HANDLING MULTICULTURALITY IN CARE

UK TRAINING HANDBOOK

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INTRODUCTION

Like the other partner countries the UK is experiencing similar challenges with its population. By 2025, there will be an additional 1.5 million people aged 65 or over in England. It is estimated that 1 in 3babies born after 2013 will live to be 100 years old. Although this reflects similar pattern with other European countries where people are living longer and healthier lives are to be celebrated it does of course place additional pressures on health and social care systems[1].

In addition these systems are for the first time seeing people from Black and Minority Ethnic (BME) population entering care homes for the first time. A key factor will be the UK's ability to meet growing demands on these systems within the workforce with workers with the right skills and cultural competences to perform the right roles. Around 17% of the adult social care workforce recorded is from a black minority ethnic (BME) background[2]. Workers in the statutory sector are slightly more likely to be white (87%) compared to those in the independent sector at 82%[3].

In terms of BME residence in care homes, at present the minority ethnic population tends to be younger, due to migration patterns and higher birth rates[4]. As migration increases and the ethnic minority populations grow older, the number of ethnic minority elders is predicted to rise. UK Office for National Statistics (2005) indicates that only 3.1% of the population aged over 50 years are of BME origin currently where as 18% are from BME backgrounds as a whole. Two thirds of these individuals over 50 years are of South Asian origin, including Indian, Pakistani, Bangladeshi and other national origins. They belong to membership of faith communities as diverse as Christian, Muslim, Hindu and Buddhist, with a variety of language backgrounds. Around one third of people over 50 years of age from BME groups are 'black', of either African or Caribbean or mixed (largely UK born) origin.

Limited recording of data on ethnicity is not restricted to care home settings. A recent survey of health databases reported that less than half the survey respondents had a question on patient ethnicity, reflecting the limited importance accorded to this data[5]. The care home in Bristol participating in this research had very few BME residents in comparison to their care staff.

In a report for the Joseph Rowntree Foundation, Banks et al (2006) evaluated the census data from 1991 to 2001, and found that the proportion of elderly BME people living in UK care homes was small compared with the rest of the population. It was suggested that this could reflect the fact that family care at home was more common, a view that is thought to be widespread among care providers and policy makers (Sienko, 2002; Policy Research Institute on Ageing and Ethnicity2005; Banks et al, 2006), and more prevalent among some ethnic groups, such as the Asian/Asian British population, than others (Chahal and Temple, 2005; Tomassini, 2005b). The possibility that this low level of representation could be due to issues of access and suitability of care homes for BME elders was also acknowledged.[6] This view is echoed in the report by the Policy Research Institute on Ageing and Ethnicity (2005), which looked at minority elder care in Europe, and raised concerns about minority elders' access to and use of health and social care services in the UK.

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[1] Racial Equality, 2007
[2] NMDS-SC, 2014
[4] Policy Research Institute on Ageing and Ethnicity, 2005
[5]Sultana and Sheikh, 2008
[6] Banks et al, 2006

With regard to end-of-life care, BME groups are also under-represented as a proportion of those who access hospice services[7]. However, it is important to bear in mind that the location of care home in the UK may well affect the ethnic ratios within them. BME populations live mainly in urban areas, so are more likely to represent the majority population in care homes in such settings. Furthermore, some BME nurses have set up BME-run care homes, and organisations specifically care for BME older groups. It is possible that there is much to be learned about providing services for BME groups from these organisations.

It is also clear that the overall underrepresentation of BME older people in care homes, compared with white older people, is not solely a consequence of their lower numbers in the general population. The view that BME groups are more likely than the indigenous population to care for older family members is one which is increasingly being challenged as expectations change, and the lower numbers in care settings may be a consequence of lack of suitable provision, rather than being due to other factors[8]. Evidence presented to the end-of-life care review by organisations representing a range of ethnic groups also indicated that minority groups did not regard care homes as accessible, due to differences in language, culture and diet. In addition, older people were doubtful about the ability of nursing staff, care workers and other care staff to support their cultural or religious practices[9].

The UK research leads to some differing approach to the training outlook, approach, methodology, some of the other as partner countries.

Methodology

From the outset a survey was conducted with staff from care homes to ensure that the training was being pitched at the right level (see Appendix1).

The participants were nurses, frontline care workers and managers working in older people residential care homes. They were recruited by the care home partner in the HMC Consortium. Posters, email and telephone conversation was used to recruit participants from within and also from other care homes externally. A questionnaire was produced and disseminated to all identified participants to test the level of their multicultural awareness/skills/understanding.

Meetings between the education partner and the care partner were held to design the training course. The basic design was very open so as to give room for development.
Posters were designed by participants to cascade the messages and learning from the courses to other colleagues, crosswords and quizzes, and a multicultural handbook with the eight main cultures in Bristol was also produced and later incorporated the other three partner countries (see Appendix II).

The Multicultural Handbook is a basic introduction to minority cultures greetings, foods, languages, religious celebration, values, norms and other important aspects of culture (see Appendix III).

The Training Approach

Each sections of the courses began with an introduction, recap at the second and third course. Using role play participants explore what is meant by culture and exit the session with the knowledge that cultural groups are made up of individuals; and the behaviours and attitudes of individuals is

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[8] Bains, 2006; BBC, 2008
[9] Department of Health, 2008

continually evolving. A range of exercise was delivered to emphasise this situation by paring participants into cultural different groups (see Appendix IV Training Plan).

Participants were given exercises to consider with groups speaking the same language, and physically similar and those within mix group speaking different languages. They then emphasise their cultural identify by focusing on small behavioural differences with their training partners (such as use of different tools for the same task, different wedding band on different hand with different meaning, different religious affiliations and so on). For instance, Jamaican and Barbadian cultures have much in common, including a common language, similar dress, food, most social institutions and ideologies, yet their differences are often emphasised or even exaggerated when they assert their cultural identity. Participants learned that it was not uncommon for individuals to do the same thing when in a different country. They exaggerate their Jamaican-ness or Barbadian-ness in subtle ways to assert their cultural identify. This behaviour is particularly noticeable with sub-cultures (cultures within and part of the dominant culture), where a uniform or even a ritual might serve to define one group from another.

Similarly, Polish participants wear their wedding band on their right hand. If the band is on the left hand this signals that the woman is either separated from her husband or she is a widow.

DEVELOPMENT OF THE TRAINING COURSE IN THE UNITED KINGDOM

AIM
The aim of the series of training courses was to develop participants' understanding of culture, diversity and multicultural society and its impact on staff and older people in care institutions.

There were 6 lessons in the module as outlined in Table below. Practical tools, material and case studies were develop for each module. Participants also developed a video script depicting some of the issues that can be used for training others within their organisation and teams.

