



Cultural Humility for Child Welfare Workers in Cape Town, SA

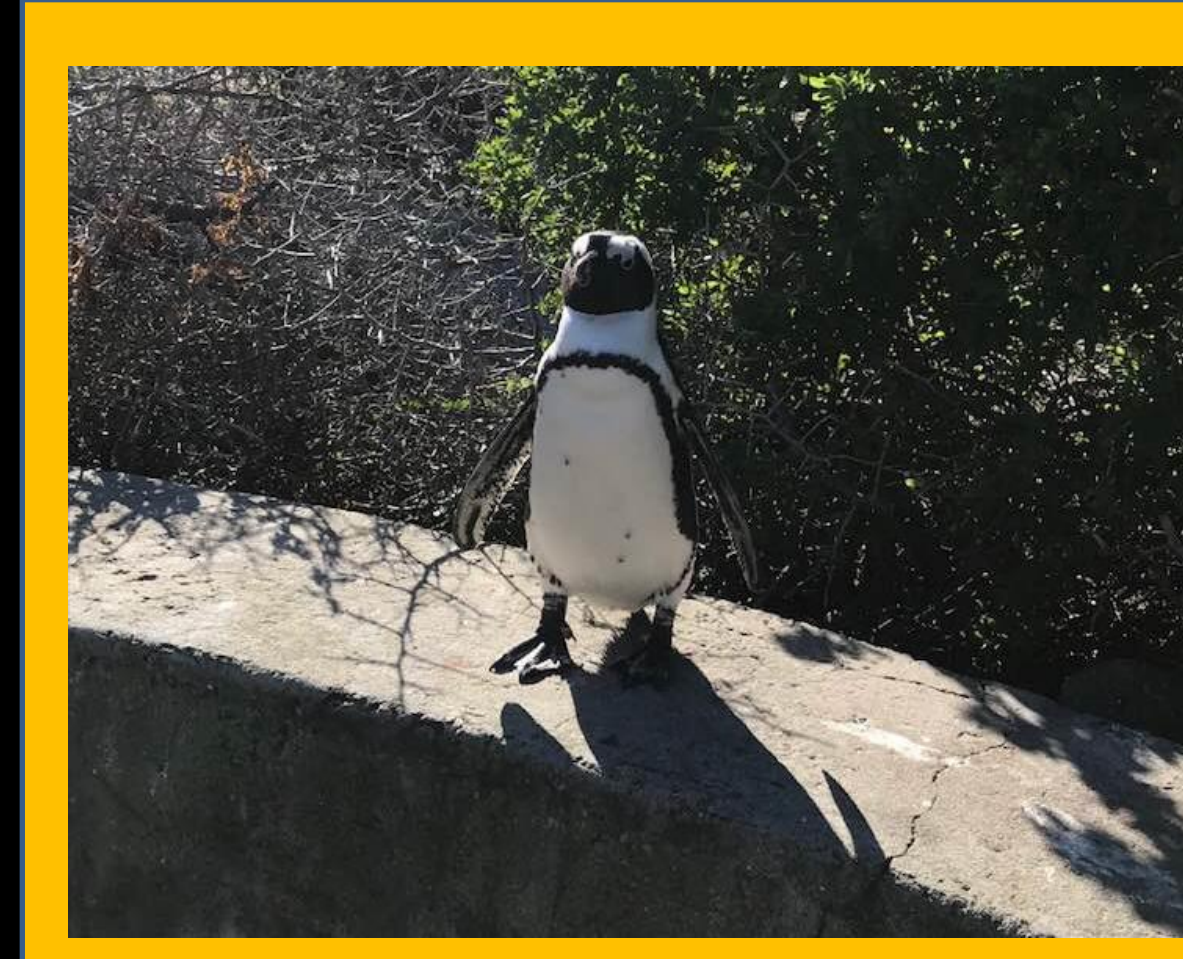
Allie VanSickle
The University of Michigan School of Social Work

Cape Town, South Africa:

Cape Town, South Africa is a diverse city that has gone through many changes the past few decades. The economy has grown **2.57%** in the past decade. The unemployment rate is **23.9%**. Of those residing in Cape Town, **78.4%** live in formal dwellings.

“Coloured” is not a derogatory term in Cape Town, but how people who are mixed race identify.

