

# Multicultural Policies and Services Program

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*NSW Health report for 1 July 2022 to 30 June 2024*

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# Executive Summary

NSW Health is committed to the principles of multiculturalism as demonstrated by the diverse range of initiatives, programs and services reported for the two-year period 1 July 2022 to 30 June 2024.

NSW Health has an ongoing commitment to the development and delivery of safe, high-quality, culturally responsive, and accessible health services for people from multicultural backgrounds, designed in collaboration with multicultural communities.

The [NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023](#) (the Multicultural Health Plan) is the statewide policy for meeting the health needs of people from culturally and linguistically diverse (CALD) backgrounds in NSW over the medium term.

The [NSW Refugee Health Plan 2022-2027](#) (the Refugee Health Plan) is the statewide policy for meeting the health needs of people from refugee backgrounds in NSW over the medium term.

As a designated MPSP Agency under the *Multicultural NSW Act 2000*, NSW Health is required to provide detailed reporting to Multicultural NSW every two years on activities under its Multicultural Health Plan, including how systems, structures and services meet the needs of people from CALD backgrounds. NSW Health's MPSP Report presents information for 2022-23 and 2023-24.

This Report is structured around the Multicultural Health Plan's four strategic goals: access to safe high-quality healthcare; patient-centred healthcare; cultural responsiveness; and understanding evidence and the health needs of CALD communities. The Multicultural Health Plan is the designated MPSP plan for NSW Health, so the goals align with the MPSP Framework (see Appendix).

Twenty-eight NSW Health organisations have contributed to this Report including all local health districts, specialty health networks, pillars, statewide services, relevant Ministry branches and affiliated health organisations. This Report provides high-level summaries of work to support the health of people from CALD backgrounds, including initiatives and outcomes backed by evidence over 2022-24.

## Statewide activities

In November 2023 the Ministry sponsored two national conferences held in Sydney, which focused on improving the health of people from multicultural backgrounds. The Minister for Health launched the [National Multicultural Health and Wellbeing Conference 2023](#) which was organised by the Federation of Ethnic Communities' Councils of Australia (FECCA). The Executive Director of the Ministry's Health and Social Policy Branch gave the keynote speech at the [36th National Conference](#) of the Australian Institute of Interpreters and Translators (AUSIT). The Ministry also developed a [booklet about its policies, services and programs](#), which provides a concise summary of NSW Health's ongoing work across multicultural and refugee health, including interpreting and language services.

The following examples highlight some of the significant work across each of the four outcomes aligned with the MPSP Framework.

## Outcome 1: NSW Health has strategies in place to improve access and quality of care for all people from CALD backgrounds

In 2024 a new [Excellence in Multicultural Healthcare](#) category was established in the [NSW Health Awards](#). The new category encourages and recognises exceptional healthcare delivery for people from multicultural backgrounds through strong partnerships across NSW Health and external agencies. Four projects were selected as [finalists](#) for 2024:

- Nepean Blue Mountains Local Health District (NBMLHD) for [increasing access to video interpreting in virtual care settings](#).

- South Western Sydney Local Health District (SWSLHD) for a [multicultural partnership strategy](#) for the district and in support of the Liverpool Hospital redevelopment.
- Sydney Children’s Hospital Network (SCHN) for providing [enhanced access to health services](#) for patients from a refugee background under the PEACH project.
- Sydney Local Health District (SLHD) for a partnership project to promote better health for [international students](#).

NSW Health congratulates all the finalists in the NSW Health Awards, but especially NBMLHD the inaugural award winner.

**Outcome 2: NSW Health supports people from CALD backgrounds to be active partners in decisions about their healthcare**

The Cancer Institute NSW led the [Refugee Cancer Screening Partnership Project](#) to understand and address barriers to cancer screening experienced by refugee communities from sub-Saharan African and middle-east regions. The project has been recognised as a finalist in the [Highest Quality Healthcare category](#) in the 2024 NSW Premier’s Awards for its work to create a more inclusive and accessible screening environment. Activities included 17 community consultations with 161 people from 14 language groups where community-led interventions were co-designed to improve uptake of cancer screening. [Community Champions](#) were also trained to educate community members and support sustainable improvements beyond the life of the project. A subsequent pilot project is now underway in the Albury region to test the role of community navigators for people from Bhutan and Congo who have arrived on women at risk visas (visa sub class 204).

In 2024 the Ministry completed its review of the five NSW Healthcare Interpreter Services (HCIS), which was the first statewide review of NSW Health’s interpreting services in the preceding 30 years. The review was undertaken by Human Capital Alliance and the Final Report has provided evidence-based and realistic recommendations to improve HCIS, including the experience for patients and providers when engaging healthcare interpreters. The Ministry would like to acknowledge and thank all staff and stakeholders for their participation in the project.

The Review found that the HCIS are regarded as having an overall high-quality standard of service delivery. There was specific praise for the professionalism and specialised knowledge in health terminology and systems of NSW Health employed interpreters. However, there is also unmet service demand by health consumers with Low English language Proficiency (LEP).

**Outcome 3: NSW Health is responsive to people’s individual needs, language and culture**

SWSLHD’s new Multicultural Partnership Committee assisted with the Liverpool Hospital redevelopment project, designing a Multicultural Communications and Engagement Plan to build stronger relationships with local multicultural communities. This fostered better engagement and communication and enhanced culturally responsive healthcare. Key actions included:

- Building confidence and pride in the redevelopment through consistent in-language communications and engagement
- Multicultural Leaders Round Table consultations to define themes and two community co-design workshops.
- Highlighting the Arts and Culture Strategy as an opportunity for community engagement
- Community Information Forums were held, and an Arts Advisory Working Group was established
- 10 community members and five local community artists were selected for the project.

In SLHD the *RPA Virtual Hospital Strategic Action Plan 2024-2025* includes a dedicated section on multicultural health, highlighting the Executive's commitment to cultural responsiveness, the provision of in-language health information, and best-practice engagement with healthcare interpreters.

Service development priorities have included enhancing patient service accessibility and experience through CALD Patient Navigation Journey mapping and analysis of multilingual Patient reported experience measures (PREMs); improving digital solutions for healthcare interpreters to join urgent care consultations via video conferencing from Virtual Hubs; and expanding the reach of the Virtual Urgent Care/ED Clinics and Wound Care Command Centre.

The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) won a [World Health Organisation \(WHO\) special prize](#) at the 'For All Film festival' in the Migrants and Refugees Health category for '[Dalal's Story](#)'. This training video is based on client stories from the [Mental Health Community Living Support for Refugees \(CLSR\) program](#), which is funded and administered by the Ministry's Mental Health Branch.

#### **Outcome 4: NSW Health understands the needs, experiences and identities of CALD communities**

In October 2023 BHI released a new report titled [The Insights Series: Hospital care experiences for people who mainly speak a language other than English](#). This report used data from more than 22,000 people who mainly speak a language other than English at home between 2017 and 2022 from the Adult Admitted Patient Survey and Emergency Department Patient Survey. The report shows linguistically diverse patients' overall ratings of care have improved over time. However, their experiences continue to be less positive than those who speak English. The report provides transparency for consumers and the community, and enables policymakers, system managers and healthcare professionals to see where services are performing well and where additional improvement efforts are needed.

#### **Other award winners**

Special mentions are also due to other finalists and winners of awards for outstanding contributions to the health of multicultural populations in NSW, including:

- Finalists and winners of the [Multicultural Health Communication Awards](#), including staff members of the year Nelma Galas, Sumithira Joseph, Dipti Zachariah and Dr Jan Fizzell.
- Michele Greenwood, Clinical Nurse Consultant and Manager of the Refugee Health Clinic in Coffs Harbour, who was honoured by the Governor of NSW at the 2024 NSW Humanitarian Awards with the [Refugee Supporter award](#) for her exceptional contributions to the lives of refugees in NSW for over 20 years.
- Dr. Bernadette Brady, Clinical Specialist Physiotherapist, South Western Sydney Local Health District, selected as a finalist for the [NSW Public Servant of the Year](#). Dr Brady led the [Natural Helper project](#) with South Western Sydney Local Health District, including Balwinder Sidhu and consumers from culturally diverse backgrounds.

#### **2024-25 onwards**

In the next two-year period, NSW Health will prioritise its response to the Interpreting Services Review. Addressing the challenges identified in the Review will impact on both demand for interpreting services and the supply of quality health care interpreting. More efficient and productive use of the interpreter workforce and increased training will help to meet demand; however, it is estimated that in the medium-term the supply of the interpreter workforce may need to be increased. In 2024-25 the Ministry will establish a Review Implementation Committee to consider the recommendations and provide prioritisation, system-wide coordination and oversight of implementation. It should be noted that the Commonwealth is reviewing its interpreting services system, including technological advancements, which NSW Health will also consider.

The Ministry is refreshing the Multicultural Health Plan, so that it is fit-for-purpose over the medium term to 2030. Finally in 2024-25 the Ministry is establishing a second Refugee Health Flexible Fund to continue to support implementation of priorities set out in the Refugee Health Plan. The new fund will allocate up to \$2 million p.a. over 2025-26 to 2027-28. The design of the Fund is similar to the

[first Refugee Health Flexible Fund](#), which successfully addressed goals and priorities in refugee health, and [resulted in numerous benefits](#) for people from refugee backgrounds and for NSW Health services and staff.

### **Conclusion**

The NSW Health MPSP Report for 2022-24 provides evidence that NSW Health organisations are meeting the MPSP best practice standards in the provision of inclusive and equitable services to the public. The public acknowledgment of projects and individuals reflects the dedication and expertise of everyone involved in supporting the health of multicultural and refugee communities in NSW.