Table II: Developing Cultural Competence

Cultural Diversity	Cultural Self-Awareness	Prejudice and Racism	Working with Culturally Different Clients	Barriers to Effective Multi-Cultural Relationships	Developing Cultural Competence
• Introduction • Defining culture • Elements of culture • Societal structures and processes • Subcultures • Key areas of cultural diversity • Cultural behaviour • Values • Social discourse • Ideology • Expectations • Problems	• Introduction • Defining cultural self • Environmental influences • Family or social group • Definitions of self • Psychological influences • Human nature • Personal autonomy • Socio economic and political influences • Emphasis or minimisation of cultural diversity • Code switching	• Introduction • Ingroups or outgroups • Ethnocentrism • What is prejudice • Functions of prejudice • How we measure prejudice • Theoretical perspectives on prejudice • Stereotypes • Functions of stereotypes • Dangers of using stereotypes • Discrimination • Social discrimination • Racism • Institutional or	• Introduction • Communicating across cultures • Principles of communication • Cultural differences • Communicating intimate information • The culturally skilled worker • Conformity • Factors affecting conformity	• Abnormality • The counsellor's culture • The clients culture • Individual differences • Cross cultural communication hurdles • Culture shock • Non verbal communication • Developing trust • Formal judgements • Culture and child development	• Introduction • Culturally competent service delivery • Culturally appropriate service • Culturally accessible service • Culturally acceptable service • Training for cultural change • Cross culture counselling in disaster situations • The role of

	• Physical environmental influences	structural racism • Perception • Perceptual change • Cognitive dissonance • Perceptual defence • Reducing prejudice • Changing stereotypes • Developing cultural sensitivity • Belonging to a dominant culture		• Coping with change	family • Working with other cultures

SECTION 1: ABOUT YOU

To which age group do you belong?

18-24 ☐

25-34 ☐

35-54 ☐

55+ ☐

What is your Gender?

Male ☐

Female ☐

What ethnic group are you from?

White British ☐

Black British ☐

Asian British ☐

Other (please specify) [   ]

Organisation Name

[   ]

Participant email address

[   ]

Organisation postcode

[   ]

1. **How would you describe your cultural background?** [*A person's cultural background refers to the environment and surroundings in which he/she grew up in. It is the collection of influences in a person's life and involves much more than just geographic location*].

2. How would you describe your parents' cultural background?

No ☐

4. If yes, which one?

5. Which area of older people's care do you work in?

Place a tick in the appropriate box	
Dementia Care	
Care at home	
Nursing Care	

Other please specify

6. How long have you been working in your current employment?

Time scale	Tick
0-4 years	
5-9 years	
10-14 years	
15+ years	

SECTION 2: ABOUT YOUR UNDERSTANDING

1. In your opinion, what does 'cultural diversity' mean?

2. In your daily work experience, what are the most significant practical issues you have come across when dealing with cultural differences?

3. **Can you describe one experience/situation when you think cultural difference has influenced the way you carried out a particular job (this may have been a positive or negative experience)?**

4. **Are cultural differences recognised as important in your workplace?**

If Yes – in what ways? *(Please specify by giving an example* This could relate to situations either amongst staff or between staff and residents*.)*

If Not-why not? *(Please explain by giving an example.* This could relate to situations either amongst staff or between staff and residents*)*

5. **Can you describe a situation where you have come across an issue caused by cultural differences and how you dealt with it?**

SECTION 3: ABOUT YOUR AWARENESS

1. Please indicate by a tick in each section below. Culture is not external but is within the person Do you?

   - Strongly disagree
   - Disagree Agree
   - Strongly agree

	Please tick (one box only)

2. One of the potential negative consequences about gaining information concerning specific cultures is that care workers might stereotype members of those cultural groups.

   - Strongly disagree
   - Disagree
   - Agree
   - Strongly agree

3. How would you rate yourself in terms of understanding how your cultural background has influenced the way you think and act?

   - Very limited
   - Limited
   - Good
   - Very good

4. How would you rate your understanding of the way you think and act when interacting with persons of different cultural backgrounds?

   - Very limited
   - Limited
   - Good
   - Very good

5. In general, how would you rate your level of awareness regarding different cultures?

   - Very limited
   - Limited
   - Good
   - Very good

6. Older people services could do better to meet the needs of ethnic minorities?

   - Strongly disagree
   - Disagree
   - Agree
   - Strongly agree

7. How would you generally rate yourself in terms of being able to accurately compare your perspective of your own culture with that of a person from another's?

   - Very limited
   - Limited
   - Good
   - Very good

8. How well do you think you could distinguish the differences in acceptable behaviour in a multicultural care situation?

   - Very limited
   - Limited
   - Good
   - Very good

9. Doubt and stress often result from multicultural misunderstandings because people are not sure what to expect from each other.

   - Strongly disagree
   - Disagree
   - Agree
   - Strongly agree

10. The criteria of self-awareness, and self-fulfilment are important measures in most care settings.

    - Strongly disagree
    - Disagree
    - Agree
    - Strongly agree

11. Even in multicultural care situations, basic implicit concepts, such as "fairness" and "health," are not difficult to understand.
    - Strongly disagree
    - Disagree
    - Agree

- Strongly agree

12. While a person's natural support system (i.e., family, friends, etc.) plays an important role during a period of personal crisis, formal care services tend to result in more constructive outcomes.

   - Strongly disagree
   - Disagree
   - Agree
   - Strongly agree

13. Care vary with the culture of the client.

   - Strongly disagree
   - Disagree
   - Agree
   - Strongly agree

14. How would you rate your understanding of the concept of "relativity" in terms of the goals, objectives, and methods of caring for culturally different clients?

   - Very limited
   - Limited
   - Good
   - Very good

15. There are some basic care skills that are applicable to create successful outcomes regardless of the client's cultural background.

   - Strongly disagree
   - Disagree
   - Agree
   - Strongly agree,

UNDERSTANDING

16. How would you rate your own understanding of the following terms: -

| - Culture | Very limited | Limited | Good | Very good |
| - Ethnicity | Very limited | Limited | Good | Very good |

- Racism	Very limited	Limited	Good	Very good
- Mainstreaming	Very limited	Limited	Good	Very good
- Prejudice	Very limited	Limited	Good	Very good
- Multicultural eldercare	Very limited	Limited	Good	Very good
- Ethnocentrism	Very limited	Limited	Good	Very good
- Pluralism	Very limited	Limited	Good	Very good

17. In care homes, clients from different ethnic/cultural backgrounds should be given the same treatment as White mainstream clients.
    - Strongly disagree
    - Disagree
    - Agree
    - Strongly agree

18. Racial and ethnic persons are underrepresented in care homes staff management teams.
    - Strongly disagree
    - Disagree
    - Agree
    - Strongly agree

19. How would you rate your ability to effectively assess the health needs of a person from a cultural background significantly different from your own?
    - Very limited
    - Limited
    - Good
    - Very good

20. How well would you rate your ability to distinguish "formal" and "informal" care strategies?
    - Very limited
    - Limited
    - Good
    - Very good

21. In general, how would you rate yourself in terms of being able to effectively deal with biases, discrimination, and prejudices directed at you by a client?
    - Very limited
    - Limited
    - Good

- Very good

22. How well would you rate your ability to accurately identify culturally biased assumptions as they relate to your professional training?
   - Very limited
   - Limited
   - Good
   - Very good

23. How well would you rate your ability to discuss the role of "method" and "context" as they relate to the process of multicultural care?
   - Very limited
   - Limited
   - Good
   - Very good

24. In general, how would you rate your ability to accurately articulate a client's problem who comes from a cultural group significantly different from your own?
   - Very limited
   - Limited
   - Good
   - Very good

25. How well would you rate your ability to analyse a culture into its component parts?
   - Very limited
   - Limited
   - Good
   - Very good

26. How would you rate your ability to identify the strengths and weaknesses of older people in terms of their use with persons from different cultural/racial/ethnic backgrounds?
   - Very limited
   - Limited
   - Good
   - Very good

27. In general, how would you rate your skill level in terms of being able to provide appropriate care to culturally different clients?
   - Very limited
   - Limited
   - Good
   - Very good

28. How would you rate your ability to effectively consult with another care professional concerning the care needs of a client whose cultural background is significantly different from your own?
    - Very limited
    - Limited
    - Good
    - Very good

29. How would you rate your ability to effectively secure information and resources to better serve culturally different clients?
    - Very limited
    - Limited
    - Good
    - Very good

Handling Multiculturality in Care (HMC)

TRAINING PLAN

ABSTRACT

The course is delivered over 3 days, is interactive and consists of reflection and recap on the first training course; a series of practical exercises in workshop settings and presentations. The results will be the production of practical tools (leaflets, video and case studies) for participants to use in their daily work and to spread the learning among colleagues.

