



Cultural Competence in Refugee Service Settings

Guidance for Service Providers Based on a Scoping Review of the Literature

Refugees have unique strengths and needs related to their cultural backgrounds and experiences of forced displacement and resettlement. Refugee service providers must demonstrate cultural competence to effectively serve clients, but this is often complicated by unclear definitions and a lack of practical guidance. This guide highlights key culturally competent approaches in refugee service settings, based on an original literature review conducted by Switchboard in 2020.

Why Is Cultural Competence Important in Refugee Service Settings?

Cultural competence interventions are effective at improving health care providers' knowledge, understanding, and skills when caring for patients from multicultural backgrounds¹. However, there is limited research specifically exploring cultural competence in refugee service settings. While refugees share similarities with other multicultural and/or immigrant populations in the U.S., they are a distinct population

Cultural competence has many definitions. It is often defined as a set of “behaviors, attitudes and policies” that enable providers to “work effectively in cross-cultural situations;”² or as the ability to serve patients or clients “with diverse values, beliefs and behaviors, including [by] tailoring delivery to meet patients’ [or clients’] social, cultural, and linguistic needs.”³

¹ Govere, L., & Govere, E. M. (2016). [How Effective is Cultural Competence Training of Healthcare Providers on Improving Patient Satisfaction of Minority Groups?](#) A Systematic Review of Literature. *Worldviews on Evidence-Based Nursing*, 13(6), 402-410.

² Cross, T.L. (1989). [Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed](#). CASSP Technical Assistance Center, Georgetown University Child Development Center.

group with unique experiences and needs related to forced displacement and resettlement. Studies suggest that refugees and asylum seekers may have a greater need than the general population for certain services, including mental health services, yet access these services at lower rates.⁴

When serving refugee clients, cultural competence may improve service quality and accessibility, address health disparities, and promote self-sufficiency and adjustment to life in a new country. While rigorous evidence is lacking, there are many promising culturally competent approaches. Below, you'll find steps you can take on the provider and organizational levels.

Care for refugee populations should involve “respect and appreciation of diversity, a willingness to examine one’s own cultural values and beliefs and learn about the values and beliefs of cultures that may differ from one’s own, and an understanding that one culture is not superior to another.”⁷

Provider-Level Approaches

Commit to self-awareness and respect for cultural diversity

- **Critically reflect on your own culture**, beliefs, biases, and values and how these influence your attitudes, behaviors, and interactions with clients. Consider exploring the [Intercultural Sensitivity Scale](#) or the Harvard University [Implicit Bias Test](#). Assess how your culture, race, ethnicity, gender, and class relate to those of clients. Recognize power imbalances.
- **Respect and value cultural differences.** Avoid “treating everyone the same” or making assumptions, generalizations, stereotypes, or judgements about other cultures.

- **Remember that culture is complex, dynamic, and diverse.** A person may or may not be typical of their cultural group. Never lose sight of the person as an individual.⁵
- **Recognize your limitations:** know when and where to seek expert guidance or to refer clients to more appropriate services.

Build knowledge of refugee cultures, home countries, histories, and experiences

Both refugee clients and providers believe that refugee service providers should be culturally informed. People from refugee backgrounds have also emphasized that providers should understand them “in their totality”, not just as “refugees” or “New Americans.”⁶

Information that may be helpful to know includes:

- **Refugees’ skills, strengths, and talents**
- **Refugees’ cultures and home countries**, including different ethnic groups, languages and dialects, religions, gender norms, cultural beliefs, and practices.
- **Refugees’ experiences and journeys**, including possible stressors at different stages of the journey, such as torture, trauma, loss or separation from family members, negative experiences with authorities, resettlement conditions, and protracted asylum processes.
- **Historical and socio-political contexts, conflicts, and juridical systems** in clients’ countries of origin.
- **Systemic factors** including racism, social exclusion, and financial hardship.
- In healthcare settings, **endemic diseases** in patients’ home countries and the **prevalence of cultural practices impacting health**, such as female genital cutting.

This knowledge might come through your interactions with refugee clients and communities; cultural guides; interpreters; bicultural workers and other colleagues; agencies serving refugee populations; cultural or

³ Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2002). *Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches*. 40.

⁴ Derr, A. S. (2016). [Mental Health Service Use Among Immigrants in the United States: A Systematic Review](#). *Psychiatric Services (Washington, D.C.)*, 67(3), 265-274.

