



Cultural Competency Resource Manual

For Settlement Service Workers

DEVELOPED BY

The Regional Diversity Roundtable (RDR)

TRAINING HOST

Punjabi Community Health Services (PCHS)

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This manual was developed to support the professional development of settlement service workers and to strengthen culturally responsive, anti-racist, and equity-centered service delivery. It is intended for educational use in connection with the training hosted by Punjabi Community Health Services (PCHS) on January 28, 2026.

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01

Foundations of Cultural Competency

 Why This Resource and What Will Be Covered

If you work in settlement services in Canada, you already know: no two days are the same. You might start the morning with a family from Syria, move to an appointment with a newcomer from Colombia, and end the day supporting a youth from India, all while navigating language barriers, complex systems, and the unique hopes and fears each person carries.

However, most of us never are handed a roadmap on how to navigate cultural differences well. The settlement service sector needs better than one-size-fits-all approach to address the complexity of the work effectively. This manual is designed not to give you a checklist about "other" cultures, but to help you see your own cultural lens more clearly, and to offer practical tools for bridging the gap between where your clients come from and the systems they are now navigating with your support. Additionally it encourages an intentional reflection on your own cultural influence in the client-worker interactions.

This document will cover:

- Foundational concepts in cultural competency and humility
- Tools for self-awareness and identifying personal bias
- The Cultural Proficiency Continuum for individual and organizational reflection
- Intercultural models for assessment and staff development
- Communication and decision-making frameworks across cultures
- Real-world case scenarios from settlement practice
- Practical daily strategies and personal action planning

This is not a policy document; it is a learning companion. It asks you to reflect, challenge assumptions, and grow your capacity to serve every client with equity and dignity.

What is Culture?

"Culture is the sum of shared beliefs, values, customs, behaviours, and artifacts that we use to cope with our world and with one another."

— Adapted from Clyde Kluckhohn

Culture can be understood as the shared beliefs, values, customs, behaviours, and traditions that shape how people see the world and interact with one another. These cultural elements influence how we communicate, make decisions, express identity, and respond to change, often without us being consciously aware of them.

This definition is adapted from the work of Clyde Kluckhohn, a prominent American anthropologist whose research focused on how culture guides human behavior and helps groups make sense of their world. Kluckhohn emphasized that culture is learned, shared, and deeply embedded in everyday life.

Culture is pervasive. It shapes our worldview. It is everywhere and influences us constantly, often without us noticing. Culture is not just about food, clothing, or celebrations, it shows up in how we communicate, what we value, how we define success and failure, how we handle conflict, and what we see as 'normal' or 'appropriate.'

Because culture is so deeply embedded in everyday life, it shapes the lens through which we interpret people, situations, and experiences. It influences what we assume, what we prioritize, and how we respond to differences. We don't step outside of culture, we carry it with us into our workplaces, relationships, and decision-making.

Understanding this helps us recognize why misunderstandings, bias, and microaggressions can occur, and why intentional inclusion matters.

				
Language & Communication	Food & Customs	Dress & Celebrations	Values & Beliefs (hidden)	Identity & Belonging (hidden)

Above the surface: visible culture. Below the surface: the values, beliefs, and assumptions that shape everything.

Definition of Cultural Competence

The ability to understand, communicate with, and effectively interact with people across cultures. It involves:

- Awareness of one's own cultural worldview
- Attitude towards cultural differences
- Knowledge of different cultural practices and worldviews
- Skills to interact effectively across differences

Cultural Competence vs. Cultural Humility

Why the Thinking Has Shifted: From Competence to Humility

For decades, the field focused primarily on cultural competence, the idea that people could acquire enough knowledge, skills, and tools about different cultures to serve them effectively. This approach was valuable, but it carried a subtle risk: it implied that competence was achievable, a finish line that, once crossed, meant the work was done.

The shift toward cultural humility emerged from a recognition that culture is too vast, too dynamic, periodically evolving, and too personal to ever be fully 'mastered.' Introduced by Tervalon and Murray-García (1998), the concept of cultural humility reframes the goal, not as expertise about others, but as ongoing self-examination of oneself.

The key distinctions that drove this shift:

- Competence can create false confidence, the belief that one 'knows' a culture, it can also lead to assumptions and stereotyping.
- Humility acknowledges that every client is the expert on their own experience, not the worker or staff serving them.
- Humility demands institutional accountability, not just individual learning or worker efficiency.

This does not mean discarding competence-based training. Rather, the field has moved toward understanding these two concepts as complementary, with humility as the ongoing mindset that keeps competence honest and client-centred. The comparison that follows explores both in depth.

These concepts are a Complementary Pair — not an Either/Or.

Quick Overview

Cultural Competence is the **'what and how'** — the skills, knowledge, and practices a worker develops to engage across cultural difference effectively.

Cultural Humility is the **'why and who'** — the ongoing internal orientation of curiosity, self-critique, and power-awareness that keeps those skills grounded in the client's reality.

Think of it this way: *competence gives you the tools; humility ensures you pick up the right one.*

Aspect	Cultural Competence (The 'Doing')	Cultural Humility (The 'Being')
Definition	The ability to interact effectively with people of different cultures. Involves acquiring specific knowledge, skills, and attitudes. Example: A settlement worker learns about communication norms and family structures in newcomer communities they frequently serve.	A lifelong process of self-reflection and self-critique, starting with an examination of one's own beliefs and cultural identities. Example: A settlement worker reflects on how their own cultural values shape expectations of clients, and remains open to being corrected.
Approach	Prescriptive — focused on learning specific skills or information to use in	Reflective — based on continuous personal and interpersonal development.

	practice. Example: Attending training on working with specific cultural groups and applying learned strategies.	Example: Continuously asking clients what feels respectful or appropriate, rather than relying solely on prior training.
Focus	Mastery of culturally appropriate behaviours, practices, and policies. Example: Adapting intake forms or service delivery methods to be culturally responsive.	Emphasizing respect, humility, and forming a partnership with people from different cultures. Example: Co-creating service plans with clients instead of assuming what support is best.
Power Dynamics	May not fully address power imbalances or systemic inequities. Example: A worker explains a program politely but decides the referral, timeline, and next steps without asking the client what works for them.	Actively seeks to address power imbalances and promote equity. Example: A worker explains the program then asks: 'Does this option work for you?', 'Is there anyone else you'd like involved?', 'What concerns do you have?'
Together in the Workplace	Provides the framework.	Ensures it is applied respectfully without assumptions.

Cultural competence is about skills and knowledge. Cultural humility is about mindset and relationship. We need both in settlement work.

Intersection: Settlement & Cultural Proficiency

Why Cultural Proficiency Is Needed Here

Settlement services in Ontario serve one of the most diverse newcomer populations. Organizations support individuals and families navigating everything from housing and employment to language learning, health care, and family reunification, often while managing displacement, trauma, grief, and profound cultural dislocation.