The Ministry values its strong partnerships across the system recognising the vital role of collaboration between health organizations, NGOs, settlement services, academics and community members in helping people lead healthy lives in NSW. Such combined efforts seek to ensure the NSW Health system is working towards being accessible and responsive to the needs of people from multicultural backgrounds in NSW.

# Outcome 1: NSW Health has strategies in place to improve access and quality of care for all people from CALD backgrounds.

*NSW Health provides safe high-quality programs and services to patients, families and carers from CALD backgrounds. The needs of CALD communities are considered across all levels of planning, which support responses to emerging issues and trends. NSW Health consults with people from CALD backgrounds to develop and improve tailored systems and services to meet the needs of CALD populations. As a result, NSW Health services deliver positive health outcomes for people from CALD backgrounds. In 2024 a new Excellence in Multicultural Healthcare category was established in the NSW Health Awards, to recognise and celebrate exceptional healthcare delivery for people from multicultural backgrounds through strong partnerships across NSW Health and external agencies.*

## 1.1 Contribution of people of CALD backgrounds

*How do people from CALD backgrounds contribute to the development of services, programs and policies of your organisation?*

### **Cancer Institute NSW**

The NSW Cancer Plan Advisory Committee provides strategic direction to ensure the goals and priorities of the Plan are achieved. The committee's membership includes two consumers from a culturally diverse background and the Director of NSW Multicultural Health Communication Service. A consumer advocate from a CALD background is a member of the Institute's Primary Health Care Cancer Advisory Group that draws upon expertise across the primary care sector to provide advice and input on cancer control.

### **Central Coast Local Health District (CCLHD)**

The District Consumer and Community Committee, which is a sub-committee of the CCLHD Board, has CALD representatives as part of its core membership to reflect the diversity of the local community. This allows for direct feedback to and from CALD communities on the Central Coast. The District *Consumer, Carer, and Community Engagement Strategy* underpins access improvements and safe, quality care, including for CALD community members. The District's Diversity and Inclusion Manager has built connections with CALD communities through community engagement activities and partnering with local government and non-government agencies who support local CALD communities. This has increased rapport and trust building with community members, creating a safe space for service and program feedback.

### **Far West Local Health District (Far West LHD)**

Far West LHD encourages people from CALD backgrounds to apply to the local Health Council, Carer Advisory and Youth Advisory committees. Community consultation is conducted through the Community Engagement committees and this includes people from CALD backgrounds.

### **Health Infrastructure NSW**

Health Infrastructure actively involves CALD communities as part of the planning and design of NSW Health facilities. This is primarily through community consultation and engagement, ensuring that diverse perspectives are integrated into project planning and delivery. It includes involvement of people from CALD backgrounds in Project User Groups (working groups made up of clinicians, hospital staff and consumers), Consumer Reference Groups and general community engagement, including local pop-ups and drop-in sessions.

Health Infrastructure also collaborates with multicultural organisations and invites contributions to arts in health projects, promoting inclusivity and cultural representation in healthcare environments. This engagement enhances the cultural sensitivity and accessibility of healthcare facilities.

#### **Hunter New England Local Health District (HNELHD)**

The Multicultural Community Drug Action Team engaged communities in 2023-24 with two projects, “Drinking and driving” and “Shisha and vaping”, which focused on Arabic and Swahili speaking communities and multicultural parenting groups. Engagement consisted of consulting with:

- Community leaders on language and cultural issues, terminology, appropriateness of topics, and expectations from health services.
- Community workers from NGOs such as Mosaic, Zara's House and Refugee Hub on size, gender, migration background of groups.
- Evaluation, feedback and debriefing throughout projects.

#### **Illawarra Shoalhaven Local Health District (ISLHD)**

An inaugural ISLHD Consumer & Community Advisory Council was formed through a co-design approach. The Council provides a forum for an informed expert group of consumers and community representatives to engage with the district on issues to improve consumer and community experience, including strategic operations, services, plans and policies. There are 15 members on the Council that represent community diversity in relation to age, race, gender, sexuality, culture, ethnicity and language, mental health and disability.

#### **Justice Health and Forensic Mental Health Network (Justice Health NSW)**

Justice Health NSW, in partnership with Corrective Services NSW (CSNSW) at the Metropolitan Remand and Reception Centre, is trialling the use of Peer Support Inmates. Of the six Peers, four are from a CALD background and are available to deliver support in Arabic, Tongan, Romany, Urdu and Hindi. Peers are instrumental in providing feedback on the experiences of their fellow patients and insights into how services can be enhanced.

#### **Mental Health Branch (MHB), NSW Ministry of Health**

The MH-CLSR program advisory group provides advice on key issues. A person with lived experience as a refugee is on the committee as a consumer representative.

The CALD Older People’s Mental Health (OPMH) Service Plan Working Group has representatives from district services. Representatives from the Transcultural Mental Health Centre also attend the Working Group three times per year. The group disseminates information to other OPMH Advisory and Working Groups, linking clinical services and peak bodies.

#### **NSW Education Program on Female Genital Mutilation/Cutting (FGM/C Program)**

The NSW Community of Practice for FGM/C has 10 members from FGM/C practicing communities actively involved in contributing to improvement strategies. One midwife who provides continuity of care is also from a practicing community.

The FGM/C Program engaged nine Bilingual Community Educators (BCE) from five high risk FGM/C practicing communities for feedback on the statewide pregnancy screening question for FGM/C in E-maternity. E-Maternity is used by 13 local health districts across NSW. The screening question is used during antenatal booking appointments to identify women subjected to FGM/C. The final version of the E-maternity question was modified based on feedback.

#### **NBMLHD**

In 2023-24 the district Multicultural Health Service, partnering with Clinical Governance, established a [District Multicultural Advisory Committee](#) to enhance knowledge, skills, and confidence of consumers representing multicultural communities. This was to provide support and guidance on



projects, models of care, policies, participation, and consultation to improve the experience of multicultural patients from local communities. The Committee also includes consumers from non-CALD backgrounds with an interest in advocating for multicultural communities.

## Diverse voices influencing health care



Ongoing priorities are building consumer capacity, understanding community needs, promoting inclusion of CALD consumers and ensuring availability of resources for CALD communities.

### **NSW Multicultural Health Communications Service (MHCS)**

The MHCS has conducted consultations on behalf of the Ministry of Health and statewide services to inform services and programs. In-language consultations were conducted in Arabic, Cantonese, Mandarin, and Vietnamese on organ and tissue donations. Consultations were also held with bilingual health and community workers, religious leaders, community leaders and community members on a range of program areas including:

- Voluntary assisted dying
- Urgent Care and Health Direct
- Menopause
- Respiratory illness and vaccination
- Breastfeeding.

### **NSW Refugee Health Service (RHS)**

The RHS established an Advisory Committee to support the Cultural Compass Project, a tool developed to assist clinicians work with CALD patients. People with lived experience are part of the Committee. The RHS also held community consultations with the Uyghur, Dari, Arabic and LGBTIQ+ communities; and received formal and informal input from Bilingual Community Educators and community leaders on health challenges. For example, feedback from Palestinian doctors led to a new triage process.

### **STARTTS**

STARTTS is committed to community involvement, collaboration and co-design and evaluation in all areas of its service. Strategies adopted include formal community consultations, project reference groups, focus groups, joint projects with refugee-led organisations and capacity building of refugee community leaders and organisations. Over the last two years, some of the highlights included:

- STARTTS held several community consultations including with African communities in Illawarra and Palestinian organisations including Gaza Association Australia, Palestinian Australians Welfare Association, Palestinian Christians in Australia and Shifa Project.
- Palestinian community engagement resulted in provision of support to Palestinian-led organisations to engage with PHNs and obtain resources to implement services for new arrivals; Gaza Association utilising STARTTS office for regular activities; multiple information sessions on

STARTTS services for new arrivals; engagement with STARTTS Youth Program for newly arrived young people and individual counselling referrals.

- Additional engagement and consultations were held with other Arabic speaking, Jewish and Muslim organisations. Work with Afghan organisations resulted in a published [report articulating the role of refugee-led organisations in settlement](#)
- STARTTS Projects are regularly evaluated, and these results continue to inform service provision. Some evaluated projects included: Families in Cultural Transition (FICT); Communities in Cultural Transition (CiCT) – Forum, leadership retreat and collaboration with Diplomacy Training Program; Mental Health and Suicide Prevention - Training, Groups and Retreats (SNLHD and WSLHD); Yoga Project; Keeping in Contact Project; Ukrainian Women Wellbeing Balance Project; Witness to War; LGBTIQ+ Project; Sporting Linx and All One Under the Sun. Several of the [evaluation reports are available online](#).

### **Northern NSW Local Health District (NNSWLHD)**

CALD representatives have been recruited into the District's Community Advisory Committees. A Regional Multicultural Forum has been established and it has collaborated with government and community partners to deliver projects such as digital literacy focus groups with CALD communities. These projects have identified information gaps and options for service improvements.

CALD communities have also contributed to planning and development of new initiatives and resources including: *NNSW Access to Healthcare Booklet*; development of information and education presentations (e.g. child development and wellbeing sessions with Japanese Community); and development of hospital orientation tours.

### **Northern Sydney Local Health District (NSLHD)**

Recent examples of people from CALD backgrounds contributing to the development of services, programs and policies include:

- Developing easy-to-read health information, partnering on safety and quality initiatives and participating in co-design activities as members of the NSLHD CALD Consumer Advisory Group, hospital Consumer Participation/Advisory Committees and the Mental Health Consumer and Carer Peer Workforce Committee under the *NSLHD Partnering with Consumers Framework 2021-2026 Framework*.
- In 2023, the NSLHD Consumer Advisor Recruitment Strategy launched a NSLHD Consumer Engagement Video and a Facebook tile, co-designed with consumers. The targeted approach resulted in the successful recruitment of three new Consumer Advisors from CALD backgrounds who joined Consumer Advisor Committees at Hornsby Ku-ring-gai Hospital and Primary and Community Health (PaCH). Another two consumers from CALD backgrounds are in the onboarding process. New Consumer Advisors are provided with a "buddy", education and resources for support.