⁵ Rowe, J., & Paterson, J. (2009). [Culturally Competent Communication with Refugees](#): *Home Health Care Management & Practice*.

⁶ Phillips, A. (2009). Intercultural Knowledge and Skills in Social Service Work with Refugees. *Journal of Ethnographic & Qualitative Research*, 3(3), 185-195.

⁷ Ballard-Kang, J. L. (2017). [Using Culturally Appropriate, Trauma-Informed Support to Promote Bicultural Self-Efficacy Among Resettled Refugees: A Conceptual Model](#). *Journal of Ethnic & Cultural Diversity in Social Work*, 0(0), 1-20.

academic experts; and culture-specific resources and databases. Participating in refugee community events, travel, and volunteer experiences, as well as learning a language, can also be valuable. Keep in mind that being genuinely interested, open-minded, and willing to learn is likely more important than seeking an encyclopedic knowledge of a particular culture or client's background.

Engage Respectfully with Clients

Refugee service providers use a range of interpersonal skills to engage refugee clients. Cultural competence studies emphasize the importance of open, respectful communication and building trust and rapport.⁸ People from refugee backgrounds, who receive services they perceive as technically competent but lacking in cultural competence, may find the experience distressing and isolating.⁶

- **“Be human.”**⁶ Seek to establish rapport and a human connection. Show empathy and respect for refugee clients and concern for them as a whole person.
- **Foster trust and feelings of safety.** Ensure continuity of providers where possible. Avoid stigmatizing or stereotyping language. Reduce real and perceived threats in the physical environment (e.g. pay attention to lighting and seating arrangements).⁷ It may also be helpful to explore clients' expectations and to explain the purpose and role of services. Clarify professional roles (e.g. interpreters and providers); rules and limits of confidentiality and other relevant ethical guidelines; how information will be used, shared, and protected; how national systems (e.g. the health system) work; and how certain systems interact with, or are separate from, the immigration system.
- **Be flexible and responsive** to clients' needs, both through your own services and through appropriate referrals. Ask questions such as: What matters most to you (e.g. in your experience of illness, in your treatment, in our work together)?⁹ I know only a little about your

home country. What would you like me to know so I can help you better?¹⁰

- **Build communication skills.** These include the ability to sensitively discuss difficult topics, such as trauma and torture (as appropriate to your role), and to challenge harmful or illegal behaviors, such as gender-based violence. You may wish to watch and learn from an experienced colleague. You can also explore training resources such as the e-learning course [Fundamentals of Providing Services to Survivors of Torture](#), which includes modules on cultural competence and working with interpreters, and the University of Minnesota's [Introduction to Immigrant and Refugee Health](#) online course, which includes a module on *Effective Communication Across Language and Culture*. Be sure to seek feedback on your communication from clients and interpreters.

“How about if you are the one who left this beautiful country and went to another country with a new culture, new language, new everything, how would you feel?”⁶

- Refugee Client

Organization-Level Approaches

Individual providers' efforts to be culturally competent are more likely to be successful and sustainable if they are supported by an enabling organizational environment. The literature suggests several important themes: demonstrating a clear commitment to cultural competence and diversity; integrating clients' cultures and languages across services; partnering with refugee communities; and considering broader barriers that impede access to services.

⁸ Suurmond, J., Seeleman, C., Rupp, I., Goosen, S., & Stronks, K. (2010). [Cultural Competence Among Nurse Practitioners Working with Asylum Seekers](#). *Nurse Education Today*, 30(8), 821-826.

⁹ Kleinman, A., & Benson, P. (2006). [Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It](#). *PLoS Medicine*, 3(10).

¹⁰ Potocky-Tripodi, M. (2002). [Best Practices for Social Work with Refugees and Immigrants](#). Columbia University Press.