The environment in which this work happens is complex:

- Clients arrive from dozens of countries and speak hundreds of languages.
- Immigration categories are varied, government-assisted refugees, privately sponsored refugees, economic immigrants, family reunification, and international students, each with distinct needs and challenges.
- Peel Region has Ontario's most ethnically diverse communities, yet many systems, healthcare, housing, employment, were designed with a 'default' client in mind that excludes most of the people settlement workers serve – racialized, newcomer populations.

The service reality: Settlement workers are often the first point of contact with formal systems for newly arrived clients. The quality and cultural responsiveness of that first interaction can determine whether a client trusts the system, or avoids it entirely. Cultural proficiency is not a 'nice to have', it is essential to service effectiveness.

Challenge: Permanent Resident status provides legal security, but not social belonging.

How Cultural Proficiency Supports Settlement

- **Trust-Building:** Moves beyond transactional service ('Here are your forms') to transformational support ('Let's navigate this system together').
- **Understanding Diverse Needs:** Acknowledges the diverse backgrounds within the newcomer/immigrant community (e.g., refugee vs. economic immigrant; different ethnic, religious, and linguistic groups).
- **Addressing Systemic Barriers:** Proficient practitioners can better identify and help clients navigate hidden biases in housing, employment, and education.
- **Goal:** Fostering a sense of belonging and agency — not just a service or survival. Making newcomers part of the community integration process.

02

Self-Awareness & Bias

 Overlooked Barriers — Why Self-Awareness & Bias Matter

Even an individual with strong cultural competence training can fall short in practice, not because they lack knowledge, but because of what remains unseen in themselves. This is one of the most overlooked barriers in settlement service delivery.

The barriers that competence alone does not address ensure to include:

- Unconscious assumptions about 'normal' behaviour, family roles, or communication styles that shape how workers respond to clients.
- Unexamined personal values and experiences that influence professional judgement.
- Implicit biases that operate below awareness, affecting who receives more attention, who is believed, and whose goals are centred.

This is why this section focuses on Self-Awareness and Bias, because truly effective cultural practice starts not with understanding 'them,' but with understanding ourselves.

Cultural Identity Mapping

Are you ready to do an exercise? Why this activity?

Engagement exercises like identity mapping reduce defensiveness, when staff examine their own complexity first, they become more naturally curious about the complexity of their clients, rather than defaulting to assumptions or generalizations.

Activity: Who Am I? The Layers of Our Identity

Take 5 minutes. Draw a series of concentric circles (like a target):

- **Center (Core):** Write aspects of your identity that are most core, fixed, and fundamental — innate traits, deeply held beliefs.
- **Middle Rings:** Write aspects that are important and shaped by experience — education, profession, political views.
- **Outer Ring:** Write aspects that are more situational or visible to others — roles like 'settlement worker', recreational affiliations.

Examples to consider: Nationality, Ethnicity, Language, Religion, Gender, Socio-economic class, Family structure, Ability, Age/generation, Values (e.g., independence, collectivism).

Identity Mapping: The Concentric Circles

OUTER RING: Visible / Situational (roles, affiliations)

MIDDLE RINGS: Experiential (education, profession, values)

CENTER: Core Identity (beliefs, innate traits, deepest values)

Why Map Ourselves?

You cannot understand someone else's map until you have seen your own.

- **Makes the Invisible Visible:** Our own culture is like water to a fish — we don't notice it until we're out of it.
- **Identifies Potential Blind Spots:** What's in your core that you might assume is universal.
- **Builds Self-Awareness for Humility:** Understanding our own lens before interpreting others is the first, crucial step in Cultural Humility.

Link to Settlement Practice

Your cultural map influences how you interpret a client's situation or 'problem,' what solutions you propose, and even which clients you feel most/least comfortable with.

This analysis is not a flaw, it is a human reality. But **it becomes a professional responsibility** when those preferences and interpretations shape who gets better service, whose goals get prioritized, and which barriers go unseen or how a client gets labeled.

Ask yourself regularly: *Am I responding to who this client actually is, or to who I assume them to be based on my own map?*

Use identity mapping not as a one-time exercise but as an **ongoing reflective practice**. The more familiar you are with your own cultural lens, the less likely it is to distort your view of your client's.

Understanding Bias: Explicit vs. Implicit

Bias is a tendency — either conscious or unconscious — to favour or disfavour a person or group unfairly. It shapes how we see, judge, and interact with others, often without us realizing it.

	Explicit Bias (Conscious)	Implicit Bias (Unconscious)
What it is	Attitudes and beliefs we are aware of, held consciously.	Attitudes, stereotypes, and associations held outside of conscious awareness.
Example	'I believe new immigrants should only speak English in public.'	Unconsciously feeling more at ease with a client who shares your communication style, or making a quick assumption about a client's literacy level based on their accent.
Key Point	Can be hidden or openly expressed.	Everyone has implicit biases. They are mental shortcuts shaped by our upbringing, media, and societal narratives. They do not make you a bad person, but unchecked, they lead to bad outcomes.
In Short	Explicit = 'I believe this and will say/act on it'	Implicit = 'I don't believe this, but my unconscious actions show otherwise'

How Implicit Bias Shows Up in Settlement Work

Micro-affirmations vs. Micro-aggressions: The small, unconscious acts that shape client experience.

Intake	Spending more time with a client who is a professional from Europe vs. a refugee from a conflict zone (unconscious bias toward perceived 'ease' or 'similarity').
Resource Allocation	Assuming a young, single mother needs more 'hand-holding' than an older male client (bias around gender, age, family status, responsibility, and capability).
Trust	Subconsciously doubting the credibility of a story because of cultural differences in storytelling (direct vs. circular narrative).

The Impact

- Creates inequitable service
- Erodes trust
- Reinforces systemic barriers

 What Comes Next — The Cultural Proficiency Continuum

Understanding our own identity and uncovering bias is foundational, but it raises an important question: Where do we go from here?

The next section introduces the Cultural Proficiency Continuum, a framework developed by Randall B. Lindsey that maps out six distinct levels of how individuals and organizations respond to cultural diversity. This tool matters because it:

- Shows that cultural competence is not binary (you either have it or you don't) — it is a spectrum.
- Helps you locate yourself — and your organization — on that spectrum honestly.
- Provides a shared language for teams to discuss growth without blame.

The bias work we just did — naming assumptions, recognizing implicit patterns — directly informs where we place ourselves on the Continuum. Self-awareness and the Continuum are inseparable.

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The Cultural Proficiency Continuum

Developed by Randall B. Lindsey, the Cultural Proficiency Continuum describes six levels of individual and organizational response to cultural diversity. It is widely used in education, social services, settlement, and community work.

Key Issues the Continuum Addresses

Before exploring each level in depth, it is useful to understand what problems the Continuum was designed to name and address. These are common patterns that show up in organizations, including settlement agencies, that have not yet built intentional cultural proficiency:

- **Inconsistency in service quality across client groups** — some clients receive thorough, respectful service while others experience bias, shortcuts, or disengagement.
- **Good intentions paired with harmful impact** — workers who genuinely care may still operate from cultural blindness, producing outcomes that disadvantage marginalized clients.
- **Organizational culture that resists change** — where diversity is visible (diverse staff, diverse clients) but equity is not yet embedded in policies, practices, or leadership decisions.
- **The 'one workshop and done' mentality** — treating cultural competence training as a checkbox rather than a continuous organizational commitment.