### **South Eastern Sydney Local Health District (SESLHD)**

The Equity and Prevention Service held community consultations with Arabic, Mandarin and Nepali speaking communities, in partnership with community organisations, to inform the development of healthy lifestyle programs for children and their families as part of statewide changes to the Go4Fun program, as well as consultations with older Chinese speaking people to guide healthy ageing programs. The Child, Youth and Family Services (CYFS) Rockdale and Wolli Creek Hubs administer a client experience survey to their clients, who are almost all from CALD backgrounds, to inform ongoing service delivery and design of services.

### **South Western Sydney Local Health District (SWSLHD)**

SWSLHD established the *Multicultural Partnership committee* to improve collaboration and communication between the district and CALD communities to improve health outcomes. The

district also launched a *Multicultural Partnership Strategy* at a Multicultural Health Week event in September 2023. External partners were consulted to review the overarching role of the committee, its membership and frequency and duration of meetings.

SWSLHD Board members and the Chief Executive met with the Arab Council of Australia and the Assyrian Australian Association to discuss community priorities and partnership opportunities. Meetings with the Vietnamese and Pacific communities will occur in 2024-25.

In response to high rates of stroke and delayed hospitalisation of Vietnamese patients, a stroke information stall was conducted at the 2024 Lunar (Tet) Festival. Based on a survey with 183 community members, stroke awareness workshops were developed and conducted for the community with three workshops held so far for Vietnamese bilingual workers (25 participants) and the general public (80 participants) to improve stroke awareness and services.

### **Sydney Children's Hospital Network (SCHN)**

The *SCHN Strategic Plan 2023-2027* outlines priorities targeting enhanced wellbeing and health equity for CALD communities, including the *Providing Enhanced Access to Health Services* (PEACH) program. This program is improving service equity for children and young people from priority populations, including people from refugee and refugee-like backgrounds. A statement of intent has been developed outlining SCHN's objective of prioritising care for priority populations, including refugees. Implementation is currently underway with clinical teams focusing on existing models of care and service delivery methods.

### **Sydney Local Health District (SLHD)**

The District developed and released the SLHD [CALD Health Strategic Plan 2022-2026](#). As part of this project, the membership of the SLHD CALD Health Committee was refreshed. Members include District Senior Executives and representatives from across all facilities and services to oversee and report on the implementation of the new Plan.

A District-wide Consumer Engagement Study was conducted in English and nine priority languages, via intercept and on-line surveys across hospital wards, outpatient clinics, and community health settings. There were 645 responses, with 49% of participants speaking a language other than English at home. Findings will inform service delivery, communication, wayfinding, and engagement strategies for CALD patients. In-language consultations were also conducted with seven priority CALD communities to inform the development of the SLHD *Strategic Plan 2024-2029*.

[Healthy Beginnings for CALD Communities](#) aims to enhance Perinatal, Child, and Family Health services for CALD communities. An interactive in-language website, co-designed with CALD mothers and health professionals, has been developed, informed by a national survey, telephone interviews, co-design workshops, and Facebook crowdsourcing.

### **Western NSW Local Health District (WNSWLHD)**

WNSWLHD values community engagement and partnerships in service design, delivery and evaluation. Community members from CALD backgrounds have contributed to planning and design of services including domestic violence prevention and responses, population health resources, health promotion and women's health. CALD representation and contributions have also been included in the Bathurst Health Service Redevelopment Project and the Women's and Children's Clinical Service Plan.

### **Western Sydney Local Health District (WSLHD)**

WSLHD Multicultural Health has established CALD health reference groups for Afghan, African, Refugee, LGBTQI+ and Pasifika communities to contribute to health service and programs planning. Examples of system focused changes which resulted from this are:

- Needs of patients/consumers from Pasifika backgrounds are recognised in WSLHD 5-year clinical services strategic plan for the Women’s Health Network and Blacktown/Mt Druitt Hospital 10-year clinical service plan, and improvements in care delivered by Blacktown hospital renal and cardiology departments and WSLHD rheumatology service.
- The WSLHD First 2000 days forum and Syphilis strategy used CALD patient case studies and experiences to recognise their specific needs in developing implementation plans.
- Improved care pathways and care navigation for CALD women in pregnancy, care pathways and safety-netting for women without Medicare and culturally sensitive caseload midwifery for Pasifika community have been identified as 5-year strategic development priorities for the Women’s Health Clinical Network.

## 1.2 Models of Care

*Please provide information about new or improved models of care or other strategies that your organisation has developed or implemented to meet the needs of CALD consumers*

### Agency for Clinical Innovation (ACI)

The ACI undertook a project to identify and share four regional local health district refugee health service models with the support of the NSW Refugee Health Flexible Fund which included perspectives of bilingual workers, multicultural health workers and multicultural liaison officers. In late 2022, the ACI published [implementation tools and resources online](#) to support regional districts that might establish a refugee health service to accommodate new settlements.



**Delivering healthcare to refugee communities in regional NSW**  
NSW GOVERNMENT Agency for Clinical Innovation

**Delivering healthcare to refugee communities in regional NSW**

A guide for healthcare workers and their community partners on how to establish trauma-informed and culturally-safe health services for refugee communities in regional NSW.

### Bureau of Health Information (BHI)

In October 2023, BHI released a new report titled [The Insights Series: Hospital care experiences for people who mainly speak a language other than English](#), which was commissioned by the Ministry’s Health and Social Policy Branch. The report used data from more than 22,000 people who mainly speak a language other than English at home between 2017 and 2022 from the Adult Admitted Patient Survey and Emergency Department Patient Survey. The report shows linguistically diverse patients’ overall ratings of care have improved over time. However, their experiences continue to be less positive than those who speak English. Linguistically diverse patients were also much more likely to say they received contradictory information.

This information provides transparency for consumers and the community, and allows policymakers, system managers and healthcare professionals to see where services are performing well and where additional improvement efforts are needed.

## **Cancer Institute NSW**

The Patient Reported Measures (PRMs) surveys have been expanded to support patients from 10 language groups - Arabic, Vietnamese, Chinese simplified, Chinese traditional, Korean, Greek, Spanish, Italian, Maltese and Macedonian - to provide feedback in their language on how care is affecting their wellbeing. The program is being used in 33 cancer centres across twelve districts. Following successful implementation of a [pilot project](#) to support cultural navigation in cancer services in SWSLHD, additional funding will be provided by the Institute to other LHDs with high CALD populations to assist implementation of in-language PRMs and develop referral pathways to address unmet needs.

## **CCLHD**

The Diversity and Inclusion portfolio proactively seeks partnership opportunities with internal and external services to support improved access and quality of clinical services for people from CALD backgrounds. An example is the *Increasing Vaccine Access for CALD Communities on the Coast (I-VACCC)* Project through a partnership with the Public Health. The project increased vaccination rates for CALD communities on the Central Coast, built upon key working relationships with other local organisations, and most importantly built trust and rapport with community.

## **Centre for Oral Health Strategy (COHS)**

The *Refugee and Asylum Seeker Oral Health (RAS)* Project has been running since 2021 and aims to promote culturally sensitive oral health care and improve access to preventive oral health advice and care. The project partners with local health district's oral health services, refugee health services and multicultural health services, as well as local organisations. The program has expanded across metropolitan local health districts and has streamlined processes for refugee and asylum seeker patients, including improving access to interpreter services. The Ministry recently extended funding to continue the RAS project to 30 June 2028.

## **Centre for Population Health (CPH)**

CPH has recently released a range of population health strategies with a focus on priority populations including people from CALD backgrounds, including:

- NSW Hepatitis C Strategy 2022-2025, released in July 2022
- NSW Healthy Eating and Active Living Strategy 2022- 2032, released in September 2022
- NSW Sexually Transmissible Infections Strategy 2022- 2026, released in September 2022
- NSW Hepatitis B Strategy 2023-2026, released in February 2023.

The strategies commit to NSW Health partnering with priority populations to effectively implement each strategy. Actions across the strategies include strengthening access to information and support programs to address inequities and meet the needs of individuals and communities, including in key settings such as early childcare centres, schools, custodial and maternity settings.

## **FGM/C Program**

The Program implemented three new Midwifery continuity of care clinics for FGM/C affected women, bringing the total number in NSW to eight. This model ensures care is delivered by a trusted midwife at every appointment. Midwives are supported through specialised training and connection to the FGM/C Community of Practice. This approach ensures the delivery of high-quality, integrated, trauma-informed, and culturally safe care.

The Dandelion Project has commenced to deliver a wellbeing pathway for pregnant women affected by FGM/C in SWSLHD by filling the gaps in current service delivery. Six FGM/C affected women have been consulted to inform best practice. A high-quality model of care will be co-designed by the end of 2024, with the potential to be rolled out across other LHDs in 2025.

The BCE peer led model now works alongside 16 BCEs who deliver health information and education as well as provide feedback on context and appropriateness of new health education programs.

### **HNELHD**

Each year, 10 fifth-year medical students from the University of Newcastle do five-week placements with the Multicultural and Refugee Health Service. Every student undertakes at least two patient experience interviews, with patients who have recently accessed the health system in Emergency, Inpatients, Outpatients and/or Community settings, and require an interpreter. The Medical Students conducted Exit Interviews with over 50 families who arrived in Newcastle and Armidale between 2022-24. The interviews provided excellent feedback on what is working well and what can be improved by the Refugee Health Service. The interviews also provided feedback for Oral Health, Emergency and Outpatient services.