INTRODUCTION

In the last two decades, the number of workers and residents from culturally and linguistically diverse backgrounds has increased dramatically in care home organisations across Europe. It has therefore become an important task for employees in these organisations to understand the cultural factors that influence their working relationships and practices, and the delivery of culturally appropriate service to meet diverse needs. This course will assist you to communicate effectively with co-workers residents and clients from different backgrounds.

PURPOSE

This Handling Multiculturality in Care (HMC) Training Plan establishes procedures to plan, develop and implement, a series of training programmes designed to build the multicultural competence of frontline care workers and nurses in a designated older people care home in Bristol - so that frontline care staff and managers are confident in working with different ethnic groups. The following objectives have been established for this plan:

OBJECTIVE

- In-depth cultural awareness and understanding of the impact of cultural differences
- The necessary foundation and tools to become culturally competent
- A better understanding of the cultural challenges facing multicultural workplaces in Bristol
- The opportunity to enhance cultural sensitivity and competence
- Practical tools to reduce cross-cultural misunderstanding and encourage positive cross-cultural working relationships

SCOPE

Planning Principles
The applicability of the plan is predicated on the basis that developing multicultural competency is a vital set of attitudes, knowledge, and skills care staff must have when working effectively across cultures in a way that acknowledges and appreciates people from different ethnic groups.

ASSUMPTIONS

1. The multicultural care of older people's in UK older people's care homes generally reflect the core principles, which operates within the context of institution, practice that largely address the host community cultural norms. The training course must therefore ensure that the training of care practitioners has a strong and specific emphasis on building cultural competence and effectiveness, that is, the ability to work competently and effectively in a culturally diverse workplace where encounters with residents from different cultural backgrounds is of high quality.

2. The concept of multiculturalism in the UK is based on the principles of pluralism, which recognises, accepts and respects the rights of all UK residents to express and share their individual cultural heritage within an overriding commitment to UK, its people regardless of cultural heritage as the key to UK multiculturalism is inclusivity rather than division, with UK's multicultural composition being 'at the heart of our national identity and intrinsic to our history and character.

ABOUT THE TRAINING COURSES

This Training course will provide you with:

- In-depth cultural awareness and understanding of the impact of cultural differences
- The necessary foundation and tools to become culturally competent
- A better understanding of the cultural challenges facing multicultural workplaces
- The opportunity to enhance cultural sensitivity and competence
- Practical tools to reduce cross-cultural misunderstanding and encourage positive cross-cultural working relationships

COURSE CONTENT

The training course is designed to meet the specific needs of frontline care workers and managers depending on their specific requirements and existing skills set.   The training course typically includes:

- What is cultural awareness?

- Cultural values and attitudes (time, space, group dynamics, authority, tasks, relationships)

- Communication styles

- Cross-cultural management skills

- Working together across cultures

- Developing cultural awareness

- Language issues

- Developing tools, tips and strategies for managing diversity in care settings

DAY 1

AGENDA

Training Programme

DAY 1:	0900 -0930	Arrival, Registration and Coffee
23/09/16	09:30–10:00	Welcome and introduction
		Housekeeping
		Establishing Ground Rules
	09:45–10:15	Ice Breaker – Warm-up Exercise A
SESSION I	10:45 – 11:1	Addressing Cross Cultural Misunderstanding
	Training Starts	SESSION ONE: Recap on 1st training course
		Presentation – INTERACTIVE (ANNEX I)
		Cultural Awareness Explained
		Aspects of Cultural Values & Attitudes
		Communications Styles
	11:15-11:30	BREAK
SESSION II	11:30 – 12:3	WORKSHOPS I & II
	11:30 -12:00	WORKSHOP I: Embarrassment Moments REFLECTIONS
		Follow the example provided, complete the exercise on cultural situations embarrassment moments
	12:00 – 12:45	WORKSHOP II: How well do I know my multicultural city -
		Summary of the day.
HOMEWORK	12:45-13:00	Prepare 5 Examples of a cultural misunderstanding you have experienced within your workplace
13:00		CLOSE

WARM-UP EXERCISE: A

ICE BREAKER

Pass the Baton - Sharing Positive and Negative Experiences

ICEBREAKERR

Time: 10:15

The exercise will take about 15 minutes to complete. In total, allowing for discussion, 30 minutes to complete.

Aims:

- To encourage participants to share good and bad experiences relevant to the subject of your course/workshop.
- To help identify issues related to the topic.
- To help participants identify key learning objectives for the course/workshop.

For this exercise you'll Need:

- 2 batons, (red one for the negative experiences and a green one for the positives).
- You can make a baton out of rolled up paper, or alternatively, for a fun twist, you might like to replace your batons with sticks of rock (candy), with the 'winner' from each round keeping the rock as a prize.

NOTES:

This is a simple, fun exercise that really does encourage participants to disclose information about difficult situations they may have faced that are relevant to the course/workshop. It also enables positive experiences to be shared. The icebreaker can also be adapted to almost any topic, including for example, customer service, appraisals, negotiation skills and recruitment.

Presentation at ANNEX I
Addressing Cross Cultural Misunderstandings

WORKSHOP I: EXERCISE

INSTRUCTIONS

1. **Read the summary information provided below along with the example**
2. **Complete the set exercise in the spaces provided**
3. **Share your examples with the wider group**
4. **You have 20 minutes to complete this exercise**

EXERCISE 1: Embarrassment Example

Key words: stupid, ashamed, concerned about his opinion of me, angry at myself,

Detailed Report: For me it was when I was talking to a co-worker who married an African woman. He said he wanted a dog but his wife refused to let him get one. He went on to say it's because in the village where she grew up, they looked at dogs differently than we do here. I replied, "Oh, is it because they eat them?"

He looks at me in disgust and said "Jesus, NO, they don't …. EAT them man! The dogs are used to protect the village and they are usually pretty vicious so she's scared of them. Eat them? REALLY?"

I felt like an ignorant guy that day.

Interpretation: an appalling ignorance about another culture

Embarrassment Exercise

Introduction

Embarrassment is often a key to perception of cultural differences. Briefly, this means that irritation and surprise are the key for those interested in cultural difference. The moment one registers that one is irritated about - or simply cannot grasp - the other's behaviour, one is happy at having found a pointer to there being an interesting cultural difference.

Instruction

Recall as may situations as possible when you felt embarrassment.

- You can write a few keywords first and then come back to them to describe in details.