The Continuum gives us a shared, non-judgmental language to identify where we are — and a roadmap for moving forward.

Level	Description	Impact
1. Cultural Destructiveness	Actively harms, devalues, or suppresses other cultures	Racism, discrimination, exclusion, cultural erasure
2. Cultural Incapacity	Lacks capacity, skills, or willingness to support diverse cultures	Paternalism, stereotypes, unequal access, lowered expectations
3. Cultural Blindness	Ignores cultural differences; treats everyone 'the same'	Cultural mismatch, mistrust, ineffective services, unaddressed bias
4. Cultural Pre-Competence	Recognizes gaps and begins taking steps, though inconsistently	Surface-level change, token efforts, uneven service quality
5. Cultural Competence	Actively learns and adapts practices to be culturally responsive	Improved trust, effective services, equity-focused approaches
6. Cultural Proficiency	Values culture deeply and advocates for systemic equity	Inclusive systems, culturally safe services, sustainable transformation

Level 1: Cultural Destructiveness

'We believe our way is the only valid way; other cultures are inferior or problematic.'

Characteristics:

- Practices or beliefs that harm, devalue, or exclude other cultures
- Assimilation attitudes: 'Your culture is wrong; abandon it'
- Discriminatory jokes, mocking accents, belittling cultural practices
- Policies or behaviours that intentionally disadvantage specific groups

Settlement Examples:

- Staff discourages clients from speaking their home language
- Insensitive comments about hijab, turbans, traditional clothing
- Belittling immigrant accents or customs

Level 2: Cultural Incapacity

'We don't intentionally harm, but we lack the capacity or willingness to serve diverse cultures.'

Characteristics:

- Lower expectations for clients from certain cultural groups
- Paternalistic behaviour: 'They can't understand; let me decide for them'
- Unequal access to resources
- Fear of people from other cultures

Settlement Examples:

- Staff avoids 'complex cultural clients'
- 'I can't work with that community; they don't listen'
- Not using interpreters even when available
- Assuming newcomers 'don't understand' the system and therefore withholding information

Level 3: Cultural Blindness

'We don't see culture. Everyone is the same. Treat everyone equally.'

Characteristics:

- Colour-blind and culture-blind approaches
- Assumption that equal treatment = equitable support
- Denial of cultural differences
- Belief that personal biases 'don't exist'

Settlement Examples:

- Assuming every newcomer interprets 'yes' in the same way
- Using the same assessment tools regardless of cultural context
- Ignoring clients' trauma rooted in migration or war
- Saying 'I don't see different races, I just see people' while making decisions shaped by bias

Level 4: Cultural Pre-Competence

'We recognize our gaps and start taking steps, but inconsistently.'

Characteristics:

- Aware of the need for cultural competence
- Occasional use of culturally adapted strategies
- Efforts may be uneven, reactive, or surface-level ('one workshop and done')
- Hiring diverse staff without structural changes

Settlement Examples:

- Using interpreters 'only when absolutely necessary'
- Asking cultural questions only if there is a problem

- Inviting cultural speakers but not changing policies

Level 5: Cultural Competence

'We actively work to understand cultures and adapt our services accordingly.'

Characteristics:

- Ongoing learning
- Culturally informed assessments
- Respectful communication that acknowledges cultural norms
- Awareness of power, history, colonialism, and discrimination
- Culturally adapted policies and practices

Settlement Examples:

- Asking clients how their culture shapes decisions about family roles
- Using trauma-informed and culturally safe approaches
- Building trust through culturally relevant engagement
- Modifying service hours, intake forms, or outreach to meet cultural needs

Level 6: Cultural Proficiency

'We hold culture in high esteem and become advocates for equity and systemic change.'

Characteristics:

- Culture is acknowledged as central to service
- Staff proactively address racism, inequities, and barriers
- Leaders adapt policies to meet cultural needs
- Inclusive, anti-oppressive frameworks guide work
- Organization partners with communities to co-design services

Settlement Examples:

- Developing culturally adapted client pathways
- Consulting ethnocultural communities for program design
- Staff intervene when witnessing culturally harmful behavior
- Leaders implement systemic changes to reduce inequities

The Need for Self-Assessment — Understanding the Continuum as a Mirror

The Cultural Proficiency Continuum is most powerful when it is used as a reflective tool — not as a way to label or judge others, but as a mirror for examining ourselves and our organizations.

Reaching Level 6 (Cultural Proficiency) is not a fixed achievement — organizations and individuals can move backward under pressure, budget constraints, or leadership changes. This is why ongoing self-assessment is essential.

What self-assessment on the Continuum requires:

- Honest reflection without defensiveness — asking 'where am I actually?' rather than 'where do I want to be?'
- Looking at both individual practice and organizational systems — policies, intake processes, service design, and leadership decisions.

- Returning to the Continuum regularly — not just during training, but quarterly as part of team reflection and supervision.

The activity in the next section — 'Where Are We?' — is designed specifically to support this kind of honest self-assessment.

Where Are We? The Cultural Competence Continuum

Why Self-Assessment Matters — Using the Continuum as a Guide

Knowing where you are on the Continuum matters because growth requires an honest starting point. Many individuals and teams overestimate their level — placing themselves at Cultural Competence or Proficiency while their day-to-day practice reflects Cultural Blindness or Pre-Competence. This gap between self-perception and actual practice is one of the most significant barriers to organizational change.

To use the Continuum as a genuine self-assessment tool, consider:

- What does my practice look like on a difficult day — not just my best day?
- Are the policies and systems in my organization aligned with the level I personally aspire to?
- What feedback have I received from clients, colleagues, or supervisors that might tell a different story than my self-assessment?

This is not about shame or blame, but about accuracy. The Continuum only serves its purpose when we approach it with the same cultural humility we are trying to build.

 Cultural Destructiveness	 Cultural Incapacity	 Cultural Blindness	 Pre-Competence	 Competence	 Proficiency
Harmful Intent	Capacity Gaps	Ignoring Difference	Growing Awareness	Active Adaptation	Systemic Change

Key Question: "Where are you right now?" This is not a fixed label, but a snapshot of your current journey.