The Population Health *HIV MyTest Vending Machines* program has included significant community scoping and engagement. The team consulted widely with multicultural organisations and communities. The consultations assisted in the placement of the vending machines, and in raising community awareness to opening discussion around HIV and testing.

### **ISLHD**

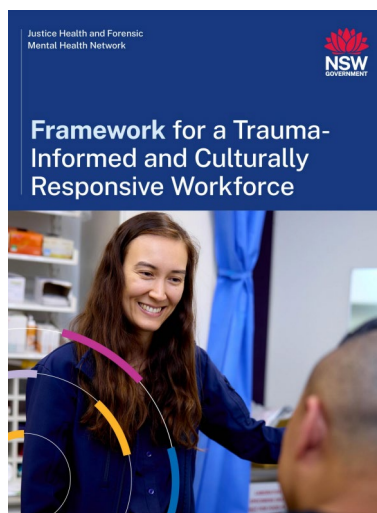
In partnership with the Wollongong Hospital Paediatric Service, a monthly clinic is conducted for newly arrived priority refugee children and reviewed by the Head Paediatrician. Across 2023-24, the clinic has undertaken over 30 assessments of children.

The Multicultural Health Service has collaborated with the University of Wollongong (UoW) and ISLHD Maternity Services to create a new training package to promote culturally responsive practice in maternity services which consists of 10 modules incorporating videos and evidence-based training. The modules are based on authentic narratives from refugee people and their experience of maternity and birthing services.

The training package has been embedded in the UoW Bachelor of Nursing course for first year students. There is an implementation plan to test the package with hospital staff in 2024-25. The Maternity Services have nominated clinicians to undertake a final review before rollout of the program, together with staff from the NSW Refugee Health Service.

### **Justice Health NSW**

Through the [Harmony and Healing Project](#), Justice Health NSW developed a *NSW Framework for a Trauma-Informed and Culturally Responsive Workforce* (the Framework) to enable staff to confidently work in a trauma-informed and culturally responsive way within secure settings. The project was funded by the Ministry's first Refugee Health Flexible Fund.



Alongside the Framework are a range of supporting resources to support leaders, managers and staff to develop their individual, team and organisational capability in trauma-informed and culturally responsive practice. They include the 'Trauma-Informed and Culturally Responsive Organisational Capability Checklist' and 'Trauma-Informed and Culturally Responsive Self-Assessment Tool'.

### **MHB**

NSW Health established the Transcultural Mental Health Line (TMHL) in 2022, hosted by the Transcultural Mental Health Centre (TMHC). The TMHL supports improved access to mental health services for people from CALD communities by offering in-language and culturally sensitive telephone and virtual support to callers from experienced bilingual mental health clinicians. Since its commencement, the TMHL has taken more than 1152 calls in 47 community languages, delivered 1,700 hours of clinical care and support to CALD communities across NSW.

### **NBMLHD**

The Change Team in Nepean Redevelopment ensures the Multicultural Health Service is involved at the development stage of Models of Care. A new Palliative Care Unit is planned for Nepean Hospital and consultations were conducted with 16 different CALD communities for specific considerations in the model of care. NBMLHD Mental Health is hosting STARTTS outreach clinics to address the needs the refugee population settling in the NBMLHD.

### **NSLHD**

- NSLHD Health Promotion developed a communication strategy targeted at increasing the participation of Cantonese and Mandarin expectant parents in childbirth and early parenting classes at Royal North Shore Hospital. Implementing this targeted strategy resulted in eight in-language classes being held in 2023-24, including birthing, parenting and breastfeeding classes.
- In 2024, the Chronic Disease Rehabilitation Service (PaCH) introduced a new model of care for lung cancer rehabilitation with a video interpreter provided at in-person appointments.
- The *Beyond Language: Breast Screening for Multicultural Women* initiative boosted breast screening participation by eight per cent among CALD women with limited English by implementing a comprehensive screening model and regular video interpreter bookings.

### **NSW Education Centre Against Violence (ECAV)**

Migrant and refugee populations are identified as priority populations under NSW Health's Domestic Violence Policy and Domestic Violence Strategy 2021-2026 as well as the NSW Refugee Health Plan 2022-2027. The release of new DFV legislation and coercive control legislation in 2024 has prompted ECAV to integrate these topics into all ECAV trainings. It is also the theme for the 2024 Interpreter and BCE Forum about working with CALD communities which will explore FGM/C, domestic slavery including underaged and forced marriage as well as dowry abuse.

In 2024 ECAV has also included changes to a program called 'Family Harmony and Healthy Relationships' used by BCEs to talk to communities in their language around DFV. The program now includes a focus on the impacts of DFV on children and a section on working with men, whereas previously it focussed solely on victim/survivors.

### **RHS**

- A Health Literacy Working Group established a process within the RHS to ensure resources are developed to meet the needs of CALD consumers.
- A service response to domestic and family violence is providing training, referral pathways, and support to clinical staff.
- Review of the Child and Family Health model of care in response to increased referral numbers.

- Quality improvement project with Asylum Seeker Advocacy Clinical Team to increase clinic capacity in response to more patients without Medicare seeking assistance.
- Strategies to improve access to health care for people fleeing the Israel-Gaza conflict, including developing [fact sheets](#) for General Practitioners (GPs) and patients, presentations to community, links to pro bono GP networks, and advocacy with the Ministry.

## **STARTTS**

STARTTS is committed to innovation, with new models of care over the last two years including:

- STARTTS obtained funding from SWSPHN for a mental health literacy and suicide prevention project with Assyrian and Mandaean communities, and from Nepean Blue Mountains PHN for a similar project with South Sudanese and Arabic speaking communities. SNPHN funding enabled expansion from Ukrainian and Tibetan to also include Iranian and Afghan communities.
- STARTTS received funding from the NSW LGBTIQ+ Health Strategy Flexible funding pool to deliver Inclusive Practice Training for NSW Health staff with focus on needs and issues of LGBTIQ+ refugees and asylum seekers.
- [Witness to War](#) was implemented as a national multilingual hotline for people impacted by overseas conflict. Languages included Arabic, Dari, Hazaragi, Farsi, Hebrew, English and Ukrainian.
- Health in My Language project continued and added Cancer Screening sessions to the previous collection of sessions focused on COVID-19. Further Commonwealth funding for this program will focus on sexual and reproductive health in 24-25. Languages included: Arabic, Swahili, Spanish, Ukrainian, Assyrian, Chaldean, Dari and Pashto.
- A STARTTS partnership with the Cancer Institute of NSW culminated in the Cancer Awareness Day for African communities held in June 2024 with over 200 people participating.
- STARTTS Annual Mental Health Awareness Day, in collaboration with refugee-led organisations, was also held in June 2024 and attended by over 500 people.
- STARTTS obtained Australia Fellowships Grant to support seven Ukrainian mental health professionals to visit Australia and learn from STARTTS work with trauma as well as wider mental health community services. The Fellows remained in Australia from September to November 2023 and engaged and visited a wide range of mental health services (STARTTS, NSW Health, PHN and NGOs) in Sydney and regional NSW.

## **SESLHD**

In 2024 the CYFS and Public Health Unit (PHU) partnered to establish 20 free childhood immunisation clinics in locations with high communities with high numbers of people from CALD backgrounds (Hurstville, Rockdale and Wolli Creek).

The CYFS, HIV and Related Programs Unit (HARP) and St George Hospital Liver Clinic partnered to conduct a new outreach liver health clinic at the Wolli Creek Hub, which targets CALD communities with higher rates of Hepatitis B and C.

The Equity and Prevention Service established 2 full-time equivalent (FTE) designated bilingual health promotion officer roles to enhance capacity of SESLHD to engage with Arabic, Bangla, Mandarin and Mongolian speaking communities.

The Sydney Sexual Health Centre established a community-based HIV and sexual health screening clinic for Mandarin-speaking gay and bisexual men (Mandarin ATest). The weekly clinic is based at ACON in Surry Hills and is staffed by Mandarin-speaking nursing staff and peer workers.

## **SWSLHD**

Completed literature review and organised consultation with Multicultural Health staff on Eating Disorders to provide cultural insight for the SWSLHD Mental Health Eating Disorders Service, a



report was provided to help redesign existing staff training with a focus on the CALD demographics in the district.

*Arabic Bilingual Cancer Trial Navigator* project piloting the use of Arabic speaking clinical trial navigators to support Arabic speaking patients to make informed decisions about participation in clinical trials.

The *Fairfield City Health Alliance* (SWSLHD, Fairfield City Council and SWS Primary Health Network) ensures strategies to improve healthcare within the community are provided in multiple languages to cater for the large multicultural population of the Fairfield LGA.

### **Southern NSW Local Health District (SNSWLHD)**

The Brighter Beginnings team, which provides health and development checks for four-year-olds in preschool, has worked with the local multicultural centre to ensure that families from CALD backgrounds had translated resources available and also that the team had time to develop an understanding of the cultural expectations of children from multicultural backgrounds. This understanding meant that the clinicians were better able to target the information about expectations of children in the first year of school in an Australian setting.

SNSWLHD also undertook a project to understand and address barriers faced by CALD migrants in rural areas of Southern NSW. By partnering with five Multicultural Centres across the District, the team identified issues affecting individual communities, such as access to interpreters, domestic violence, and barriers to mental health support. The team provided tailored adaptations of state-wide health promotion initiatives, improved internal interpreter resources, and developed a CALD Healthy Eating program.

### **St Vincent's Health Network Sydney (SVHNS)**

SVHNS is a partner in a Modern Slavery Grant Project Team, receiving a grant in 2023-24 from the National Action Plan to Combat Modern Slavery. The Team has been working toward strengthening tools for clinicians to identify and respond to survivors of modern slavery and support them. Additionally, there has been a partnership with the Office of NSW Anti-Slavery Commissioner and collaboration with lived experience clinicians and the Salvation Army safehouse. The Project Team provides clinical support and guidance to frontline clinicians on how to navigate Modern Slavery systems and services. A significant proportion of victim/survivors of Modern Slavery are from CALD backgrounds.