- You should not try to interpret what happened before writing the details of what you experienced.

- Finally, and preferably not the same day you write your notes but later, attempt an interpretation of what happened.

First account of an embarrassing or irritation situation

1. Keywords:

2. Detailed report

3 Your interpretation:

WORKSHOP II

HOW WELL DO I KNOW MY MULTICULTURAL CITY?

INSTRUCTIONS

1. Work in 2 groups
2. Take a few minutes to read the handout about Bristol's multicultural population.
3. Select one of the 7 cultural groups on the handout or use the EXAMPLE provided to complete the case study on a aspect of the cultural group you have selected. What is the possible impact on their health if not observed
4. You have 30 minutes to complete the exercise and 10 minutes to feedback to the wider group
5. Select a spokes person from the group to feedback your result

NB: There will be other cultural, age related information on the 7 group on the day

WORKSHOP II: HANDOUT

How well do I know my multicultural city?

How multicultural is Bristol?

The population of Bristol has become increasingly diverse and some local communities have changed significantly. There are now at least 45 religions, at least 50 countries of birth represented and at least 91 main languages spoken by people living in Bristol. Below in table 1 is the 10 most

**TABLE I: Ten most popular countries of birth of Bristol residents**

Country	Number
Poland	6,415
Somalia	4,947
India	3,809
Jamaica	3,279
Other EU accession countries	3,025
Ireland	2,900
Pakistan	2,770
Other EU member countries (March 2001)	2,478
Germany	2,329
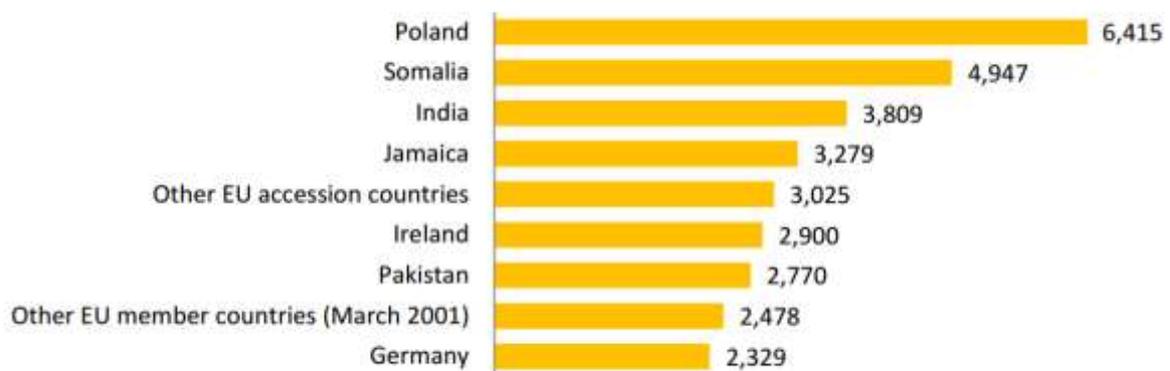
Source: Office for National Statistics © Crown Copyright 2013 [from Nomis]

Aging in Bristol and the South West

While ageing is an issue throughout our society, according to the latest figures from the Office for National Statistics (ONS) the South West has the highest proportion of older people in the UK. Almost 20% of SW residents are aged 65 and over, compared with around 17.5% in most regions and 11.1% in London. Projections suggest this percentage could rise to 22.8% by 2021 compared with a rise from 16.4% to 18.7% for England as a whole. A quarter of babies born in 2012 will live to see their 100th birthday. There will be many more older people too: 25% more people aged 65 plus and 39% more 85 plus in the present decade, and these increases will continue.
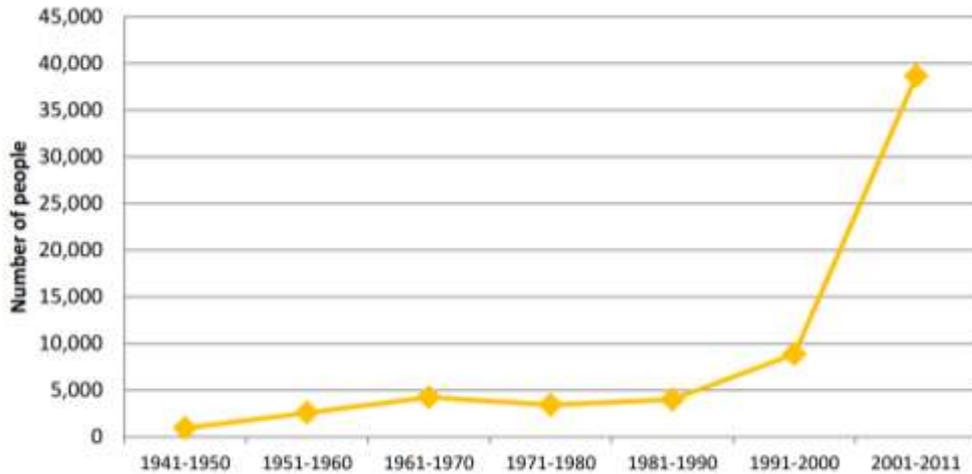
Projected change in population by single year of age Bristol 2011-2021
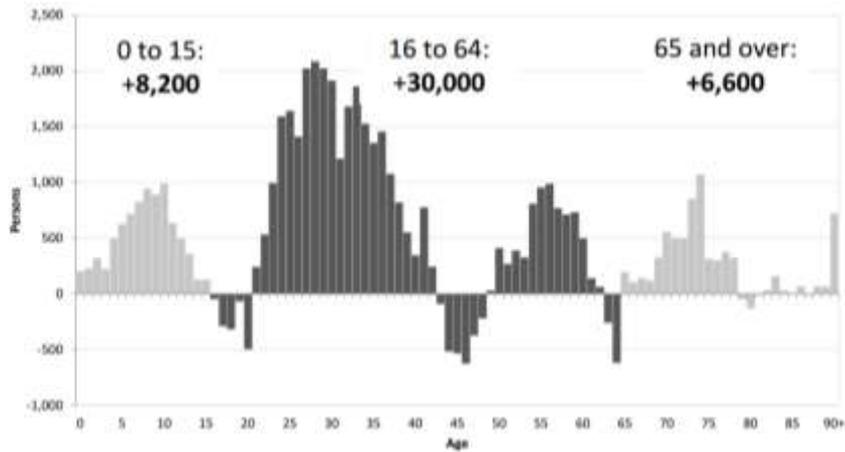
Source: Interim 2011-based Sub-national Population Projections, Office for National Statistics

Since the year 2000 there has been a sharp increase in people from other cultures arriving in the city and the UK.
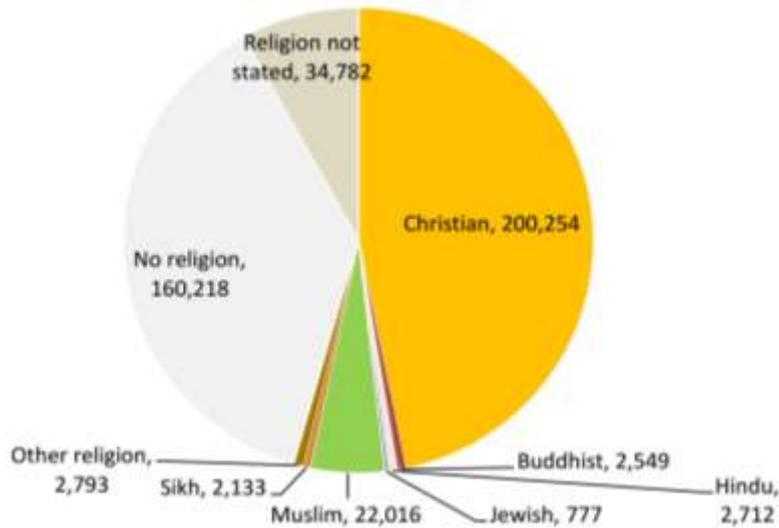
Year of arrival in the UK