04

Intercultural Competence Models

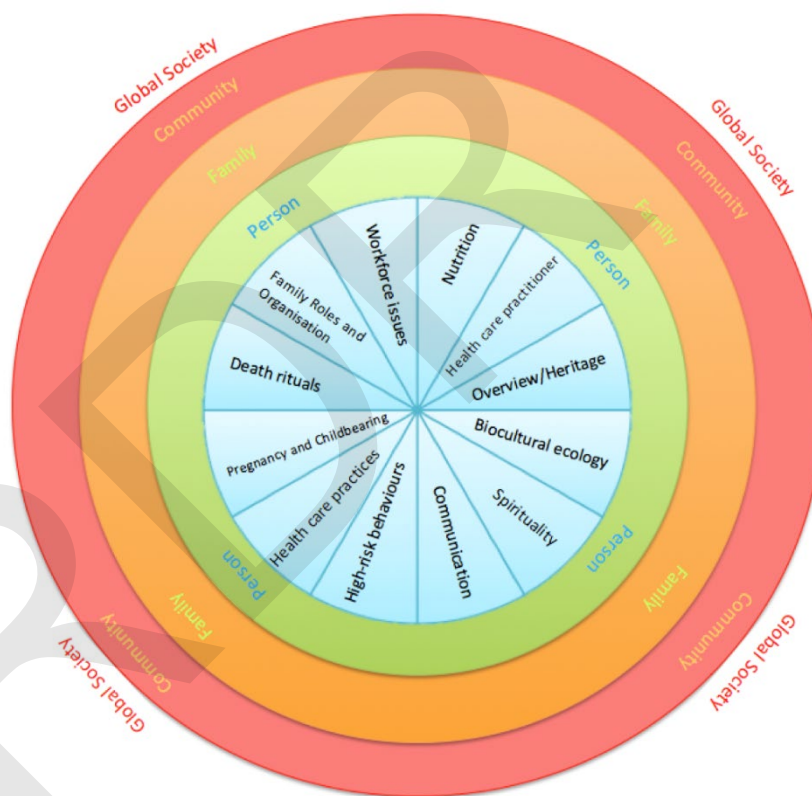
Models help us move from intuition to informed practice. Culture is complex, models help us see patterns without stereotyping, support consistency and reflection, and provide a structured framework to organize self-awareness into effective action. This section explores two models; The Purnell Model and Developmental Model of Intercultural Sensitivity (DMIS).

Models move us from guessing to assessing — from 'I feel' to 'I understand.'

First Model: The Purnell Model: A Holistic Assessment Framework

Developed by Larry D. Purnell and Betty J. Paulanka in 2002, it aims to equip professionals with skills to recognize and respect cultural differences. It is widely used in healthcare, social work, education, and settlement. The model is holistic, flexible, and client-centred.

Core Concept: This model provides a comprehensive guide to understand a person's cultural reality. It recognizes that culture influences family, health, communication, time, space, and help-seeking behaviours — preventing us from reducing a client to a single story (e.g., 'they are a refugee').



The 12 Domains

1. Heritage	Nationality, ethnicity, acculturation.
2. Communication	Dominant language, dialects, silence, indirectness, nonverbal styles, willingness to share.
3. Family Roles & Organization	Who speaks, who decides; head of household, gender roles, child-rearing, alternative lifestyles, dispute resolutions.
4. Workforce Issues	Credential recognition, hierarchy, autonomy, acculturation, language in the workplace.
5. Biocultural Ecology	Genetic traits, physical characteristics, health conditions common to ethnic groups.
6. High-Risk Behaviors	Use of tobacco, alcohol, drugs; safety practices.
7. Nutrition	Meaning of food, dietary practices, rituals, restrictions.

8. Pregnancy & Childbearing	Fertility practices, beliefs about pregnancy, birthing rituals.
9. Death Rituals	Mourning practices, ceremonies, beliefs about afterlife.
10. Spirituality	Coping, religious practices, use of prayer, meaning of life.
11. Health Care Practices	Use of traditional vs. Western medicine, self-care, sick role.
12. Health Care Practitioners	Perceptions of status, gender, and authority of doctors/helpers.

Key Application Insight: Not all domains apply equally in every case. Use it as an assessment guide, not a mandatory checklist.

Through a Settlement Lens

- **Communication:** Dominant language, dialects, silence, indirectness, nonverbal styles, willingness to share.
- **Family Roles:** Who speaks, who decides.
- **Workforce:** Credential recognition, hierarchy.
- **Spirituality:** Coping, meaning of life.

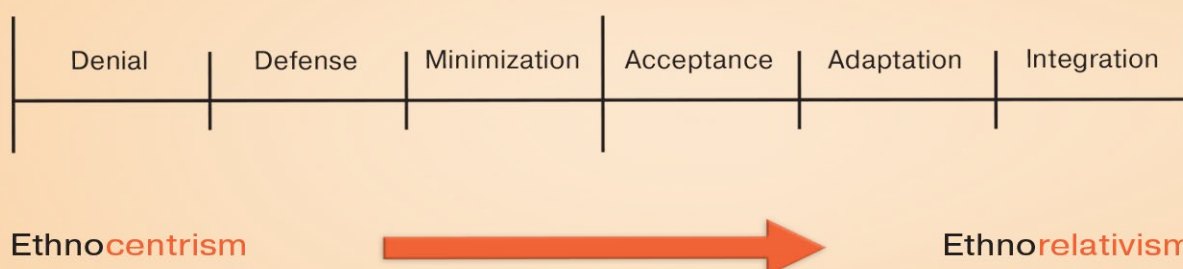
Second Model: Developmental Model of Intercultural Sensitivity (DMIS)

Developed by Dr. Milton J. Bennett (1986–2025) to explain how people experience and engage with cultural difference. Based on grounded theory and constructivist psychology and communication theory.

The DMIS continuum moves from:

- **Ethnocentrism:** One's own culture is experienced as central to reality.
- **Ethnorelativism:** Cultures (including one's own) are experienced as relative to context.

Experience of Difference



The Six Stages

Stage	Orientation	Description
Denial	Ethnocentric	Cultural difference is not perceived or is actively avoided.
Defense / Reversal	Ethnocentric	Cultural difference is perceived as threatening (Defense), OR one's own culture is seen as inferior to others (Reversal).
Minimization	Ethnocentric	'We're all the same.' Surface differences acknowledged but deeper cultural differences are minimized.
Acceptance	Ethnorelative	Cultural difference is recognized and respected as equally valid.
Adaptation	Ethnorelative	Ability to shift perspective and adapt behaviour to cultural context.
Integration	Ethnorelative	Ability to move fluidly between worldviews; culture becomes a lens, not a limitation.

Why it's Powerful: Mastery is not a trait, it is a developed skill. You can assess your own stage and intentionally develop toward Adaptation and Integration.

Comparing the Two Models for Settlement Work

Aspect	Purnell Model	DMIS
Primary Focus	Content of culture — What to know about groups/individuals	Cognitive development — How people perceive cultural difference
Key Strength	Practical assessment tool — Provides concrete domains to explore. Reduces oversimplification.	Developmental pathway — Maps growth stages. Helps staff self-assess and grow.
Best Used For	Client assessment, intake, service planning. Holistic understanding of an individual/family.	Staff training, team development, reflective practice. Understanding one's own competency journey.
Shortfall	Risk of stereotyping if domains are applied rigidly without individualization.	Doesn't provide specific cultural content. Tells you where you are, not what to do.
Settlement Tip	Use as a guide for conversations, not a checklist. Ask, don't assume. Example: 'In your family, how are important decisions usually made?'	Use to diagnose team challenges. If colleagues are in 'Minimization' ('We treat everyone the same'), design training to move toward 'Acceptance.'

Key Integration: Use Purnell to understand THE CLIENT. Use DMIS to understand YOURSELF / YOUR TEAM. Cultural Humility (DMIS mindset) + Cultural Knowledge (Purnell content) = Effective, Respectful Practice

 From Knowing to Doing

Critical Reminder: Both models are tools for understanding, **not formulas**. The client's lived experience is always the ultimate guide.

