately 108 universities in India.

INCOME/ SOURCE:

Most individuals from the Punjab region obtain their livelihood from farming

RELIGION/ CELEBRATIONS

There are many religious groups in India: Hindus, Muslims, Christians, Buddhists, Jains and Sikhs.

The Punjabi/ Sikhs make up approximately 3% of the total population of India.

CELEBRATIONS:

Diwali	**Lohri**
Bhasakhi	**Hola Mohalla**
Guru Phurb	**Festival of Teej**
Rakhri	**Guru Nanak's Birthday**

MARRIAGE:

Marriage is considered to be for ever and the divorce rate amongst Indians is the lowest in the world. However, these trends are slowly shifting.

Marriage is arranged by parents in most cases in India. This is especially true for members of the Punjabi/Sikh community.

The arranged marriage requires the consent of the bride and the groom.

The bride's family is responsible for the preparation and costs of the wedding ceremony.

GREETING:

"Sats re akal" means hello and good-bye in Punjabi.

The common greeting involves joining the palms of one's hands together and bowing your head slightly towards your hands.

*** This information was adapted from the Manitoba Employment & Services Economic Security Report, 1983.**

*** The Petal of Culture framework was adapted from Enid Lee, 1985.**

APPENDIX 5 BIBLIOGRAPHY & RESOURCE LIST FOR PUNJABI\SIKH COMMUNITY

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RESOURCES IN THE COMMUNITY:

LISTING OF GURDWARA'S:

1) **SINGH SABHA GURDWARA:** Lot 11, Sturgeon Road, Winnipeg, MB
Telephone: 885-5495

2) **SIKH SOCIETY GURDWARA:** 1244 Mollard Road, Winnipeg, MB
Telephone: 697-8018

3) **SIKH CENTER GURDWARA:** 500 Dovercourt, Winnipeg, MB
Telephone: 489-0567

4) **GURDWARA-NANAKSAR:** 255 David Street, Winnipeg, MB
Telephone: 255-7503

5) **KHALSA DIWAN SOCIETY:** 807 MCleod Avenue, Winnipeg, MB
Telephone: 668-5798

6) **GURU NANAK DARBAR GURDWARA:** 900 MCleod Avenue, Winnipeg, MB
Telephone: 668-4466

LISTING OF THE VARIOUS NEWSPAPERS/ NEWSLETTERS/ MAGAZINES:

* These can be found at most of the video outlets mentioned below. Some are in the first language(*) and others are in English(**).

1) **INDO-CANADIAN TIMES(*)**
2) **THE LINK(**)**
3) **MEHFIL MAGAZINE(**)**
4) **CANADIAN PUNJABI PANTHH(IN BOTH ENGLISH AND PUNAJABI)**
5) **CHARDI KALA(*)**
6) **HUMDARD(*)**
7) **STAR INDIA(**)**
8) **INDIA ABROAD(**)**

LISTING OF PLACES TO GET FIRST LANGUAGE & ENGLISH DUBBED MOVIES/VIDEOS:

1) **Sundar Video**
5-505 Sargent Avenue
Winnipeg, Manitoba
Telephone: 775-2400

2) **A-1 House Of Spices**
5-1855 Pembina Highway
Telephone: 261-5864

3) **VIP Supermarket**
739 Ellice Avenue
Telephone: 774-8671

4) **Dino's Grocery Mart**
460 Notre Dame Avenue
Telephone: 942-1526

6) **North West Fruit Mart**
726 Sargent Avenue
Telephone: 772-8719

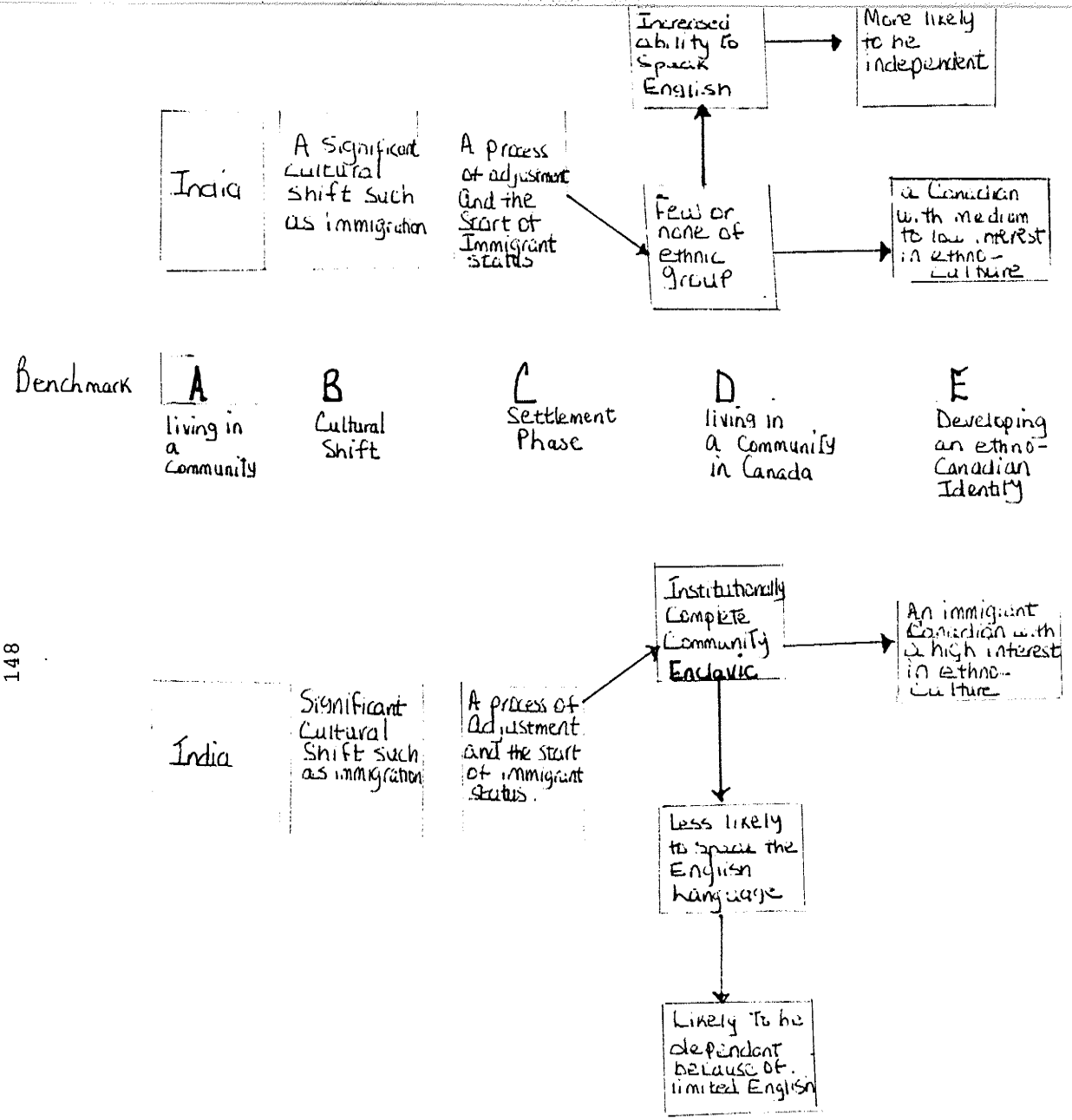
LISTING OF TELEVISION PROGRAMS:

* All programs are on channel 38W/36E on Saturdays.
Most programming is in the first language although some English accommodation is made on some programs.

8:00-8:30	**Punjab Dee Mehak**
9:00-9:30	**Eye on Asia**
9:30:10:00	**Gurbani**
10:00-10:30	**Shanjhi Dharkan**
10:30-11:00	**T.V Asia**
11:00-11:30	**Z-TV**
11:30-12:00	**Ankhila Punjab**
3:00-3:30	**Des-Pardes**
3:30-4:00	**Asian Magazine**
4:00-5:00	**Dhur ki Bani**

APPENDIX 6: VISUAL MAP: ACCULTURATION PROCESS OF TWO CONSULTEES

Acculturation Framework mapped out for Two Individuals Consulted With.



APPENDIX 7 QUESTIONNAIRE USED FOR CONSULTATION WITH THE PUNJABI\SIKH COMMUNITY

QUESTIONNAIRE
AIDS CONSULTATION WITH THE PUNJABI/SIKH COMMUNITY

1. DO YOU KNOW ANYTHING ABOUT AIDS?

2. WHERE DID YOU LEARN ABOUT AIDS?

3. WHAT CAN BE DONE TO INCREASE AWARENESS ABOUT AIDS IN YOUR COMMUNITY?

4. WHAT METHOD OF INFORMATION DELIVERY WOULD BE USEFUL FOR YOUR COMMUNITY?(MEDIA, PAMPHLETS, POSTERS, FOCUS GROUP MEETINGS, SEMINARS, WORKSHOPS, OTHERS.)