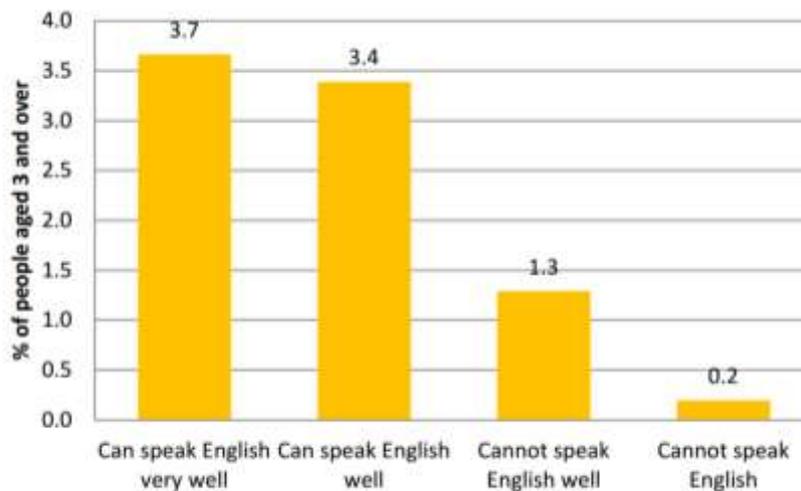*Source: Office for National Statistics © Crown Copyright 2013 [from Nomis]*

Religion

There are at least 45 religions represented in Bristol. However, Bristol is ranked 7th in England and Wales for the proportion of people stating that they have no religion - 37% of the population state they have no religion, up from 25% in 2001.

Source: Office for National Statistics © Crown Copyright 2013 [from Nomis]

Proficiency in English of People whose main language is not English

Source: Office for National Statistics © Crown Copyright 2013 [from Nomis]

Useful links

Bristol City Council population pages http://www.bristol.gov.uk/ population Bristol City Council census pages including 2011 Census Profiles for wards and other areas and more detailed Topic Reports http://www.bristol.gov.uk/census Office for National Statistics main population pages with further links to estimates, projections, quality reports and frequently asked questions http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates Office for National Statistics migration statistics quarterly report http://www.ons.gov.uk/ons/rel/migration1/migration-statistics-quarterly-report/february- 2012/msqr.html

WORKSHOP II: EXERCISE

This activity was created in order to personalise the multicultural experience of an elderly black woman from the Caribbean in a British care home. It is meant to be an interactive group activity that incites group members to undergo the experience of dealing with cultural misunderstanding.

On a deeper level, the purpose of this exercise is to encourage participants to think about and challenge negative views held about people from different cultural backgrounds by making them focus on the fact that they were playing the role of a real person.

To create this activity:

1) Research narratives of people from Caribbean backgrounds cultural norms and traditions of using certain skin and hair care. Note their stories and include a summary of the reasons why they use certain hair and skin care. Also, include whether their initial goals for using such products were successfully achieve once they established themselves in the UK. An Handout will be given on all the cultural groups in the city summary.

A. On a sheet of paper provide a description of all your characters (their lives and why they are living in the UK), which will be given to the group of people that will be participating.

B. On a separate sheet of paper, include all the characters and their prognosis in the UK—this is for you so that you can read the prognosis to the "winner"

2) Research a method of UK skin and hair care and note the different involved in looking after black skin and hair types.

A. On a sheet of paper include all the types of hair and skin creams that Caribbean people and white British people use.

B. This list of hair and skin products will become your individual skin and hair care cards, therefore, make sure to provide a description of the products and the potential consequences on not using them. For instance, "the black skin and hair products are sold in special shops in the city, due to the distance of these shops from the care home you are unable to walk to the shops, and thus your chances of getting the products are pretty slim. How would you ensure the resident have these products on a regular at the times of need?"

C. Include positive consequences as well, like "a good Samaritan has offered to assist you in obtaining the products."

D. Remember that all individuals from the Caribbean may not use the same product and this can be akin to the different types of skin and hair types. Also, don't forget to include a negative or positive outcome based on the hazard/lucky event (e.g. out of stock and trying a similar product to produce positive outcomes).

AGENDA DAY 2

Training Programme

DAY 2: [DATE]	10:00–10:10	Welcome Housekeeping Ground Rules - Reminder
	10:10–10:30	Summary of Day One – information from previous day exercises will become important throughout this session
SESSION I	**10:30 – 11:00**	**HOMEWORK EXERCISE: Cultural misunderstanding at work**
	Training Starts	**SESSION ONE**: **WORKSHOP** Each member of the group share (i.e., their 5 examples of misunderstanding at work) in the wider group
		1. Explain each situation 2. What you did 3. How it made you feel 4. Knowing what you know now would you approach the situation differently? 5. Select one of your example to storyboard
	11:15-11:30	**BREAK**
SESSION II	**11:30 – 12:45**	**WORKSHOPS I**
		WORKSHOP I: Video storyboard 1. This session will commence with discussion about the examples selected. From the examples the group will select 2 story to be made into a video 2. Work in 2 groups to develop the selected stories script 3. Present the storyboard characters to the wider group 4. The wider group will select one of the two story to be put to video and identify actors & props
		DESIGNING A LEAFLET/BOOKLET - MINORITY GROUPS
HOMEWORK	12:45 – 13:00	You will be provided with information about the 6 main minority groups in Bristol. You can also carry out more research on the groups. From the information you have researched: (A) What are the most important things you must be aware of whilst carrying

WORKSHOP I: DAY 2

VIDEO STORYBOARD

INSTRUCTIONS

1. Each participant present their list of scenarios developed from homework exploring real multicultural stories of misunderstandings
   - Present the scenario
   - Present the roles
   - Familiarisation phase
   - Assign roles
   - Storyboarding (optional)

2. The group will select 2 story to developed further into a script for videoing

3. Begin storyboarding – Use the diagram provided to develop your story

4. At the end of the session participants present their story to the wider group – of the 2 one is selected to be developed further into a video

EXERCISE III: Instruction Briefing

Developing a role playing case study video as a teaching tool to demonstrate cultural misunderstanding

Role plays and case studies are two increasingly popular tools in teaching, as the paradigm is noticeably changing from an instructor center training environment towards a client centered, problem based approach. The combination of these two tools will provide us with an easily adaptable, extremely interactive and dynamic approach, which places the care worker into the midst of the situation and gives them the opportunity to not only listen and watch but also to participate. This exercise is divided into three parts:

PART 1: DAY 2

Exploring real scenarios in your care setting of cultural issues/misunderstandings that present challenges in carrying out your daily work. These could be misunderstanding within your care teams, with residents or with clients.