Reminders are only useful if they change behaviour. Here is what acting on this reminder looks like in daily practice:

- **In every intake:** Resist the urge to apply a 'cultural profile' before asking the client how they experience their own situation. Start with curiosity, not categorization.
- **When using the Purnell domains:** Use them as conversation starters, not checklists. 'Tell me about how your family makes important decisions together' is better than mentally assigning a domain label.
- **When you notice your DMIS stage:** If you catch yourself in Minimization ('We treat everyone the same here'), pause. Ask: what cultural context am I missing right now?
- **In supervision and team meetings:** Bring cases where models helped — and cases where they fell short. This keeps the tools grounded in lived practice rather than theory.

From Models to Communication — What Comes Next

 Connecting the Models to Day-to-Day Practice

We have explored two powerful frameworks for understanding cultural difference — the Purnell Model, which maps what to explore with clients, and the DMIS, which helps us understand our own developmental journey as practitioners. Both operate at the level of understanding and awareness.

But understanding must translate into action — and in settlement work, that action happens primarily through communication. How we speak, listen, interpret silence, and navigate decision-making conversations is where cultural proficiency either shows up — or breaks down.

The next section examines two dimensions of communication that are especially significant in cross-cultural service delivery:

- **High-Context vs. Low-Context Communication:** How cultural background shapes the way meaning is conveyed and received.
- **Individual vs. Collective Decision-Making:** How cultural frameworks around autonomy and family shape how clients engage with service systems.

These are not abstract concepts, they surface in every appointment, every form completion, and every referral conversation you have with clients.

05

Communication & Decision-Making Across Cultures

High-Context (HC) vs. Low-Context (LC) Communication

Communication is shaped by culture. Meaning is not only in words, context determines interpretation. The misunderstandings in settlement work are often not language barriers, but context barriers.

	Low-Context (LC)	High-Context (HC)
Meaning	Explicit — in the words themselves.	Implicit — in context, relationships, and nonverbal cues.
Style	Task-focused, direct, clear, linear logic.	Relationship-focused; harmony over directness.
Nonverbal	Secondary to words.	Silence, gesture, and tone carry major meaning.
Examples	Canada, U.S., Germany. 'Say what you mean.' Contracts are detailed.	Many Asian, Middle Eastern, African cultures. Silence can mean respect. 'Yes' may mean 'I hear you,' not agreement. Decisions take time.
Settlement	A job description lists every duty; feedback is given directly.	A client says 'I will try' to mean 'no.' Or, they build trust before disclosing core problems.

Settlement systems are largely low-context, which can unintentionally disadvantage high-context clients. A HC client may find LC directness rude. You – settlement worker must become a translator of contexts.

Decision-Making: The Individual vs. Collective Paradigm

Tying the Model to Service Provider Practice

Understanding whether a client comes from an individualist or collectivist cultural orientation is not just an academic exercise, it has direct implications for how you structure your service, what you ask, and how you respond when a client seems hesitant, indirect, or needs to 'consult' before making decisions.

Why this model must be incorporated into practice:

- Settlement systems in Canada are built around individualist assumptions — individual consent, individual eligibility, individual action plans. These structures can feel disorienting or even disrespectful to clients from collectivist backgrounds.
- Pushing individual decision-making on a client who needs family consensus does not empower them, it isolates them and can cause significant conflict at home.
- Conversely, assuming all clients need family involvement without asking them, such as women, youth, and LGBTQ+ individuals who may be seeking safety or independence from family structures.

The service provider's role: Ask before assuming. A simple question like 'Is there anyone you'd like to involve in this decision?' respects both individualist and collectivist frameworks, and puts the choice in the client's hands.

	Individualist Cultures	Collectivist Cultures
Unit	The individual.	The family, community, or group.
Core Values	Autonomy, self-reliance, personal achievement.	Harmony, loyalty, interdependence, saving face.
Decision-Making	Individual choice and consent are paramount: 'What do you want?'	Family/group consensus. The elder or male may have formal authority: 'What is best for us?'
Prominent in...	Canada (individualist orientation dominant in systems)	Many immigrant-source countries
Settlement Risk	Assumes individual signature = full consent.	Pushing individual choice on a collectivist client can cause severe family conflict and anxiety.

Critical Settlement Implications: Housing choices, career paths, education pathways, parenting, elder care, signing legal documents — all can be affected by collectivist decision-making frameworks.

The Settlement Worker's Role

You are often the client's first and most trusted window into the system. You are not just a service provider — you are a cultural bridge, a system navigator, and a translator of expectations.

1. Translate the Client to the System	Help institutions understand the client's cultural context. Example: 'The family needs to discuss this together; can we schedule a meeting with the other family members present?'
2. Translate the System to the Client	Explain why the system works in rigid, individualistic ways. Example: 'I understand you want to consult the eldest person in the family, but the consent form requires only the applicant's signature. Let's think about how we can honor your values within these rules.'
3. Advocate for Cultural Safety	Push the system itself to become more flexible and inclusive.

Cultural competence is not about knowing everything. It's about asking better questions — with humility, consistency, and care — and responding in the most appropriate manner.

Key Takeaways

- Use models to guide curiosity
- Context matters as much as content
- You are a bridge, not a gatekeeper

Practicing with case scenarios

- Applying the frameworks, models and communications to reinforce the training from the instances of:
- day-to-day services and systemic barriers

06

Case Scenarios — Part 1

Scenario 1: The Female Who Won't Speak

Continuum Focus	Cultural Blindness + Cultural Incapacity
Themes	Gender norms, trauma, interpretation, communication, assumptions

Background

A Syrian newcomer family arrives at your organization and asks for settlement services support. The staff finds that the male is the sole communicator, in broken English, the accompanying female does not speak. The worker continues to engage only with the male as he is seen as the family's decision-maker.

During the Intake

- The female looks down and avoids eye contact
- The male answers every question for her
- The staff does not offer an interpreter
- The staff shortens the appointment, thinking the female is disengaged

What the Staff Does

- Assumes the female has language barriers and/or is 'uninterested' or 'afraid'
- Does not acknowledge the female directly
- Interprets indirect communication as lack of involvement
- Documents: 'not participating'

Cultural Context the Staff Missed

- In some cultures, women avoid eye contact as a sign of respect
- Trauma: the female is a refugee and may have PTSD or mistrust of authority
- Women may defer to partners in unfamiliar environments
- Interpreter absence creates inequitable access

Discussion Questions

- Which level of the Continuum does this behaviour represent?
- How could cultural competence or proficiency change this interaction?
- What culturally safe questions could the worker ask?
- What systemic changes could support equitable service for women in similar situations?

Responses

Q: Which level of the Continuum does this behaviour represent?

A: This scenario reflects Cultural Blindness (Level 3) and Cultural Incapacity (Level 2). The worker treats the situation as straightforward — engaging only with the communicative male — without recognizing the cultural, gendered, and trauma-based factors shaping the female client's behaviour. The documentation 'not participating' reveals a failure to even question the worker's own assumptions.