Demonstrate a Clear Commitment to Cultural Competence and Diversity

- **Promote cultural competence at leadership levels**, including through policies, programming, and practice. The Sick-Kids Cultural Competence Initiative at Hospital For Sick Children in Canada trained “cultural competence champions” as role models. In Switzerland, the Migrant Friendly Hospital Initiative resulted in increased use of interpreter services and support structures.¹¹ [National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#) (CLAS) provide a framework for organizations to serve culturally diverse communities.
- **Ensure all staff receive training and education** on cultural competence, such as the [Improving Cultural Competency for Behavioral Health Professionals](#) training program.
- **Demonstrate commitment to staff diversity** by recruiting and mentoring multicultural, multilingual staff and by ensuring fair, inclusive personnel policies, human resources practices, and staff compensation packages.
- **Work to improve services** through staff and client evaluations.
- **Support employees’ efforts to strengthen cultural competence.** Flexible policies and procedures can improve providers’ ability to respond effectively to clients’ needs. For example, allow staff to adjust working hours or provide home visits to accommodate client needs. Allow staff to use work time or flex time to attend cultural events or visit community partners and refugee-serving organizations. Ensure sufficient staffing and manageable caseloads to enable providers to have meaningful interactions with clients.

Integrate Clients’ Cultures and Languages Across Services

Research suggests that linguistically and culturally competent services should be integrated into all aspects of the service encounter, including reception areas, follow-up and referral processes, and appointment scheduling. Insufficient attention to cultural and linguistic needs during these processes may contribute to lack of follow-up, unsuccessful referrals, or clients’ feelings of isolation/exclusion.¹²

- **Use professional interpreter services.** Consider offering drop-in hours with interpreters available. Community organizations may assist with locating appropriate interpreters. Phone interpreter services are typically less expensive and available in more languages, but this format may affect the quality of interactions and the ability to build rapport.
- **Train staff and interpreters** to collaborate effectively. For example, Switchboard offers e-learning modules for refugee service providers: [Introduction to Working with Interpreters](#) and [Overcoming Challenges in Interpretation](#). One example of training for interpreters is Cross Cultural Health Care Program’s [Bridging the Gap: Medical Interpreter Training](#).
- **Provide culturally and linguistically appropriate written and visual information**, including in waiting rooms. The [HealthReach Database](#) provides free multilingual, multicultural patient education materials (printable documents, audio, and video) for individuals with limited English proficiency.
- **Use culturally adapted or cross-cultural assessment tools and resources.** Examples include the [Refugee Health Screener-15 \(RHS-15\)](#), Cultural Formulation Interview, [Revised Cultural Formulation](#) (mini-ethnography), or [Brief Cultural Interview](#).
- **Employ bicultural/bilingual staff and cultural brokers.** For example, a refugee health service in Australia employed an Arabic Liaison worker

¹¹ Handtke, O., Schilgen, B., & Mösko, M. (2019). [Culturally Competent Healthcare – A Scoping Review of Strategies Implemented in Healthcare Organizations and a Model of Culturally Competent Healthcare Provision](#). *PLoS One*, 14(7), e0219971.

¹² Riggs, E., Davis, E., Gibbs, L., Block, K., Swarc, J., Casey, S., Duell-Piening, P., & Waters, E. (2012). [Assessing Maternal and Child Health Services in Melbourne, Australia: Reflections from Refugee Families and Service Providers](#). *BMC Health Services Research*, 12(1), 1-16.

to schedule maternal and child health appointments with Arabic-speaking families.¹²

- **Incorporate culturally appropriate terms and concepts into service delivery.** For instance, a health program for Southeast Asian refugees in Long Beach, California integrated Southeast Asian concepts of pregnancy, birth, and health into clinical practice.¹³

Engage and Partner with Refugee Communities

Engaging refugee communities and community organizations can help you and your organization to provide more culturally competent services and better respond to clients' needs.

- **Cultivate partnerships with refugee communities** and community organizations, including through education, outreach, and community-based programs.
- **Involve family and community members** in service delivery, where appropriate. This may include family-centered models of care or family-focused interventions. In Chicago, for instance, the Coffee and Family Education and Support (CAFES) mental health intervention for refugees with PTSD involved bicultural refugee facilitators from the Bosnian community.¹⁴
- **Hire individuals from refugee backgrounds as cultural brokers and guides,** to link refugee communities and service organizations. For example, in Australia, refugee mentors from Karen/Burmese, Assyrian/Chaldean, and South Sudanese backgrounds worked with families to support access to early childhood services.¹²
- **Share power:** ensure meaningful participation of refugee clients and communities in the planning, design, and evaluation of policies and programs; and in defining and operationalizing cultural competence.