Work in two groups to begin storyboarding your case study. Come-up with the characters you will include in your role play and begin writing your script.

PART 2: DAY 3

Role play: The overall aim of the role play assignment is for care workers to get involved in a much more direct and practical way than is the case with classic face-to-face teaching. Splitting the word into its two components we can also get a good impression about the functioning of this technique. It provides the care worker with personas or characters which they can use to portray a role in a fictitious setting akin to theatre. It offers the chance to play these characters in a relaxed and risk-free environment, to test one's own skill and knowledge without any risks involved and additionally - as with any game we play - to have fun in the process. In the role play participants will either portray someone else or they will play themselves in a specific situation. Many critics have recommended that training by doing is the best way of learning for most. Reading or listening to someone lecturing is inferior to getting involved, to experiment and to take an active part in the scenario, and this is what role playing is all about.

There are three distinctive stages in the role play session: (1) the briefing, (2) the play and (3) the debriefing.

In the **briefing phase**, the facilitator sets the stage. He describes the scenario and the roles available. The briefing phase is also the "warm-up" phase for all participants; it is a time used to introduce everyone involved, to explain the specifics of the role playing technique and to clearly state the aim of the exercise.

The facilitator will explain the scenario; the degree of detail necessary strongly depends on the topic. In the intercultural context it is advisable to keep the scenario rather open and to allow for free interpretation wherever possible, as cultural differences will only show up if the participants have the feeling that they are allowed to interpret the story and the characters in their own way. One good option to prevent the scenario itself from being culturally biased is asking the prospective participants for their input, especially if they like the scenario and feel comfortable taking roles in it. Also, the scenario should be somewhat flexible allowing for minor changes in the setup and adaptations according to wishes of the players involved.

Role description should include all information which the player will need to act 'in character' inside the scenario described beforehand but – especially if the aim of the exercise is to raise cultural awareness or train interaction processes – should leave some room for personal interpretations and

ideas of the "actor". Role descriptions which are too complex force the actors to keep too many details in mind and thus limit their flexibility and creativity. Role definitions are often defined and printed in two variants: one variant which is only known by the actor and the facilitator and one which is handed to everyone else. This is useful to simulate the fact that in reality we often meet and must cooperate with strangers of whom we know next to nothing.

After the scenario is described and the roles are distributed, the participants should be allowed some time for asking questions and chat with each other concerning the scenario and the roles. Often the participants start to develop an interest for a specific role or culture during this phase. There are many different approaches in how to assign roles, especially in multicultural scenarios. It is much easier to portray a character of the home-culture than a foreigner, especially if the culture that should be played is unknown to the player. It can be very difficult to take on such a role, but by assigning such an unknown culture to a player you force him/her to rely on prejudices and stereotypes to portray the role, which could also be of great value. If it is the first role playing experience for most participants involved, the facilitators will allow for very free definitions of roles and see that everyone is content with or even may pick the role he or she gets. Role playing can be quite stressful to some participants, especially if they are not used to it, so good care should be taken that everyone, not only but especially beginners, feels comfortable. Players should be encouraged to really "play", to take nothing too seriously and also to overact their characters to make points very clear.

At the end of the briefing phase, as an optional step, the actors are given some time to discuss a general outline of their play, to define some do's and don'ts and to establish a basic idea of how their characters will react to each other. Allowing for a few minutes before the play starts might help to overcome the usual problems of the starting phase of the role play itself.

Steps of a briefing phase:

- a) Present the scenario
- b) Present the roles
- c) Familiarisation phase
- d) Assign roles
- e) Storyboarding (optional)

The Play phase

In the **play phase** itself the setting will again be made clear to everyone involved (players and observers), preferably through a short introduction performed by the facilitator. The stage will be prepared accordingly to enable the players to simulate the situation with as little effort as possible. This includes seating arrangements, preparation of props that might be used and any technical support that might be necessary.

The characters will then either be introduced by the facilitator or by the actors themselves. The actors will then act their characters according to their role descriptions. The facilitator's will be responsible to coordinate the play and to keep the play moving forward by providing inputs and adding comments, and or giving direction. If everything goes well he/she can withdraw from the action, assuming the position of an observer and only intervening if necessary. He/she should encourage all participants to actively play their roles, especially if some players are just listening and watching while only one or two are actively immersed in the story. The facilitator also provides a conclusion him/herself should the story not come to a natural end. The conclusion of the play phase can be the solution of the problem, the end of the story (out of players' actions) or just some final words by the facilitator.

DAY 3

Steps of a play phase:

a) Prepare the stage and the props
b) Present the scenario
c) Introduce the characters
d) Play
e) Conclusion

Steps of a debriefing phase:

a) Presentations of the participants
b) Providing feedback to the participants
c) Discussion of the findings
- and discuss the role play with them beforehand. You might even consider including them in the playing phase itself as co-moderators.

Controversial topics: The risk of the play taking a bad direction or getting too heated or even aggressive is actually very small, but should still taken into account, especially in a multicultural classroom where the facilitator him/herself might not always notice the upcoming problems or cross cultural misunderstandings. The aim of role playing sessions is to actively involve the students; this can easily result in heated arguments or inappropriate statements, especially in a multicultural environment.

- Prepare the participants that they will encounter situations which they might find provocative, aggressive or prejudicial and ask them to react to the situation according to their role.
- Highlight that one of the aims of the exercise is to raise awareness about prejudices, cultural differences and differences in communication patterns, which could lead to statements which are considered inappropriate.
- Set-up a 'safety-line' mechanism, where every player can stop playing at any time, or take a 'time out' to explain and discuss the issue if he is feeling too uncomfortable.
- Do an extensive debriefing phase, addressing all problems.

Command of your subject: As the participants are involved in a much more direct and intimate manner than as listeners in a training course, they will ask questions which may demand much more detail than normal. As we are going to be referring to real people or real places you should be very well prepared and have a host of background information available. Participants might also question the usefulness of a role play as a teaching method for the topic at hand.

- Explain why a role play is used as a teaching tool and why it is worth the time of the participants to partake.
- Define clear learning goals.
- Prepare the role play thoroughly and discuss it with colleagues and prospective participants to find any design flaws before playing it the first time.

Can you help?: Some participants will be concerned with how their performance in the role play will be relevant for their grade. They might also turn to the facilitator for help and guidance with how to play their character and to act in role. People will need a while to get into character; they might even express discomfort at the beginning.

- Make clear that their performance in the role will not be judged negatively.
- Make clear that there is no right or wrong solution.
- Prepare for a slow start and awkward situations (such no one knowing what to say) in the role play.
- If someone does not want to participate give the person a task, like technical support, co-moderator or perhaps a recording clerk. See that he is still actively involved, but do not force him/her to act out a role.

Considered reflection: As reflections and discussion are the most crucial factors in learning from role playing, the debriefing step is of utmost importance. Players should reflect on what they felt, perceived and learned during the session. Concerning cross cultural issues, it is a very good exercise to go through the key situations that occurred during the playing session and consider what other participants would have done differently. Assigning the role of observer to participants that are not actively partaking can be very rewarding and add an additional component of reflective feedback in the debriefing phase.