Q: How could cultural competence or proficiency change this interaction?

A: A culturally competent worker would: offer an interpreter proactively; acknowledge the female directly with a simple, respectful greeting; create a separate, private moment to check in with her individually; and avoid assuming who the 'primary client' is. A culturally proficient worker would also flag the lack of interpreter protocols as a systemic gap requiring organizational attention.

Q: What culturally safe questions could the worker ask?

A: To both together: 'I want to make sure I support both of you today — would it be helpful if we arranged for an interpreter?' To the female, gently and directly: 'I'd also love to hear from you directly at any point — please feel free to share anything you'd like.' If alone: 'I want to make sure you have the information and support that is right for you. Is there anything you'd like to ask or share privately?'

Q: What systemic changes could support equitable service for women in similar situations?

A: Mandatory interpreter availability protocols; training on gender-based and trauma-informed practice; intake forms that list all adults as clients by default; supervision practices that include reviewing documentation for cultural assumptions; and consultation with women from Syrian and other refugee communities in designing intake processes.

Scenario 2: He Just Needs to Toughen Up

Continuum Focus	Cultural Destructiveness + Cultural Blindness
Themes	Mental health stigma, masculinity norms, racism, newcomer parenting styles

Background

A 17-year-old South Asian newcomer youth discloses bullying and depression at school. He expresses that he feels ashamed and is afraid to tell his parents because 'boys shouldn't be weak.'

The Staff Responds

- 'This is Canada. We are open about mental health here.'
- 'You need to tell your parents; they'll support you.'
- 'Don't worry about old-fashioned cultural thinking.'

What the Staff Does Wrong

- Dismisses cultural norms around masculinity and honour
- Minimizes cultural stigma faced by South Asian youth
- Imposes Canadian norms on the youth
- Ignores the risk of shame, punishment, or family conflict

Staff's Bias Indicators

- Belief that Canadian norms are superior
- Lack of understanding of how mental health stigma differs culturally
- Cultural destructiveness through invalidation of the client's lived experience

Discussion Questions

- How does this reflect cultural destructiveness or blindness?
- How can the worker validate cultural realities while supporting mental health?
- What protective cultural factors might exist?
- What does a culturally proficient mental-health conversation look like?

Responses

Q: How does this reflect cultural destructiveness or blindness?

A: The worker's responses reflect Cultural Destructiveness (Level 1) in dismissing the youth's cultural framework as 'old-fashioned,' and Cultural Blindness (Level 3) in assuming that Canadian norms around

mental health disclosure are universally appropriate. The comment 'This is Canada' is particularly harmful — it implicitly tells the youth that his culture is inferior and that he should abandon it to receive support.

Q: How can the worker validate cultural realities while supporting mental health?

A: The worker should: (1) Affirm that the youth's feelings are real and valid — without judging the cultural context. (2) Acknowledge the complexity: 'I hear that this is really hard, and that talking about it feels risky. That makes a lot of sense.' (3) Explore what support feels safe: 'What would it look like to get some help in a way that feels right for you?' (4) Offer options that don't require family disclosure first — peer support, school counsellors, youth mental health services.

Q: What protective cultural factors might exist?

A: Many South Asian families place a high value on education, resilience, and community strength — values that, when framed positively, can become entry points for conversations about mental health. Spirituality, faith communities, and extended family networks can also be protective if accessed appropriately. The worker can ask: 'Is there someone in your life — a cousin, an uncle, a mentor — you feel safe talking to?'

Q: What does a culturally proficient mental-health conversation look like?

A: It begins with listening — without offering solutions. It acknowledges the real risks the youth faces (family conflict, shame, community judgment) without minimizing them. It connects the youth with supports that are culturally informed and youth-focused. It follows the youth's lead on disclosure, rather than the system's timelines. And it includes a plan that involves the youth as an active agent in their own care.

Scenario 3: Family Decision-Making vs. Canadian Policy

Continuum Focus	Pre-Competence → Competence → Proficiency
Themes	Collectivism, family hierarchy, immigration system, cross-border authority

Background

A newcomer individual from Eritrea is seeking resettlement support for their 19-year-old niece. The eldest son (living overseas) insists all decisions must be approved by him, as he holds the 'family authority position.' The niece does not speak during the appointment.

The Conflict

- Policies require the youth to be directly involved
- The family insists on cultural hierarchy
- The youth seems uncomfortable
- The staff tries to explain policy but shuts down family input
- The staff sees the son's authority as 'controlling'
- The staff misinterprets silence as consent

Culturally Proficient Adjustments Might Include

- Asking the youth privately about comfort and safety
- Respecting the collectivist model while upholding individual agency
- Using interpreters throughout
- Scheduling a family meeting with clear, agreed-upon boundaries
- Engaging cultural brokers and community links

Discussion Questions

- How does this scenario show tension between competence and pre-competence?
- What would cultural proficiency look like here?
- How can the staff uphold policy AND honour cultural norms?
- How does the staff create safety for the youth?

Responses

Q: *How does this scenario show tension between competence and pre-competence?*

A: The worker demonstrates Pre-Competence (Level 4): they recognize that cultural differences exist and try to explain the policy — but shut down family input and frame the son's authority as controlling, which is culturally dismissive. A competent worker would recognize the collectivist framework as a valid decision-making structure and work within it, not against it, while still ensuring the youth's safety and legal rights.

Q: *What would cultural proficiency look like here?*

A: Cultural proficiency would involve: validating the family structure while explaining the legal context sensitively; creating a private space to assess the youth's comfort and safety; involving a cultural broker familiar with Eritrean family dynamics; scheduling a follow-up that includes the son via video call; and documenting the situation accurately without labelling the family structure as a problem.

Q: *How can the staff uphold policy AND honour cultural norms?*

A: The worker can say: 'Our process does require that [niece's name] be the one to sign and make decisions — but I want to make sure your family has the chance to be part of this conversation too. Can we set up a time where your brother can join by phone?' This honours the legal requirement and the family's cultural structure.

Q: *How does the staff create safety for the youth?*

A: By creating a brief, private check-in: 'I'd like to take a few minutes to speak with [niece] on her own — this is something we do with all young clients to make sure they have a chance to share anything they'd like privately.' This normalizes the check-in, reduces stigma, and provides a safe opening without framing the family as a threat.

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Case Scenarios — Part 2

Scenario 1: Trauma & Safety

Themes

Trauma, trust, cultural stigma, fear of systems, appointment adherence

Context

A recently arrived Afghan refugee has been attending settlement appointments but appears disengaged. They often miss appointments, avoid eye contact, and give short answers. When asked about mental health or trauma supports, they say: 'I am fine. I don't need help.'

You later learn through informal conversation that the client experienced displacement, loss of family members, and long periods of uncertainty before arrival. They are also worried that accessing 'mental health' services could affect their immigration status or how they are perceived.