The GPCanShare program provides GP liaison services based at the hospital. This supports GPs across Sydney with a focus on priority populations including CALD patients, with 10% of patients in the GPCanShare service being from CALD backgrounds.

### **SCHN**

The PEACH project recently conducted co-design workshops with patients and their families/carers from refugee backgrounds and SCHN staff to better identify problems, prioritise solutions and triage these for implementation.

Interventions so far include new in-language patient resources to simplify the process of accessing and renewing medications, prioritisation on waitlists for refugee patients with identified chronic and complex conditions and/or disability, and enhanced care coordination including a single point of contact and flexibility of appointment times for these patient cohorts. The resource to enhance access to affordable medications for refugee families has simplified the process of accessing and renewing medications, and this is reducing the need for patients and families to return to hospital.

### **SLHD**

The *RPA Virtual Hospital Palliative Care Services* delivered by Sydney District Nursing (SDN) and a multidisciplinary *Chronic Disease Palliative Care (CDPC) Service* recognising that 32% of SDN

palliative care patients and 50% of CDPC patients spoke a language other than English. Both services are designed to consider the needs of CALD consumers, and the specific cultural considerations related to death and dying. The palliative care patient information sheet has been translated into seven languages: Arabic, Greek, Italian, Vietnamese, Chinese Simplified, Chinese Traditional and Spanish.

The End of Life Care Resource Hub brings together a range of multilingual resources for patients and health practitioners. The Sydney Health Care Interpreter Service has handled 48 requests for interpretation in relation to Voluntary Assisted Dying. The Service also provided statewide training to interpreters on the legislation and their roles.

## **TMHC**

The [Transcultural Mental Health Line](#) (TMHL) has enabled TMHC to expand its model of care (MoC) through providing direct services to people from CALD communities. The expanded MoC provides transcultural mental health clinical services via two streams:

- primary level support and
- clinical consultation service (CCS).

To promote its expanded MoC, the TMHC has used innovative strategies to reach CALD communities with information about the TMHL, including Mindfulness webinars which include practical mental health literacy building. Mindfulness does not have the stigma that mental illness has in many CALD communities thus providing an opportunity to introduce mental health concepts in a culturally responsive way. With changing migration patterns and new and emerging communities growing in NSW, this approach meets the community where they are at with their mental health understanding and increases mental health literacy.

## **WNSWLHD**

The AROGYA Multicultural Health and Wellbeing program is addressing healthcare disparities for older migrants in Dubbo by providing monthly health information sessions and support in a culturally sensitive manner. Over six months, it delivered over 200 health checks and enhanced migrant families' access to healthcare and social connectedness. The program was co-designed with the multicultural community to ensure the program was delivering useful service information and education.

In response to identified needs from the community, the program has been extended to provide a free flu vaccination clinic, and planning has commenced for a women's health clinic.

## **WSLHD**

WSLHD convened the first Pacific Communities Health Forum to address significant health disparities and improve access for Pacific people in the district. It fostered understanding and collaboration to create culturally safe health improvements and equitable care.

Needs of CALD groups have been recognised in the WSLHD Thoracic Oncology Program Service Plan 2023-2028 and culturally tailored strategies identified to promote screening, assistance with care navigation, and provision of culturally informed care at all stages of the patient journey to improve lung cancer outcomes for CALD communities.

*Accepting Change: Maternal Health and Planning your Family in Australia* is a program codesigned with Afghan communities and in partnership with Auburn Maternity, Family Planning Australia, Safe Start and MotherSafe. The program addresses advanced maternal age in pregnancy, mental health of all the family and concerns about contraception. It includes a health education program, videos for men and women and a tour of local Family Planning clinics.

A new education module on osteoporosis prevention was developed in partnership with the Western Sydney University and implemented through the Bilingual Community Education Program.

## 1.3 Serving the needs of people from CALD backgrounds

*How has your organisation ensured that mainstream health services meet the needs of people from CALD backgrounds?*

### **BHI**

The findings from the report: [\*Hospital care experiences for people who mainly speak a language other than English\*](#) were communicated in multiple ways to ensure mainstream health care services were aware of the results. BHI conducted briefings with the NSW Ministry of Health, the NSW Minister for Health, local health districts and Pillars, and a range of external stakeholders. The results were publicly released on the BHI website and many mainstream media organisations reported on the findings. In June 2024, BHI also internally released data tables to the Cancer Institute NSW detailing experiences of care for people who mainly speak a language other than English at outpatient cancer clinics. These data tables reflect the experiences of 5,821 people aged 18+ who mainly speak a language other than English at home who completed a survey about their outpatient cancer clinic care in NSW facilities included in the survey between 2018–2021 and 2023.

### **Cancer Institute NSW**

Under a new Funding Arrangement with the Commonwealth Government, the Institute is partnering with Women's Health NSW and the Ethnic Communities' Council of NSW on new multicultural projects to explore and mitigate barriers to support colonoscopy access by multicultural communities within mainstream services.

The NSW Quitline, a confidential telephone information and counselling service to help smokers and vapers quit and stay quit, has expanded to include four dedicated telephone lines in Arabic, Cantonese, Mandarin and Vietnamese languages.

### **CCLHD**

CCLHD meets the needs of people from CALD backgrounds in mainstream services by utilising:

- virtual or onsite interpreter services
- translated communication cue cards
- communication apps such as CALD Assist and Vocable on ward iPads.
- Top5 in care settings

The Manager Diversity and Inclusion works with District staff and services regarding reasonable adjustments or modifications that can be embedded to assist with access and service quality for people from CALD backgrounds. For example, the Community Cardiac Services offer a group cardiac rehabilitation program, which has been made accessible for people from CALD backgrounds using telehealth and onsite interpreter usage. It has allowed inclusive access to services as well as fostering connections with other participants in a community group setting.

### **Far West LHD**

The district provides services in mainstream services informed by patient experience reports (*Hospital Care experiences for people who mainly speak a language other than English*) and other data that is provided to the Far West LHD through the Bureau of Health Information, community consultation and engagement processes. The LHD has worked in collaboration with HNELHD, which provides interpreting and translational services to consumers from CALD backgrounds. This has opened further opportunities to refer to internal supports for CALD Patients and their families including social worker support, carer support and mental health carer support.

## **FGM/C Program**

The Clinical Champion Network has grown to over 50 staff, who are connected to the NSW Community of Practice for training and development. They provide local service leadership and support, are a resource point, and positively influence local service quality.

The Dandelion Project aims to understand, consolidate, and improve the quality-of-care provision, by integrating the needs of women with the FGM/C midwifery and education approaches. Modifications to the mainstream health system include strengthening current referral pathways and partnerships, reviewing FGM/C midwife appointment times, developing a new assessment tool and practice guideline, and training midwives in specific skills relevant to assessment and referral.

Child Protection - the Program is an active member of the Sydney West Child Protection and Family Interagency Committee which guides and plans bimonthly meetings with over 170 members and 35 services across WSLHD to ensure the voice of the affected or at-risk community is heard.

## **Health Infrastructure NSW**

Health Infrastructure's Corporate Strategy 2021-2025 emphasises the importance of diversity and inclusion in our workforce and partnerships. This includes integrating feedback from CALD communities to inform project planning and delivery, ensuring that health facilities are culturally appropriate, welcoming and accessible. Health Infrastructure collaborates with clinicians, system managers, local health districts and community representatives to tailor healthcare infrastructure projects that address the specific needs of diverse populations. By incorporating innovative design solutions and engaging with local communities throughout the project lifecycle, Health Infrastructure aims to create health facilities that are welcoming and functional for all cultural groups. Commitment to sustainability and flexibility in all projects ensures that the facilities can adapt to future healthcare needs of CALD populations.

## **HNELHD**

The [LanguageMatters newsletter](#) is sent through HNE facility mail lists, and continues to receive high reading, completion rates, and positive feedback. The Sway newsletter is used as the main communication tool to build awareness of Multicultural and Refugee experiences, activities, interactions with the health service and to promote staff training.

Feedback from Services and Sectors strongly indicates that resources and information in the newsletter is supporting clinicians and services in improving their care of patients from CALD backgrounds.

## **ISLHD**

Patient Reported Measures (PRMs) are surveys that are collected in ISLHD in the Health Outcomes Patient Experience (HOPE) and Quality Audit Reporting System (QARS) portals. In HOPE, Outcome and Experience surveys are available in the 10 most spoken languages in NSW. Their responses are used to tailor health care which is responsive to cultural considerations to improve health care and quality of life. The QARS Patient Experience surveys specifically ask about language spoken at home but are submitted anonymously and aggregated responses are used to improve the quality of care provided to patients in settings where they are collected.

## **Justice Health NSW**

- The Suicide Prevention Outreach Team discuss cultural and language considerations with patients to gain an understanding of how this may shape their views and behaviours in the suicide context. This allows appropriate responses and supports to be incorporated into the individual's safety plan and overall care

- The Forensic Hospital has provided literacy educational courses through TAFE to improve comprehension for the CALD patient population. The Hospital also recruited to a permanent Speech Pathology position to assist in literacy and communication.
- Information posters in-language are now on display in clinical settings to inform patients that free, confidential interpreter services are available to them 24/7, as shown below:



**MHB**

The MH-CLSR program was funded to support at least 79 refugees and people seeking asylum at any given time, however in 2023-24 the MH-CLSR provided psychosocial supports to 275 consumers, many of whom would otherwise have limited access to mainstream health services.