- Moderate the discussion, but to not force your opinion upon the participants.
- Take a neutral stance whenever possible and move yourself to the background as much as possible.
- Prepare a good structure for the debriefing phase and allow for ample time.
- Be prepared to start with some feedback of your own, should discussions evolve slowly

STORYBOARD TEMPLATE

Dialogue, picture action

Storyboard Template

Think of the storyboard as a comic strip. Each block has a picture with an action and a line or two of dialog. You can draw pictures or type or handwrite a description of the action in the blocks. For each action, write a script or summarize the action for the characters in your commercial.

How To Complete Your Storyboard

Almost every TV commercial, TV show, or video began as a storyboard. The storyboard is a sheet of paper that breaks down the elements of a video production into what you see and what you hear.

Your storyboard is divided into eight frames. Using pictures or words, you will use the box to describe what one sees in your video. Then you will type or write in the words or sound effects heard below that box. This is the Audio. It can be the spoken words of people on camera, the words of an announcer who is not on camera, or words that appear on the screen. Sometimes it's a combination of all three.

Since what you show on screen changes, each box will contain the next progression of the story. Remember though, you only have 3-7 minutes to get everything done. So your storyboard shouldn't be very long or complex.

Group Members: _____**Product** _____
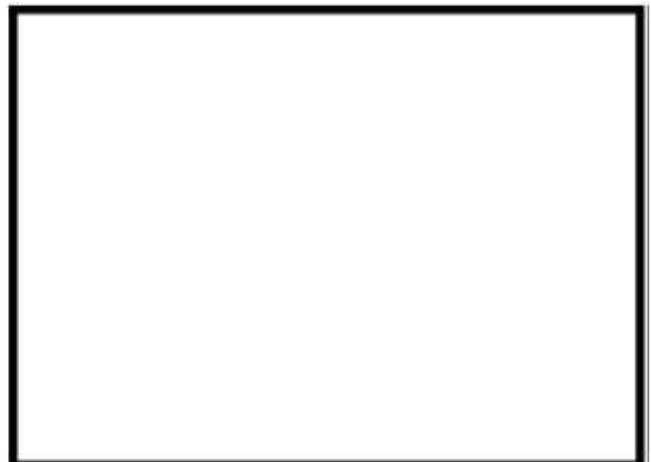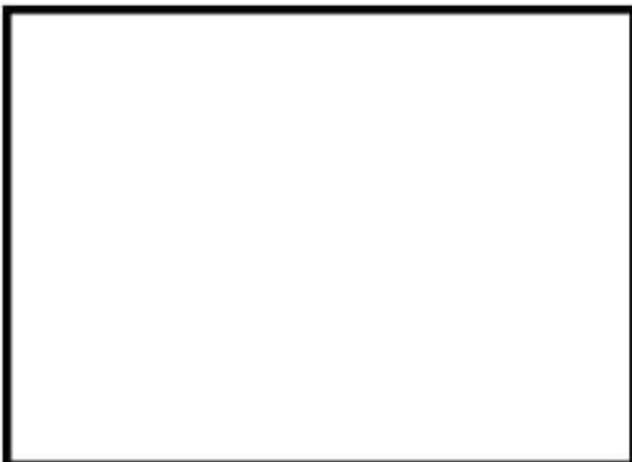
Draw or describe the visual/action in the block.
the block.   Audio:

Draw or describe the visual/action in
Audio:

Draw or describe the visual/action in the block.
block.
        Audio:

Draw or describe the visual/action in the
        Audio:

Draw or describe the visual/action in the block.
the block.   Audio:

Draw or describe the visual/action in
        Audio:

Draw or describe the visual/action in the block.
block.   Audio:

Draw or describe the visual/action in the
Audio

NB: DRAW MORE DIALOGUE BOXES IF REQUIRED

AGENDA DAY 3

Training Programme

| [DATE] | 10:00–10:10 | Welcome and introduction |
		Housekeeping
		Ground Rules
	10:15–10:20	Warm-up Exercise – CONNECT THE DOTS – Followed by 5 minutes discussion
SESSION I	**10:20 – 11:30**	**VIDEO WORKSHOP1: Aspects of cultural misunderstanding**
		Set to video with Actors & Props
		Role play -Filming
		Communications Styles
	11:30 - 11:45	**BREAK**
SESSION II	**11:45 – 13:00**	**WORKSHOPS1 Cont'd**
		1. Overview of video clips
		2. Information about editing
		3. Reaffirm storyline
		4. Confirm feedback loop
LUNCH	**13:00 – 13:30**	
Developing practical material	13:00 – 15:00	**WORKSHOP II:** Developing a leaflet/booklet to be used to spread the learning.
		Summary of the 3 days.
15:00		CLOSE

EXERCISE I: Connect the dots

INSTRUCTIONS

1. Use the diagram provided to connect the dots with 4 straight lines
2. Do not lift your pencil/pen off the sheet at anytime
3. Do not retrace any lines
4. Lines may cross if necessary

The Goal of the exercise

To demonstrate that we often limit our perspective and choices

Directions: Connect all of the dots with four straight lines. Do NOT lift your pencil off the paper. Do NOT retrace any line. Lines may cross if necessary.
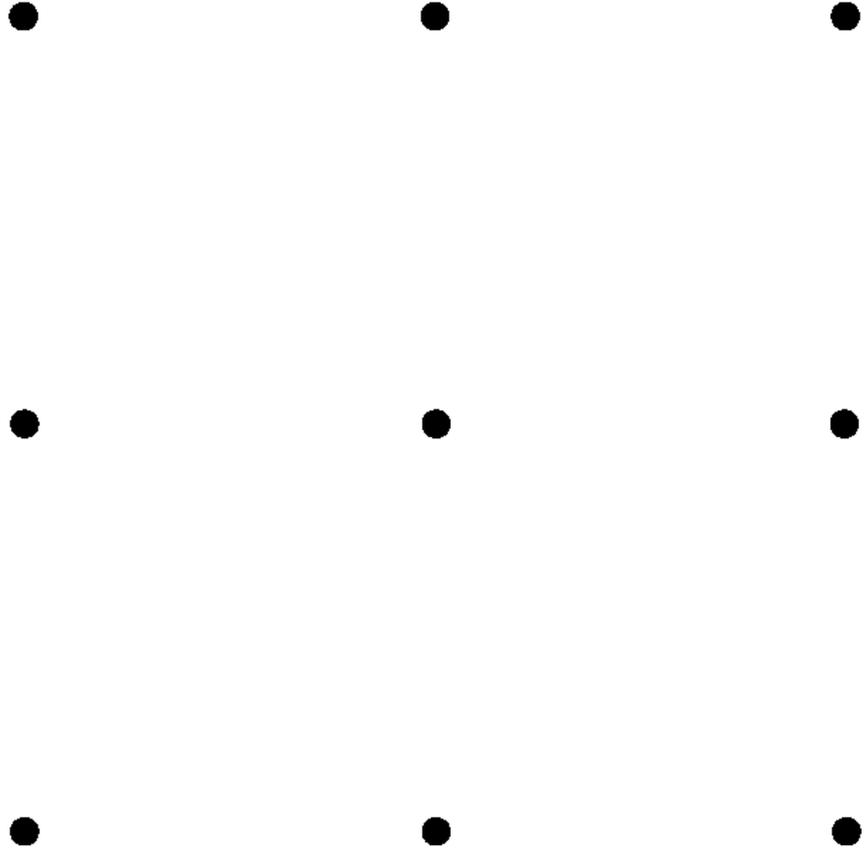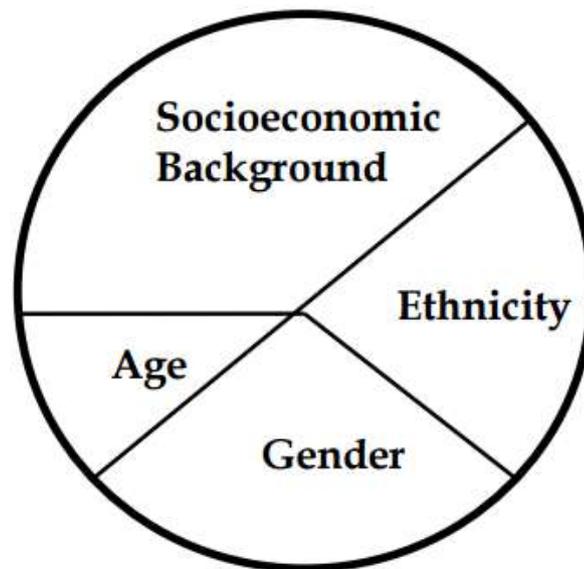
OPTIONAL depending on time