Key Challenges

- Trauma impacting communication and trust
- Cultural stigma around mental health
- Fear of authority and systems
- Worker frustration with missed appointments

Discussion Questions & Responses

Q: *What assumptions might a worker make here?*

A: Common assumptions include: the client is uninterested or non-compliant; the client does not need services if they say they are 'fine'; or missed appointments reflect a lack of motivation. Each of these assumptions misreads behaviour that is, in fact, a trauma response — and can lead to premature case closure or damaged rapport.

Q: *How might trauma be showing up in the client's behaviour?*

A: Trauma responses include hypervigilance (appearing guarded, short-answered), avoidance (missing appointments, not disclosing), emotional numbing ('I am fine'), and distrust of authority figures. The client's fear that mental health disclosure could affect their immigration status is also a rational response — and should be taken seriously rather than dismissed.

Q: *What cultural and systemic factors are influencing help-seeking?*

A: In many cultures, mental health challenges carry significant stigma and may be understood through spiritual or communal frameworks rather than clinical ones. Systemically, immigration status uncertainty, language barriers, and past negative experiences with authorities all compound reluctance to seek help. The settlement sector's reliance on scheduled appointments also disadvantages clients whose trauma makes routine adherence difficult.

Q: *What would a culturally humble response look like?*

A: A culturally humble response begins with trust-building — not service delivery. The worker would: slow down the process; meet the client where they are; explain clearly and honestly that accessing settlement services does not affect immigration status; offer flexible, informal contact points; and connect the client with a worker who shares their language or community background where possible.

Communication Modelling

Instead of...	Try...
"You need to attend these appointments or we can't help."	"I notice it's been hard to come to appointments. Many people who've gone through a lot feel this way. We can move at a pace that feels safer for you."

Key Learnings

- Trauma may look like avoidance, silence, or inconsistency
- 'Refusal' may actually be self-protection
- Trust comes before disclosure

Scenario 2: Systemic Discrimination & Eligibility Gaps

Themes	Systemic discrimination, unequal access, naming harm, worker authority limits
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Context

A racialized newcomer client has been trying to access education and employment support for several months. They meet basic eligibility requirements, but repeatedly face barriers such as long waitlists, inconsistent information, and being redirected between agencies.

They say: 'Every time I apply, I'm told I don't quite qualify. Others seem to get help faster. It feels like the system was not built for people like me.'

The client is frustrated, emotionally exhausted, and beginning to disengage. You know the system has structural gaps, but you also have limited authority to change eligibility rules.

Key Challenges

- Systemic discrimination and unequal access
- Client naming harm that feels personal and structural
- Worker caught between validation and institutional limits
- Risk of minimizing or becoming defensive

Discussion Questions & Responses

Q: *What forms of systemic discrimination may be operating here?*

A: Eligibility criteria designed without diverse populations in mind; inconsistent application of rules across intake workers; language and literacy barriers in application processes; and lack of culturally specific service pathways. These are not intentional acts of prejudice — but they produce racially disparate outcomes, which is the definition of systemic discrimination.

Q: *How is this different from individual bias?*

A: Individual bias is an interpersonal act — one person treating another differently because of prejudice. Systemic discrimination operates through policies, procedures, and institutional norms that may appear neutral but consistently produce unequal outcomes for racialized or marginalized groups. The client is not imagining the inequality — they are experiencing the accumulated weight of a system not designed with their reality in mind.

Q: *What power does the worker hold, and what power do they lack?*

A: The worker holds the power to: acknowledge the client's experience honestly; navigate the system on the client's behalf; document patterns and raise them with supervisors; connect the client with advocacy resources. The worker lacks the power to change eligibility rules unilaterally. The ethical response is to be transparent about both — and to not use limited power as an excuse for inaction.

Q: *How can the worker validate the client's experience without overpromising change?*

A: By naming what is happening honestly: 'I hear that this process has been exhausting and unfair — and I want you to know that your perception is valid. Many systems were not built with everyone's realities in mind. I can't change the eligibility rules, but I can help you navigate every option that exists, and I can document what I'm hearing so that it reaches the people who can push for change.'

Communication Modelling

Instead of...	Try...
"The system treats everyone the same."	"I hear that this process has felt unfair and exhausting. Many systems were not designed with everyone's realities in mind. While I can't change eligibility rules, I can be honest about what's happening and help you navigate what options exist."

Key Learnings

- Systemic discrimination often appears as 'neutral' rules with unequal impacts
- Naming inequity builds trust and prevents gaslighting
- Ethical practice includes acknowledging harm, even when solutions are limited

Scenario 3: My Daughter Is Becoming Too Canadian

Themes	Intergenerational conflict, acculturation gap, gender norms, religion
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Context

A Middle Eastern newcomer family contacts a settlement worker because their 16-year-old daughter wants to join after-school sports and attend social events with classmates. The family practices Islam, and the parents come from a more conservative interpretation shaped by their experiences prior to resettlement. The daughter, who has been exposed to different cultural and religious expressions at school, sees participation in sports as a way to belong and build confidence.

One of the parents strongly opposes this, saying: 'Girls from our community do not stay outside after school. We came here to protect her, not lose her.'

The daughter becomes tearful, saying she feels suffocated but does not want to disrespect her parents.

Key Challenges

- Intergenerational and acculturation gaps between parents and youth
- Gender norms linked to protection, honour, and safety
- Youth caught between belonging and cultural loyalty
- Worker risk of imposing dominant cultural values
- High emotional stakes for both parents and child

Discussion Questions & Responses

Q: *Which stage of the Cultural Proficiency Continuum does this scenario reflect?*

A: The scenario illustrates Cultural Blindness → Pre-Competence. A worker who immediately sides with the daughter ('She has the right to do this') demonstrates Cultural Blindness — treating Canadian norms as universal without examining the legitimate concerns the parents hold. A Competent worker holds the complexity without collapsing it into a simple rights/culture binary.

Q: *How could the worker affirm cultural concerns while supporting the youth's autonomy?*

A: Acknowledge the parents' care and protective intent; validate the daughter's need for belonging and confidence-building; create a joint conversation that reframes sports participation as a monitored, structured activity. Ask: 'What would it look like for [daughter] to be involved in an activity that you feel confident about? Are there sports or programs in the community that feel safer?'

Q: *What culturally respectful language could be used?*

A: Avoid: 'She has rights,' 'That's not how things work here,' 'You need to let her grow.' Use instead: 'I can hear how much you love her and want to protect her.' / 'It sounds like you're both looking for the same thing — her safety and her happiness.' / 'Let's explore together what participation could look like in a way that feels right for your family.'

Communication Modelling

Instead of...	Try...
"She has the right to do this."	"I can hear how important it is for you to keep your daughter safe and connected to your values. At the same time, she's sharing that school activities help her feel confident and included. Let's explore together what safety and participation could look like in a way that respects both."

Key Learnings

- Cultural conflict usually comes from different values, not resistance or disobedience
- Cultural blindness can unintentionally escalate harm
- Cultural competence requires slowing down, not choosing sides

08

Power, Privilege & Structural Issues

Understanding Power

Power is relational. Power exists even with good intentions. Systems hold power. Power comes from role, access to information, decision-making authority, and control of time. Even kind, well-intentioned workers hold power simply by being part of the system. Acknowledging this allows us to use power responsibly.