The OPMH Service Plan Mid Term Evaluation found that more than half of the LHDs surveyed have taken part in CALD population policy or service developments. Much of this activity centred around staff education and translation of written resources. LHDs note that the TMHC plays a key role in supporting these efforts. The self-audit process demonstrated growth in identification of CALD populations and use of interpreters over the past two years.

**Murrumbidgee Local Health District (MLHD)**

MLHD has undertaken the following initiatives:

- Development of high-risk Medicare ineligible check list for Griffith Base Hospital.
- Vaping education to CALD populations at TAFE.
- Tours of Wagga Wagga Base Hospital for newly arrived refugees.
- Get Healthy Service promotion together with the MLHD Refugee Health Project Officer.
- Mapping and consultation with CALD communities around the Healthy Ageing portfolio review
- Oral Health provides an active triage service for newly arrived refugees in the Wagga Wagga community and provides timely access for urgent dental care when required. Refugees are eligible for a general course of dental care over the first 12 months of arriving and are placed on wait lists to access this care during this period.

## NSLHD

In 2023-24 the Sexual Health Service developed innovative strategies to address emerging health issues and build capacity to meet the needs of people from CALD backgrounds, including:

- Training Macquarie University staff working with international students on sexual health.
- Training Residential Advisors/Peer Leaders at colleges at the International School of Business Management, Manly, to support and educate international students about sexual health.
- Establishing onsite testing and contact-tracing services for Sex Industry Workers from CALD backgrounds, as well as implementing an eight-week Mpox vaccine clinic.
- CALD members are involved in the new Community Partnership Group to assist staff to improve the sexual health of gay men and men who have sex with men in the district.

## NNSWLHD

The district has undertaken outreach and community engagement initiatives to improve access to healthcare by people from CALD communities. As a result, Women's Health Clinics across the LHD have reported an increase in the number of CALD clients booking healthcare assessments. A targeted activity with the Child & Family Nurses and the Japanese community was also provided to address their request for child development and wellbeing information at playgroup sessions.

## RHS

The service offered training to mainstream health services, including a bimonthly online [Refugee Health Seminar Series](#), in-services, conference presentations, and interactive learning experiences such as the Refugee Camp in My Neighbourhood at Western Sydney University and Liverpool Hospital. The service also provided advice on service designs, including for a specialist menopause service in SWSLHD, and advice to the Ministry on Urgent Care Services.

## SVHNS

Education is provided to staff about religious holy days to support how care is provided to patients. Provision of religiously appropriate food to patients from diverse backgrounds is also provided for religious festivals.

The Clinical Research Unit for Anxiety and Depression (CRUFAD) team has been investigating uptake of SVHNS' multilingual online mental health resources hosted via [THIS WAY UP](#). As of January 2024, the resources had been accessed more than 34,000 times, averaging 1,200 views per month since launch.

## Multilingual mental health resources, THIS WAY UP Digital Mental Health Service

<https://thiswayup.org.au/coping-and-resilience-tools/multilingual-resources/>

Access our translated Coping Tools and Worksheets in common languages other than English.

Developed in collaboration with the New South Wales Multicultural Health Communication Services and funded by the New South Wales Ministry of Health

multicultural communication

Developed in collaboration

THIS WAY UP 11

CRUFAD  
Clinical Research Unit for Anxiety & Depression

NSW Multicultural Health Communication Services

## STARTTS

STARTTS continued to deliver regular professional training and other forms of capacity building to mainstream health services including:

- A range of training and professional development activities directed for health and mental health workers to respond to and meet the needs of survivors from diverse cultural and linguistic backgrounds who have experienced refugee related trauma.
- NSW Health's [LGBTIQ+ Health Funding Pool](#) enabled STARTTS to deliver Inclusive Practice Training for health staff and support SLHD with development of their training for Health Care Interpreters.
- Additionally, STARTTS LGBTIQ+ staff deliver training to interpreters, settlement, health and LGBTIQ+ services with WentWest funding through the [Walk On Walk Strong](#) project supports LGBTIQ+ people with refugee and asylum-seeking backgrounds in Australia through peer-led support groups, co-creating a safer space for sharing experiences, and accessing information. The project won a [Rainbow Inclusion Award](#) at the 2024 [Mental Health Matters awards](#) ceremony.

## SESLHD

Multicultural Health in the Equity and Prevention Service developed a CALD Self-Assessment Tool mapped to the *NSW Plan for Healthy Culturally and Linguistically Diverse Communities; National Safety and Quality Health Service Standards* and the *SESLHD Exceptional Care, Healthier Lives Strategic Plan* to support services in demonstrating compliance with these plans and identifying quality improvement activities.

The CYFS established place-based health initiatives at Rockdale Hub and Wollie Creek Hub to improve access to health and social care services for people from CALD backgrounds. Cross-cultural workers in maternity and CYFS services support women and families from CALD communities to access and maintain ongoing engagement from birth until a child is 5 years old.

The Sydney Sexual Health Centre (SSHC) Thai and Chinese speaking Health Education Officers provided in-language resources, bilingual outreach services and support to access Thai and Mandarin versions of the 2024 SSHC patient satisfaction survey.

Prince of Wales Hospital (POWH) translated and delivered the Real Time Patient Experience Survey with the support of interpreters to support the response rate for consumers from CALD backgrounds in line with their admission rates to POWH.

## SWSLHD

*Exploring the potential of AI combined with Health literacy training to produce multilingual health information:* The Health Literacy Unit, Multicultural Services, partnered with the University of Hong Kong and Griffith University to run workshops with a multidisciplinary group of students on preparing health information resources, health literacy and the use of generative AI. Results suggest that while AI technology is still not perfect in Chinese, combining health literacy principles with AI and consumer testing shows promise for the future of mainstream services with limited funding for health translations.

*The Natural helper (NH) project* is a consumer-partnership initiative that enables healthcare providers working in chronic and complex care clinics across the district to work together with a volunteer consumer mentor from a CALD community to better support their patients. The Consumer Mentor has a lived experience of the chronic condition, has successfully navigated healthcare for their condition and identifies with one of the target CALD communities. The mentors volunteer in participating clinics, engage with healthcare providers on a regular basis and are matched with consenting patients for up to six months. The mentors provide social and emotional support to patients, while also reinforcing messages of the healthcare team and encouraging patients to adopt

an active role in their chronic disease management. Currently 13 mentors from Arabic, Assyrian and Vietnamese backgrounds are participating in the program.

### **SCHN**

SCHN's eMR platform has been modified to include fields for identification of patients from priority populations. A pop-up tile appears on the patient demographic page alerting staff that the patient identifies as being from a CALD, refugee and/or asylum seeker background, with links to resources and services that are available to enhance engagement. This includes tips such as accessing interpreters, care coordination services, assertive follow-up, the NSW Health appointment translation tool and resources in diverse community languages.

### **SLHD**

SLHD has delivered community-based health clinics in partnership with local CALD organisations across the district, with a focus on areas with a high proportion of refugee and emerging CALD communities. The clinics have included child and family health, community paediatrics, dietetics and fussy eating, oral health, speech pathology and language screening, cancer screening, sexual and reproductive health, counselling on domestic violence and sexual assault, smoking cessation, pain management, and falls prevention programs.

The SLHD Public Health Unit delivers vaccination clinics at Intensive English Education Centres in Alexandria and Marrickville at least four times per year. Vaccinations are provided to newly arrived migrants, refugees, and international students, with a focus on Medicare ineligible community members.

Findings from the Florence Kiosk CALD User Experience Assessment and in-language survey will inform improvements to the Florence digital patient navigation capabilities across district facilities and support CALD consumers in managing appointments and communicating with clinics.

### **TMHC**

The TMHC modified its mainstream education and training package for mental health professionals '*Transcultural Mental Health Care with Refugee & Migrant Communities*' to present an introductory session for community managed organisations supporting communities affected by the Gaza conflict. The aim of the training was to build skills, knowledge, and confidence of mental health workers in engaging with CALD communities affected by ongoing and emerging international events.

### **WSLHD**

The WSLHD Sustaining NSW Families program reviewed its access criteria to allow assistance of health care interpreters in therapeutic engagements with mothers/carers who have limited or no English proficiency. This change improves access to and participation of vulnerable at-risk families from CALD backgrounds in the program enhancing child wellbeing and developmental outcomes.

Multicultural Health, in partnership with STARTTS developed a glossary of terms relevant to CALD LGBTIQ+ communities when using health services which will be launched in 2024-25. This glossary is translated into two languages (Mandarin and Arabic) by a panel of WSLHD health care interpreters and checked by communities. An implementation plan, including training is also being prepared to ensure WSLHD departments are supported to use the glossary.



## *Focus: Case studies: how have NSW Health organisations assisted people from CALD backgrounds?*

### **Cancer Institute NSW**

The Multicultural Strategic Advisor is a member of the WSLHD Crown Princess Mary Cancer Centre Project Advisory Group, which is implementing a model of care to ensure that patients from a CALD background receive culturally responsive care prior to their presentation at the cancer care centre.

### **FGM/C Program**

Late disclosure of Type 3 FGM/C at 35 weeks gestation at Wollongong Hospital: the obstetrician was unsure how to manage the situation, so a caesarean was booked. A local Midwife Champion for FGM/C advised the obstetrician to call the NSW Education Program on FGM/C. We discussed the situation, prioritised the woman's needs, identified systems gaps and skill deficits and agreed on a staff support plan to enable the woman's preference for intrapartum de-infibulation rather than an elective caesarean operation. Team training for birth unit staff on the de-infibulation procedure was co-presented by the Program and two clinical experts via MS Teams using the RANZCOG educational video. The procedure was performed in early labour after epidural insertion. This case helped identify a gap in the system on de-infibulation training for obstetricians/midwives across the NSW Health system.