CULTURAL IDENTITY ACTIVITY

The Cultural Identity activity is part of a set of cultural awareness building activities. In this one, participants fill in graphic organisers and then compare and contrast their diagram with others.
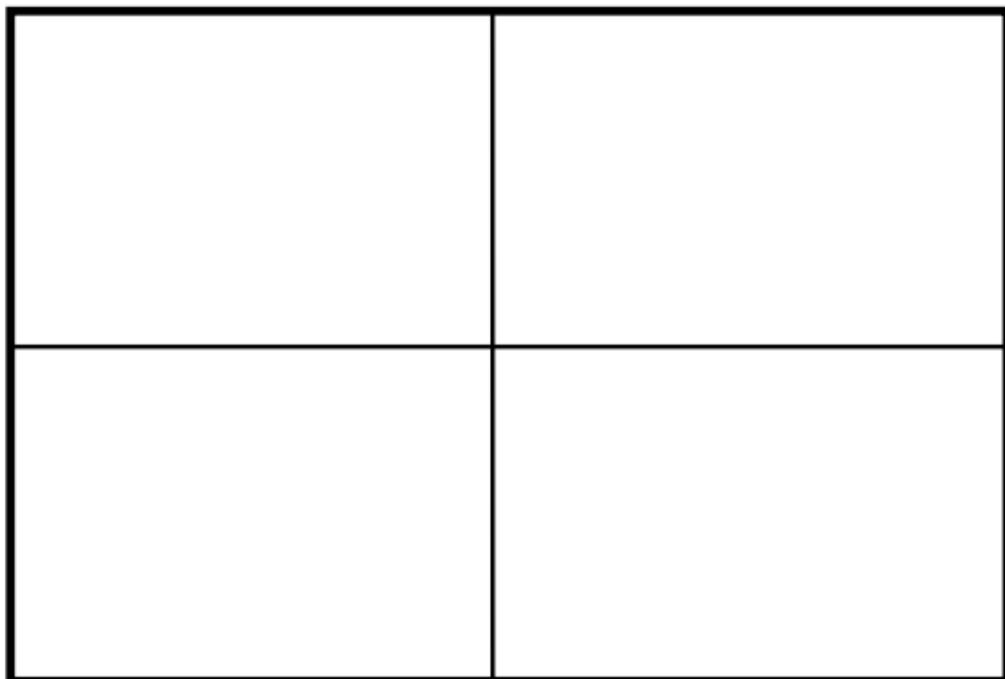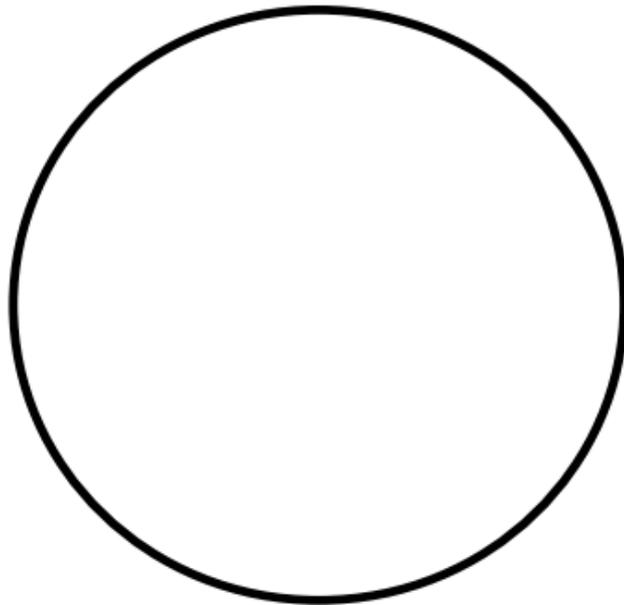
EXAMPLE

<div style="border: 1px solid red; padding: 10px;">

DRAFT SCRIPT: Four Seasons in One Day

</div>

DOCUMENTARY STYLE

INTRODUCTION

The job of a health care professional can be very unpredictable. It can turn on its head as quick as a spinning top and go off in so many directions. In a single moment the pressure of life or a client passing away can bring about the gloomy chill of winter. It can then lead to sullen thoughts portraying dreary aspects of a rain soaked autumn.

In a blink of an eye the shades of various colours bloom and a smile may come across our face, perhaps a client has improved their health condition, as if spring was upon us. This can be followed by joyous and euphoric celebration like an event that we can all enjoy together with our clients and staff. A bit like the summer sun and the warmth it brings.

This is our reality. A death, depression, a slight smile can be followed by a happy glow all in one day. This is our reality.

Script

(From page 2)

- Health care professional knocks on door at the client's house.

- Shakes hand with client and is welcomed.

- Client's husband enters.

- "Excuse me, who are you? You have come into my house and I do not know why you have ignored me. Am I invisible in my own home? You could have acknowledged me? You could have said hello? I don't like this behaviour, please leave this once. Please go right now.

- Health care professional leaves.

Clients view point

"I don't what just happened. My Carer is really lovely. She has helped me in so many ways but my loyalty is to my husband. As his wife I must support his point of view".

(Page 3)

- Health care professional knocks on door at the client's house.

- Health care professional greets both husband and wife.

- (Carer speaks to husband) "Hello, you must be Aaron, I believe that means mountain of strength. How are you?

- (Husband)" I am fine thank you. Nice to meet you."

- (Carer) "So today I'm going to see how Abigail is getting on with being able to lift things independently and then I'm going to help her with her hair"

- (Husband) "Oh, thank you. She will like that. Would you like a cup of tea?"

- (Carer) "That would be lovely thank you Aaron"

- Husband and wife very happy with the help provided and the customer care.

- Carer feels good about her job.

The Message

It is vital that before the Health care professional goes to see the client he/she has the knowledge of culture, religion and diversity of the country that the client comes from. This should be reflected in the Care Plan. The smallest of details is vital i.e should the Carer take her shoes off before entering the living space. Being unable to understand and have misconceptions of the culture/religion of the customer base can lead to a conflicting situation. The client can very easily feel disrespected and aggrieved.   Knowledge is key. Knowledge is power. Knowledge makes for great customer care.