5. ARE YOU INTERESTED IN RECEIVING MORE INFORMATION ABOUT AIDS? IF SO WHAT KIND OF INFORMATION WOULD YOU LIKE TO RECEIVE?

6. HOW WILL YOUR COMMUNITY REACT TO INFORMATION ABOUT AIDS?

7. DO YOU KNOW WHERE TO GET INFORMATION ABOUT AIDS IN WINNIPEG?

8. WHAT IS AN APPROPRIATE TIME/PLACE TO HAVE INFORMATION SESSIONS FOR THE PUNJABI/SIKH COMMUNITY?

9. IF WE HAVE AN INFORMATION SESSION ON AIDS SPECIFICALLY WOULD YOU ATTEND? OR IS IT BETTER TO HAVE HEALTH ISSUES DISCUSSED IN GENERAL AND HAVE AIDS AS ONE OF THE TOPICS IN THE FORM?

10. WHO FROM THE COMMUNITY WILL INFORMATION BE BETTER RECEIVED FROM? (DOCTORS, NURSES, ETC../MEN/WOMEN...YOUTH/ADULTS.)

11. WHO IN THE COMMUNITY NEEDS TO LEARN ABOUT AIDS, IS THERE A SPECIFIC HIGH RISK POPULATION?

12. DO YOU FEEL AIDS IS OR WILL BECOME A CONCERN FOR THE PUNJABI/SIKH COMMUNITY?

13. IF SOMEONE IN YOUR COMMUNITY NEEDED TO BE TESTED FOR HIV, DO YOU KNOW WHERE THEY HAVE TO GO FOR A TEST?

14. DO YOU KNOW ANYTHING ABOUT PLANNED PARENTHOOD OF MANITOBA?

APPENDIX 8. CONSENT FORM USED FOR CONSULTATION WITH THE PUNJABI\SIKH COMMUNITY

PLANNED PARENTHOOD CONSULTATIONS WITH THE PUNJABI COMMUNITY

PLANNED PARENTHOOD OF MANITOBA IS DEVELOPING A COMMUNITY DEVELOPMENT AIDS PROJECT. THE PURPOSE OF THIS PROJECT IS TO ASSESS THE NEEDS OF THE PUNJABI COMMUNITY. THE FOLLOWING CONSULTATION HAS BEEN DEVELOPED WITH THREE OBJECTIVES IN MIND. FIRST, TO PROVIDE US AN ASSESSMENT ON THE INFORMATIONAL NEEDS OF YOUR COMMUNITY ON THE TOPIC OF AIDS. SECOND, TO DEVELOP AN APPROPRIATE STRATEGY IN ORDER TO WORK WITH THEM ON AIDS AWARENESS AND PREVENTION. THIRD, THE CONSULTATION PROCESS WILL BE UTILIZED BY HARDEEP KLER FOR HER PRACTICUM REPORT IN ORDER TO COMPLETE HER MSW DEGREE.

THANK YOU FOR TAKING PART IN THIS CONSULTATION. WE GREATLY APPRECIATE YOUR COOPERATION AND HOPE THAT THE OUTCOME OF THIS CONSULTATION WILL BENEFIT THE PUNJABI COMMUNITY.

IN ORDER THAT THIS PROCESS FOLLOWS ETHICAL GUIDELINES WE ARE REQUESTING YOUR WRITTEN CONSENT BEFORE INTERVIEWS TAKE PLACE. THIS CAN BE DONE BY SIGNING THE CONSENT PORTION ON THE NEXT PAGE.

THE ETHICAL ISSUES THAT ARE IMPORTANT TO NOTE ARE AS FOLLOWS:

A) YOU ARE FREE TO TERMINATE PARTICIPATION IN THE INTERVIEW AT ANY TIME.

B) A REPORT OF THE INTERVIEW WILL BE AVAILABLE IF YOU SHOULD REQUIRE IT.

C) ANY INFORMATION OBTAINED IN THE INTERVIEW WILL BE TREATED AS CONFIDENTIAL AND NO NAMES WILL APPEAR IN ANY REPORT.

D) THE INTERVIEWER WILL BE RESPECTFUL IN DESCRIBING ANY CULTURAL, TRADITIONAL, OR RELIGIOUS CUSTOMS THAT ARE DESCRIBED IN THE INTERVIEWS.

CONSENT FORM

THIS IS TO INDICATE THAT I GIVE MY CONSENT FOR THE MATERIAL I HAVE SHARED IN THIS CONSULTATION FOR THE PURPOSES DETAILED ABOVE.

*SIGNATURE*_____ *DATE*_____

*ORGANIZATIONAL AFFILIATION IF ANY*_____

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