Race	Percent
“Coloured”	42.4%
Black African	38.6%
White	15.7%
Asian or Indian	1.4%



Project Information:

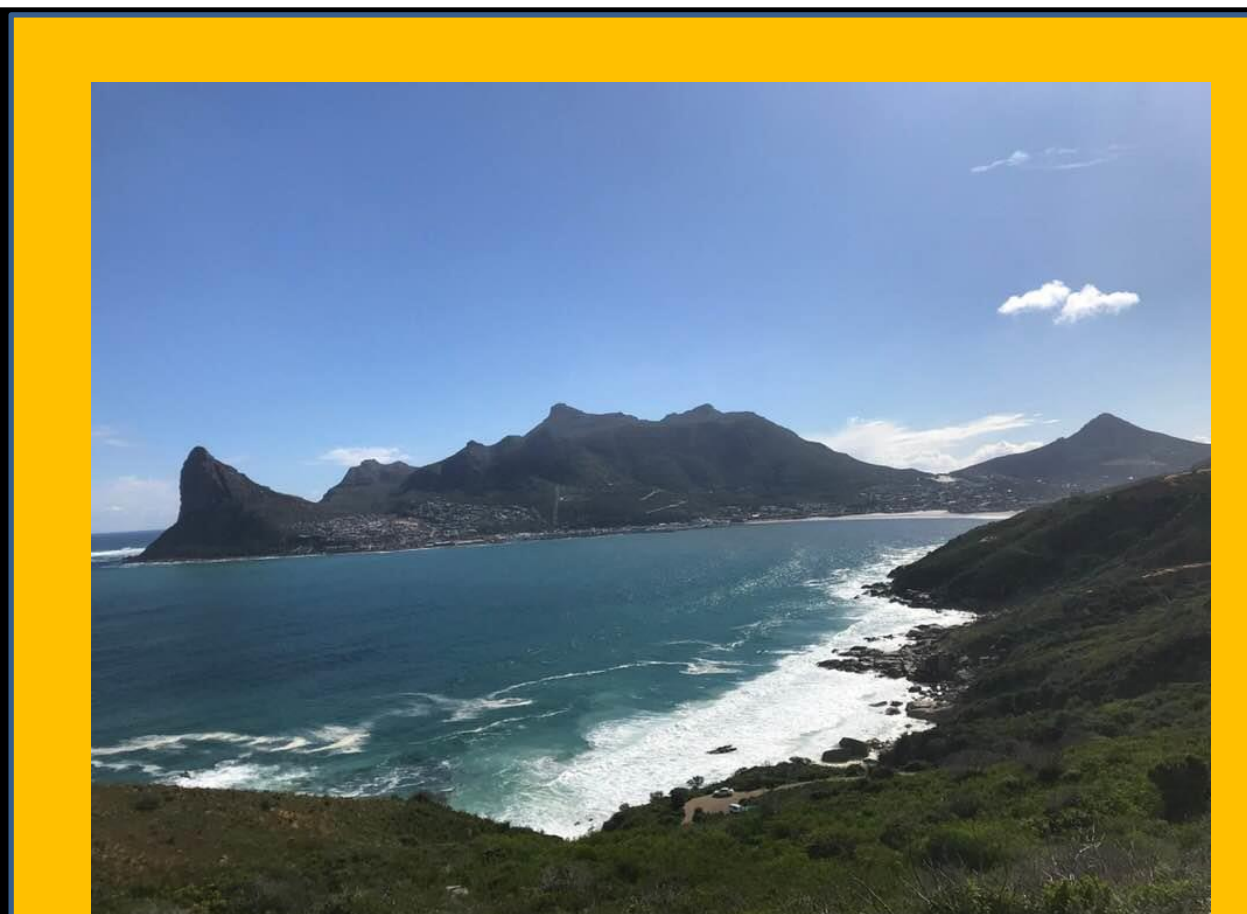
Researcher met with ten direct-care workers who are employed within the child welfare system. These employees work in an array of settings, including orphanages, foster care workers, residential programs, and community out-patient programs. Meeting with workers in these diverse settings gave the researcher a fuller picture of the child welfare system. The researcher interviewed the ten direct care workers, asking questions related to cultural humility. The researcher asked several open-ended questions and obtained consent before recording the interviews.

Population Studied

Child welfare workers, with a variety of roles, in post-apartheid South Africa were studied. They were asked about the characteristics of the children they served. Many children were considered “coloured” and black African. There were also a number of children who identified as Muslim, but most were Christian. The children came from a variety of homes of origin, including having parents pass away, having abusive and neglectful family members, and running away. There was a high-rate of fetal alcohol syndrome among the children, resulting in developmental delays. Another common problem among the children, especially the infants, is being diagnosed as HIV positive.