Intersectionality: The Layers of Identity & Power

"Intersectionality is the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect."

— Kimberlé Crenshaw

Example: A Black, Muslim, Francophone, single mother who is a Permanent Resident does not experience these identities separately. She faces potential bias or barrier at the intersection of all of them, in housing, employment, and social services.

Our Role: We must see the whole person and understand how systems are designed for a 'default' person (often: white, male, Canadian-born, able-bodied).

How Power Shows Up in Our Interactions

We Hold Power As:

- **Gatekeepers:** To services, referrals, and resources.
- **System Experts:** We know the rules, language, and shortcuts.
- **Representatives of the State/Institution:** We carry the authority of the system.
- **Dominant Language Speakers:** In an English/French-dominant context.

Moments of Power Imbalance

Intake & Assessment	Who defines the 'problem'?
Creating the Service Plan	Whose goals are prioritized?
Setting Boundaries	'This is our policy.' vs. 'Let's see how we can adapt.'

Practice of Cultural Humility: Actively share power by making the client the expert on their own life, offering choices, and explaining the 'why' behind rules.

Institutional & Structural Inequities

Inequity is not just about personal bias, it is embedded in systems. Examples in Ontario settlement:

Housing	'Canadian credit history' requirements automatically exclude newcomers.
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Employment	'Canadian experience' requirements create a vicious cycle. Note: Ontario amended the Employment Standards Act effective January 1, 2026, to prohibit employers from listing 'Canadian work experience' as a mandatory criterion in publicly advertised job postings.
Healthcare	Lack of interpretation services; mental health stigma across cultures.
Child Welfare	Cultural differences in discipline being misinterpreted as abuse.

Our Ethical Duty: We must navigate these systems for clients while also advocating to change the inequitable rules. We cannot be culturally competent if we ignore the structures that create disadvantage.

RDR

1. Culturally Safe Practice — Inter & Intra Cultural

Understanding Inter-Cultural and Intra-Cultural Practice

Inter-cultural: Across cultures. This refers to interactions and service delivery that cross between distinct cultural groups — for example, a Canadian-born worker serving a client from Somalia, or a South Asian worker serving a client from a Latin American background.

Intra-cultural: Within cultures. This refers to the significant diversity that exists within a cultural group. Two clients from the same country, ethnicity, or religion can have profoundly different values, practices, and lived experiences depending on region, generation, class, gender, education, and migration pathway.

Why this distinction matters: The greatest risk in cultural competence work is overgeneralization, treating 'all South Asian clients' or 'all Muslim clients' as a monolithic group. Intra-cultural awareness reminds us that identity is complex and never fully captured by a single label.

Avoid Overgeneralization: Culture is not monolithic, differences within the same cultural group (age, gender, education, migration pathway) are just as important as differences between cultures.

Gather Cultural Data	Use the Purnell domains as a mental checklist in intake. Example: 'Tell me about who is important to involve in decisions in your family.'
Employ Cultural Brokers	Partner with trusted community leaders for complex cases.
Preference vs. Requirement	Clearly distinguish what the law/policy requires from what is your organizational preference or habit.
Intra-Cultural Caution	Do not assume shared language or nationality means shared perspective.

2. Inclusive Language & Appropriate Services

- **Use Plain Language:** Avoid jargon. Explain terms like 'LINC,' 'ODSP,' 'RRSP' clearly.
- **Ask & Use:** Ask for and correctly use pronouns, chosen names, and family practices. Example: 'How would you like me to address you?'
- **Practice Transparency:** Explain processes clearly and check understanding without testing or shaming.
- **Advocate for Inclusive Forms:** Push for gender-neutral and multilingual intake materials.

3. Navigating Disagreement

Disagreement often reflects different values or priorities, not refusal to cooperate. Naming differences calmly can prevent escalation and preserve dignity.

Example context: A client insists on a traditional healing practice you have concerns about, or holds a social view (e.g., on LGBTQ+ rights) that conflicts with Canadian law/values.

The 'Respectful Bridge' Framework

Step 1: Respect the Person	Separate the person from the practice/view. 'I appreciate you sharing this with me.'
Step 2: Acknowledge the Difference	'I understand this is important in your tradition. In Ontario, the law/practice around this is different.'
Step 3: Explain the Context & Concern	'My concern is for safety/rights. The law here requires/says...'
Step 4: Collaborate on a Path Forward	'How can we find a way to respect your traditions while also following the laws that keep everyone safe here? What part of this feels most challenging?'

4. Adapting Service Planning

- **Flexible Scheduling:** Offer evening/weekend appointments for shift workers.
- **Meeting Location:** Consider need and accessibility. You probably can't meet off-site, but you can make your space feel welcoming. Offer water, sit beside the client, and keep it casual. A small gesture can soften a formal setting.
- **Family-Centric Goals:** Frame individual goals within family benefits. Example: 'Improving your English means you can help your children with school.'
- **Shared Planning:** Ask clients what feels realistic, who needs to be involved, and what success looks like from their perspective.

10

Action Planning & Key Takeaways

Going Forward — Building a Habit of Continuous Growth

 What Needs to Be Kept Up

Cultural proficiency is not something you achieve once and maintain, it requires intentional, ongoing investment, both individually and as an organization.

What ongoing cultural capacity-building looks like:

- **Regular reflection:** Revisit your Cultural Identity Map quarterly. Has anything shifted? Have you encountered new assumptions about your clients that surprised you?
- **Supervision as a cultural space:** Bring culturally complex cases to supervision, not just logistically challenging ones. Use the Continuum and models as reflective tools with your supervisor.
- **Team learning:** Share resources, articles, and community insights with your team. Cultural learning accelerates in community.
- **Community listening:** Attend community events, consult with ethnocultural organizations, and seek feedback from clients about their experience of your services.
- **Organizational accountability:** Advocate for cultural proficiency to be embedded in policies, hiring, performance reviews, and service design, not just training.

The goal is to build a practice and an organization where cultural responsiveness is not an extra effort, but it is the standard.

Your Commitment: One Action Each

Now that we have named what ongoing growth requires, take a moment to record three specific personal commitments for the period immediately following this training:

 ONE THING I WILL STOP DOING	 ONE THING I WILL START DOING	 ONE THING I WILL CONTINUE & STRENGTHEN

Keep in mind

- Use models to guide curiosity, not to create checklists or stereotypes.
- Context matters as much as content.
- You are a bridge, not a gatekeeper.
- Cultural competence is a journey, not a destination.
- Combine self-awareness (DMIS) with respectful inquiry (Purnell) for truly client-centred practice.

"Cultural competence is not a destination, it is a practice. Every interaction is an opportunity to see more clearly, listen more deeply, and serve more equitably."

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Thank You

for your commitment to equitable, culturally responsive service.

This resource manual is created with deep appreciation for the frontline settlement workers whose daily dedication transforms lives. The willingness to grow, reflect, and serve with humility is what builds truly equitable services.

Developed by

The Regional Diversity Roundtable (RDR)

For

Punjabi Community Health Services (PCHS)

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