Consider the Broader Barriers that Impede Access to Services

It is important to recognize broader barriers that affect clients' access to services. Many refugee service providers believe that helping clients to overcome these challenges is an important part of cultural competence. Below are some examples of ways that barriers to access may be addressed:

- **Provide transportation assistance.**
- **Explore flexible service delivery models,** such as: drop-in hours where no appointment is required; group appointments or group-based interventions; after-dusk services during Ramadan for Muslim clients;¹⁵ and services that coordinate with existing community gatherings.
- **Co-locate services** with other services clients frequently access, e.g. English lessons, employment assistance, food assistance, or primary care services.
- **Offer community-based or home-based services.** For example, some U.S. mental health providers have successfully used a tiered service approach, offering preventive community-based services and more intensive, clinic-based, trauma-focused treatment, depending on refugee clients' needs.¹⁶
- **Consider structural barriers, including racism and discrimination, and advocate for clients' needs.**

“To eliminate disparities, we must know enough (research); do enough (deliver the outcomes); care enough (commitment); and persevere enough (do not get discouraged).”

- David Satcher, Director,
Morehouse School of Medicine

¹³ Downs, K., Bernstein, J., & Marchese, T. (1997). [Providing Culturally Competent Primary Care for Immigrant and Refugee Women: A Cambodian Case Study](#). *Journal of Nurse-Midwifery*, 42(6), 499-508.

¹⁴ Weine, S., Kulauzovic, Y., Klebic, A., Besic, S., Mujagic, A., Muzurovic, J., Spahovic, D., Sclove, S., Pavkovic, I., Feetham, S., & Rolland, J. (2008). [Evaluating A Multiple-Family Group Access Intervention for Refugees with PTSD](#). *Journal of Marital and Family Therapy*, 34(2), 149-164.

¹⁵ Stockbridge, E. L., Kabani, F. A., Gallups, J. S., & Miller, T.L. (2020). [Ramadan and Culturally Competent Care: Strengthening Tuberculosis Protections for Recently Resettled Muslim Refugees](#). *Journal of Public Health management and Practice*.

¹⁶ Kaczorowski, J. A., Williams, A. S., Smith, T. F., Fallah, N., Mendez, J. L., & Nelson-Gray, R. (2011). [Adapting Clinical Services to Accommodate Needs of Refugee Populations](#). *Professional Psychology: Research and Practice*, 42(5), 361-367.

Limitations of the Literature

Cultural competence is complex. The definition, meaning, and practical relevance of this topic are still keenly debated in the literature.⁹ The research on cultural competence in refugee service settings largely relied on expert and provider perspectives; refugee perspectives were not well represented.

Further attention to organizational and structural barriers to cultural competence is also needed. Few studies objectively assessed cultural competence and none compared the effectiveness of different cultural competence approaches.

As such, it was not possible to identify which strategies were most effective in particular service settings. Given the complexity and diversity of refugee clients and services, a “one-size-fits-all” approach should be avoided.

“There may not be one ‘model’ of best practice...but a suite of strategies that are flexible and adaptable and are reflective of the clients’ cultures, languages, existing social groups and resources of local service providers – both mainstream and culturally-specific.”¹²

Conclusion

The research literature describes a range of promising approaches to cultural competence in refugee service settings, at individual and organization levels. Despite the wide variation in specific approaches described, several general trends emerged:

Culturally competent providers were self-aware, non-judgmental, and flexible. They committed to an ongoing process of learning and development and recognized that culture is not static or homogeneous, but dynamic and multi-faceted. They avoided assumptions and stereotypes. Instead, they engaged respectfully with the individual in front of them, seeking to understand their needs and strengths and treating them as equal partners in the helping process. Providers responded to clients’ needs holistically, thinking beyond culture to the broader social context and structural challenges. Finally, they were supported by an enabling organizational environment.

Resources

[National Center for Cultural Competence \(Georgetown University\)](#): Self-assessments, resources and training opportunities for providers and organizations.

[Culture Care Connection](#): Cultural competence training for health care providers, according to region. Also provides multilingual patient information.

[Introduction to Immigrant and Refugee Health Course](#): Free 7-hour introductory course by the University of Minnesota.

[Making CLAS Happen](#): Training webinar for social service and health care providers on the national CLAS standards

[Think Cultural Health Resources](#) (HHS): Resources on cultural competence and National CLAS standards

[LINK-Inc Open Online Center](#): Educational resources to assess and improve intercultural skills

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