Outcomes

Overall, the child care workers seemed open-minded to other cultures and willing to step into the shoes of the children. There was a general acknowledgement that some of the reported abuse or neglect may have a culture basis. There seemed to generally be forgiving attitudes towards the families and a level of gentleness when discussing the biological families. While there seemed to be a general openness to the children’s cultures, this often acted in isolation of other considerations. For instance, a residential program that specialized in fetal alcohol syndrome (FAS), did not teach/promote any other language besides English due to the perceived limited capacities of the children. However, most of the other residential homes were not even familiar with FAS as a diagnosis, much less provide the needed treatment. Interestingly, every child care worker rated their level of openness with the children at an eight, on a scale of 1-10 (or closed to open). This result was particularly interesting because truly humble individuals would not rate themselves at a ten because as many participants said “there’s always room for improvement.” These findings are in the process of being detailed in a report.



Skills Developed:

Engage diversity and difference was developed because I had to recognize my own identities of privilege and oppression and how it relates to the people that I interacted with in South Africa.

I also enhanced my ability to **engage in practice-informed research** because I made space for the practitioners to be the experts on their own clients, in their own countries.

I responded to the context that shapes practice by being open to how the cultural context, laws, and policies impact the way the workers engage with the children.

Skills Utilized:

I was in a great **504** class where I learned a lot about diversity and the privileges that I hold as a white American. Also, my **521** or research methods class was very helpful.

Choice:

I chose South Africa because I thought that the post-apartheid society may have some salient ideas related to cultural humility. There were also some similarities between Michigan and South Africa. For instance, there is a history of racial/ethnic oppression in both places. Also, there are similarities between the water crisis in Flint and in South Africa. While these similarities on its face is not important for my research, it is relevant for me as a social worker who plans to practice in Michigan when I graduate.

Career Connections:

This project is very transferable to my future career because I plan to be a children’s therapist in the Detroit area. I also plan to be a freelance evaluator. Seeing how child welfare workers embody cultural humility, while practicing it myself in South Africa has cultivated skills of working with others who have different life experiences than me.

Lessons Learned:

I learned the importance of having cultural humility yourself when going into a new environment. I had to stay engaged, open, and willing to stand in the shoes of others.

Advice:

Travel can be unpredictable, so be sure to plan far in advance. Even with all of that, be aware that the best laid plans may fall through and have alternative ideas. Be flexible!

References:

- Ashton, M.C. & Lee, K. (2008). The prediction of honesty-humility-related criteria by the HEXACO and five-factor models of personality. *Journal of Research in Personality, 42*(5), 1216-1228.
- Chang, E., Simon, M. & Dong, X. (2012). Integrating cultural humility into health care professional education and training. *Advances in Health Sciences Education, 17*, 269-278.
- Davis, D.E., Worthington Jr, E.L., & Hook, J.N. (2010). Humility: Review of measurement strategies and conceptualization as personality judgment. *The Journal of Positive Psychology: Dedicated to furthering research and promoting good practice, 5*(4), 243-252.
- Erline, J. & Geyer, A. (2004). Perceptions of humility: A preliminary study. *Self and Identity, 3*(2), 95-114.
- Fischer-Borne, M., Montana Cain, J.M., & Martin, S.L. (2015). Mastery to accountability: Cultural humility as an alternative to cultural competence. *Social Work Education, 34*(2), 165-181. DOI: 10.1080/02615479.2014.977244.
- Griswold, K.B., Zayas, L.E., Kerman, J.B., & Wagner, C.M. (2007). Cultural awareness through medical student and refugee patient encounters. *Journal of Immigrant and Minority Health, 8*(1), 55-60.
- Harvey, J., & Pauwels, B. (2004). Modesty, humility, character strength, and positive psychology. *Journal of Social & Clinical Psychology, 23*(5), 620-623.
- Hays, P. A. (2001). *Becoming a culturally responsive therapist. Addressing cultural complexities in practice: A framework for clinicians and counselors.* (pp. 19-34). Washington, DC US: American Psychological Association.
- Hook, J.N., Owen, J. Davis, D.E., Worthington, E.L. & Utsey, S.O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Community Psychology, 60*(3), 355-366.
- Ortega, R. M., & Coulborn, K. (2011). Training child welfare workers from an intersectional cultural humility perspective: a paradigm shift. *Child Welfare, 90*(5).