### **Mid North Coast Local Health District (MNCLHD)**

Many individuals and families must travel to John Hunter Hospital and Sydney hospitals for specialist appointments and surgery that is not available locally. One family from a non-English speaking background has two boys aged 6 and 9 years who have been diagnosed with nephrocalcinosis since arriving in Australia. The family regularly travel to Westmead children's hospital to see the paediatric renal physician and paediatric ophthalmologist. This involves organising pathology and scans prior to appointments and coordinating travel, accommodation and completing Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) forms for the family on return. The family do not speak or read and write in English so the use of interpreters at every health encounter is essential. The refugee health clinic assists with this time intensive work to ensure the parents can navigate the travel and the health system with confidence. A further video case study is available [online](#) at 2:50min-5:20min, which was spotlighted during a MHCS Multicultural Media Online Conference on IPTAAS.

### **NBMLHD**

- Cultural Safety Risk was registered in the ERMS system and is a standing agenda item at the Multicultural Health Governance Committee meeting. Development of Local Service CALD Implementation Plans is a control for cultural safety risks.
- A new NBMLHD Mental Health Refugee Week Forum event was held to celebrate 2024 Refugee Week within Pride Month in partnership with the NBMLHD Mental Health Service.
- For World Diabetes Day the NBMLHD Paediatric Diabetes and Weight Management services partnered with the Multicultural Health Service to develop prevention posters in 18 languages and videos in five priority languages focusing on the four early signs to diagnose type 1 diabetes in children. The event will now be held annually due to its success.

### **NNSWLHD**

The NNSWLHD Multicultural Strategies Officer, within the Priority Populations portfolio, has a strategic role and supports staff and consumers to improve access and quality of clinical care,

including in a case of a refugee family who presented with complex and chronic health issues within a mainstream, regionally based health system. The role provided:

- Assistance and education about the use of interpreters.
- Context to the refugee experience (e.g. barriers to health care access, communication difficulties, low levels of health literacy).
- Advice to staff about what adjustments may be needed.
- Coordination and advocacy for accessible transport, access to CALD specific disability services, as well as identifying gaps and following up on access issues experienced by the family.

### **NSLHD**

There was a middle-aged woman of Chinese background with limited English proficiency and a diagnosis of treatment resistant schizophrenia, which posed challenges in accessing mental health services. She was referred to the Multicultural Health team and had a bilingual mental health clinician fluent in Cantonese as her case manager. This allowed her to communicate her thoughts, feelings and concerns more openly and accurately in her first language to support her recovery.

### **SVHNS**

Mr K, born in Greece, lived with his wife, son, and mother. The family cared for their father at home until he passed away. Mr K was in intensive care in December 2022 with severe Guillain-Barre syndrome, then a six-month admission. In November 2023 he transferred to rehabilitation, dependent on physical support, a breathing tube, and unable to eat. Although a nursing home was recommended, the family wished to care for him at home. The social worker took time to understand the family's culture and heritage and advocated for the family's preference. With support, Mr K and his wife learned to manage his care. He was discharged in February 2024. Today, Mr K is thriving, he no longer has a PEG tube, walks unaided, enjoys a full diet, and spends time in the garden. Mr K and his family are grateful their wishes were understood and supported, allowing Mr K to achieve significant progress at home.



### **SESLHD**

In July 2024, the Sydney Sexual Health Centre (SSHC) was contacted by the Public Health Unit about a symptomatic urethral meningococcal notification potentially linked with a local massage parlour. The workers at the parlour came from a range of Asian countries including Japan, Korea, China, Malaysia, Vietnam and Thailand. In collaboration with the PHU, with SSHC specialist medical and nursing staff, the bilingual Health Education Officers (HEOs) advocated strongly for a public health

response that maximised public health outcomes, whilst also respecting the confidentiality and agency of the workers. The Chinese and Thai speaking HEOs made multiple visits to the parlour and linked establishments to meet with the owners and workers to provide health education and link them into sexual health services for screening and vaccinations.

### **SCHN**

The SCHN Diversity Health Coordinator was contacted by one of SCHN's Emergency Departments following use of an interpreter for a patient after a traumatic accident. The interpreter was not provided with a sufficient briefing prior to interacting with the patient and family, which impacted the effectiveness of the interpreting and the patient and family's experience. Following debriefing with the interpreter and clinical team, an opportunity for improvement was implemented, with the aim of clinical staff regularly pre-briefing health care interpreters when there are patient presentations to ED for trauma injuries.

### **SLHD**

A bespoke program within the District's [Cultural Support Program](#) is the Clinical Concierge Program (CCP), an innovative CALD Patient Navigation Model of Care designed to enhance healthcare access and outcomes for CALD clients by providing culturally sensitive in-language support, enhancing health literacy, and ensuring that CALD clients navigate the healthcare system effectively. The CCP matches patients with Clinical Concierges (Cultural Support Workers) who are carefully selected and trained to deliver culturally appropriate, in-language support and education. The Clinical Concierge role has demonstrated versatility across clinical areas including HIV, breast cancer and chronic hepatitis B.

### **TMHC**

A son/carer, who is Australian born from a CALD background, contacted the TMHL to seek support for his 70-year-old mother, who mainly speaks a language other than English. His mother had become increasingly paranoid and anxious and had a limited history of service engagement. The TMHL discussed the potential benefit of an assessment by the Older Persons Mental Health Service to rule out psychosis or other mental health conditions and provided a warm handover. The TMHL clinician advised that the mother did not have insight into her current mental state with symptoms increasing in severity. This information initiated a referral, the need for an interpreter and need for the son to be present at the time of assessment.

### **WSLHD**

An Afghan woman entered postnatal psychosis following birth of her first child which required a tailored multidisciplinary approach integrated with linguistic and cultural support. A Dari Bilingual Health Worker was engaged to support the patient's needs and develop an integrated care and discharge plan. This support was crucial for effective communication, culturally appropriate education and establishing respectful, trusted relationships with the woman and her husband. Ensuring the husband's involvement in the care created a supportive environment conducive to the patient's recovery. Engaging the Bilingual Health Worker ensured care was provided within an appropriate cultural context which supported better understanding and effective application of the health advice, bridging the gap between medical advice and cultural beliefs. Following discharge, contacts with the family were maintained, linking them to local support and ensuring the well-being of both mother and baby.

## Outcome 2: NSW Health supports people from CALD backgrounds to be active partners in decisions about their healthcare

*NSW Health uses the effective communication strategies for specific programs and initiatives, including through bilingual staff from CALD backgrounds. Communication and education programs are designed with and for CALD communities and are culturally relevant and sensitive to the needs of people from CALD backgrounds. NSW Health also uses technology effectively for engaging and communicating with people from CALD communities.*

### 2.1 Inclusion

*How has your organisation included CALD consumers, their carers and families when developing, implementing and evaluating programs, projects and resources? How effectively are they involved in improving the safety and quality of services?*

#### **Cancer Institute NSW**

110 people from multicultural organisations and the community across seven language groups (Arabic, Cantonese, Greek, Korean, Mandarin, Punjabi and Spanish) were consulted to understand how stigma can impact health behaviour and how to address this through appropriate strategies. Community consultations were undertaken in-language with the help of a bicultural facilitator. Their recommendations will inform a communication and engagement framework.

The 2023/2024 [Breast Cancer Doesn't Wait campaign](#) concept underwent CALD audience pre-testing to refine creative execution and messaging. The campaign features talent from CALD backgrounds, with general practitioners from Cantonese, Mandarin and Arabic were featured in videos to promote breast cancer screening with this audience. Media channels were chosen that best reach Mandarin and Cantonese-speaking women for the BreastScreen NSW campaign.

#### **CCLHD**

Consumer and community engagement has occurred throughout the year at local multicultural events such as the Multicultural Expo, via the district's consumer feedback process, and by strong relationships that have been developed with key agencies such as Mosaic Multicultural Connections, Central Coast Community Council, Hunter New England and Central Coast Primary Health Network and Central Coast Multicultural Interagency. This has facilitated feedback and insights regarding service accessibility, interpreter usage, and where improvements could be made to ensure CALD consumer and carer needs are met. The Manager Diversity and Inclusion works to drive changes at a local level, including targeted staff and community education, as well as resource development.

#### **eHealth NSW**

eHealth NSW established a Diversity Council in November 2022 to increase awareness as well as celebrate eHealth NSW's diverse workforce. The initial focus has been to update the eHealth NSW culture calendar to ensure important cultural and religious dates are acknowledged and celebrated throughout the year. The Diversity Council is also establishing networks for education and support across the organisation to support people from CALD and other diverse backgrounds.

#### **FGM/C Program**

The Program's Strategic Response Committee fosters strong partnerships with key stakeholders, policy and decision makers including the Ministry and is supported by the WSLHD Executive team.

In March 2024, the Program hosted *Her voice her future - investing in the survivor led movement to end FGM/C* forum to acknowledge the International Day of Zero Tolerance for Female Genital Mutilation/Cutting. The event provided a platform for insightful discussions, inspiring speeches, and meaningful reflections. It was supported and attended by WSLHD Executives, academics, NSW police and health staff, as well as over 50 members from affected communities including religious leaders, foreign diplomats and clinicians.

### **GambleAware Multicultural Service**

Following each counselling session, clinicians at the GambleAware Multicultural Service offer their clients the “Client Service Experience” survey translated into Arabic, Traditional and Simplified Chinese and Vietnamese languages and informs service development.

### **ISLHD**

The *Use of Interpreter Improvement Project* incorporated consumer voices in its development to improve interpreter use in the Wollongong Hospital. SCARF Refugee Support Wollongong was a consumer partner in this successful project where 33 patients from refugee backgrounds shared their experiences at the Hospital. The project significantly improved the use of interpreters over 2023-24.

### **MHB**

Working with refugees and asylum seekers, Mindgardens co-designed an evidence-based lifestyle intervention for people living with poor mental health. The two-year project was overseen by the MHB and funded under the Ministry’s first Refugee Health Flexible Fund. Mindgardens set up a physical activity facility, “Addi Moves” and provided over 1,000 supervised exercise sessions to both staff and consumers over 2022-2024. This resulted in additional funding for higher degree research student scholarships for both local and international candidates.

The MH-CLSR program providers are increasingly utilising bicultural and/or bilingual workers as case workers working with program consumers.

### **NBMLHD**

Aligned with the *NBMLHD Multicultural Aged Care Implementation Plan 2022-2025*, the Aged Care Service delivers four health literacy sessions per year on the topics of Dementia and Falls Prevention. The Arabic Community leader played a pivotal role in developing culturally appropriate content for the Dementia Community Presentation. This health literacy presentation was also delivered to the Arabic, Turkish, and Spanish communities.

### **RHS**

- People with lived experience are participants in quality improvement projects at RHS. Satisfaction surveys are also being trialled for patients at our Refugee Health Nurse Program.
- People with lived experience co-facilitate For a Good Life – Refugee Carers’ program delivered by RHS and are involved in planning processes for the group.
- Dari and Arabic speaking communities were consulted on their information needs on refugee nutrition to ensure information is relevant and appropriate to refugee participants.
- Feedback from consumers with lived experience as part of the Co-designed Resources for Syrian and Iraqi People with Disability Project.
- There is review by Bilingual Community Educators on new RHS resources developed.

## NNSWLHD

### Byron Digital Literacy Focus Group

A series of focus groups were run with CALD communities across NNSWLHD. The groups discussed ways they were accessing and sharing information, how they were networking with their language communities, what challenges and opportunities they experienced to improve their settlement experiences, including their experiences of healthcare. This was a project delivered in partnership with TAFE, Southern Cross University, Northern Rivers Community Legal Service, and Northern Rivers for Refugees.



Participants requested support to build online networks and increase face to face connections within local CALD communities. Funds have been sought, in partnership with community agencies (including refugee settlement support groups and TAFE), to support social networking within CALD communities. Co-design principles have been used to ensure consumers are actively involved in the development, implementation and evaluation.

## SVHNS

Patient feedback is gathered via real-time feedback using the Net Promoter Score survey in multiple languages. The SVHN Homeless Health Team has been supporting a group of people who have experienced homelessness and face barriers to accessing services due to their not holding Australian permanent residency. This lived experience group has informed advocacy to government departments and members of parliament requesting more equitable access to health, housing and support services.

## SWSLHD

**Living well with kidney diseases** is a well-being and self-management education initiative successfully implemented at the renal satellite unit at Campbelltown Hospital. Using a 6-week interactive approach, each 1.5-hour lesson is run during patients' dialysis sessions. The project also addressed allied health access issues by integrating sessions by multidisciplinary clinicians. Evaluation highlighted high satisfaction with workshop content and usefulness of practical tools. The combination of educational workshops, skill-building sessions, and ongoing support has facilitated

substantial improvements in knowledge, attitudes, and behaviours related to personal health and wellness.

The district ran a pilot project, **Building community resilience in disasters**, for multicultural communities in South West Sydney. An interactive community education package 'Building Community Resilience in Disasters Toolkit' was developed to increase community awareness, knowledge, and engagement during disasters, with a focus on extreme heat. A peer education model was used to educate community members about how to protect themselves and their families. Twelve education sessions were delivered in Arabic, Chinese, Dari, Tongan and Vietnamese, which were attended by 262 community members.

There was a two-fold increase in participants' awareness of "how to minimise the effects of a heatwave", "signs of heat exhaustion" and "signs of heat stroke". Almost all participants reported improved knowledge of "what to do during a heat stroke". The improvements were consistent among all the language groups and almost all the participants reported increased awareness in the seven domains surveyed.

**The Bilingual Community Education program** recruits and trains health educators to provide health education to CALD communities in language. From July 2023 to June 2024, 67 education sessions were provided to 1372 people from CALD backgrounds (10 different language groups). The topics included My Aged Care, My Aged Care website and Planning Ahead.

#### **SCHN**

SCHN continues to partner with consumers, their careers and families through the Youth Advisory Council, Patient Experience Council and the SCHN Patient and Family Engagement team. Interviews, consultations and co-design workshops with refugee/asylum seeker families and carers have provided insights as well as elements of lived experience to the Diversity Health team.

#### **SLHD**

Consumer and Community Advisory Groups are involved in the development, implementation and evaluation of projects and programs in hospitals and community services across SLHD. The RPA HealthOne Multilingual Survey was conducted in-language to assess community awareness of the newly established HealthOne facility in Green Square and inform the delivery of tailored services. A total of 381 responses were collected, with 69% from CALD participants. The Concord Hospital Patient Experience Questionnaire was developed in Simplified and Traditional Chinese to assess the experiences of patients and carers at Concord Hospital, in collaboration with the Clinical Governance Unit.

#### **TMHC**

The TMHC provided subject matter expertise related to transcultural safety for the content and implementation of the 'Nurse-led therapeutic intervention eliminating restrictive practices' project. TMHC supported MNCLHD and WSLHD Mental Health services (pilot sites) by developing a training module, video and providing feedback on embedding transcultural safety in eliminating restrictive practice.

#### **WSLHD**

A community led domestic and family violence (DFV) prevention project focused on gender equity issues within communities from Afghanistan who have settled in Western Sydney. More than 200 people were consulted for this project, which aimed to bring awareness about DFV and develop culturally appropriate resources to support prevention. Four digital resources were developed along with community workshops. Two forums were held at the request of community leaders to address DFV related issues not covered by project materials, including Australian definitions of DFV and involvement of religious leaders to provide correct messaging about Islam and DFV.

## 2.2 Communication and resources

*What has been the main focus of information resources and materials developed to communicate effectively with consumers from CALD backgrounds? What was the rationale and how were they evaluated?*

### **Cancer Institute NSW**

New print, web and audio-visual resources have been developed to improve cancer literacy and patient experience for multicultural communities in 46 community languages. 31 new [resources](#) about cancer treatments, screening and clinical trials, were developed in 2023-24. A new quarterly multicultural e-newsletter has also provided up-to-date information to sector stakeholders.

The Institute also collaborated with partner agencies to host virtual screenings of the World Health Organisation's [Conquering Cancer film](#), to promote the message that cervical cancer is preventable. They were held in March 2024, reaching over 220 attendees from 20 different language groups across the Sydney metropolitan area. Each event also involved a Q&A discussion with a BCE/Interpreter or a Women's Health Nurse.

### **ECAV**

ECAV updated the DVRS Z-Card tool used since 2002 by four DV Routine Screening Services (Mental Health, Alcohol and Other Drug, Maternity, and Child & Family). ECAV consulted with the Refugee Health Service in the revision of the resource to maximise accessibility and usefulness. The resource has been updated to reflect recent DFV legislative changes and is currently being translated into 25 community languages.

### **Health Infrastructure NSW**

Health Infrastructure has prioritised the development of communication resources to effectively engage with CALD communities. The focus of these resources is to ensure accessibility and inclusivity, thereby enhancing understanding and participation from all community members. Key efforts have included translating vital information into multiple languages according to local population demographics and using clear, culturally sensitive language.

### **HNELHD**

Many community members are unaware of NSW Health's [mandatory policy about engaging interpreters](#), and will often decline an interpreter in favour of a family member. Although this is not allowed by the policy, it is often difficult for clinicians to navigate. To assist, the district produced a community education video, in partnership with NSLHD, to help community members understand the interpreter's role as an integral part of the health care team.

The two-minute videos are on the Internet at [Interpreter Provision in Public Hospitals - Community Information | HNE Health \(nsw.gov.au\)](#) in English, Kurmanji, Mandarin, Cantonese, Korean, Tibetan, Vietnamese, Pashto, Swahili, Thai and Armenian. It is planned to update the videos for a further five languages by early 2025 including Arabic, Spanish, Hindi, Persian and Japanese. It is intended to share the videos across NSW Health for use across the State.

### **ISLHD**

The district's focus was the project to improve interpreter utilisation rates, with resources including a consumer fact sheet: *Five reasons to use a health care interpreter* and a Staff Six Minute Information Transfer: *6 Rules for working with health care interpreters*.

### **MHCS**

MHCS developed the [Best practice guide for NSW Health staff for resources for refugee communities](#). MHCS also translated resources for refugee communities in up to 32 languages on



topics including: Accessing the Australian health care system; cancer; domestic and family violence; family planning; maternal health; mental health; physical activity; sexual health and women's health. Multiple resources on other health information topics have been translated into print, digital, audio, and visual resources for multicultural communities including respiratory and vaccination messages; cancer prevention; carbon monoxide poisoning; oral health; healthy eating; and breastfeeding.

### **NNSWLHD**

An integrated approach to educate CALD communities about healthcare services has been developed. It targets recently arrived migrant and refugee communities with low English proficiency and is part of a collaboration with TAFE English language classes and local CALD community groups. The information resources include:

- A presentation about the Australian healthcare system
- An online and printed booklet (using plain English) to describe key health services.
- Access to hospital tours to familiarise people with the facility, staff and services available.

### **NSLHD**

The district has developed resources to communicate effectively with CALD communities, including:

- Updating postcards informing consumers of services provided by the Sexual Health Service.
- Translation of pictorial menu cards in Traditional Chinese, Simplified Chinese and Korean.
- Developing an animated video in Tibetan on the importance and purpose of child development checks.
- Introducing multilingual Medlists by the pharmacy service at Ryde Hospital.
- A post-natal video and printed resources in English, Simplified Chinese, Korean and Japanese by the physiotherapy department at Royal North Shore Hospital.
- Booklet titled 'When a Relative or Friend Dies in Hospital' is translated into four languages (Simplified Chinese, Korean, Italian and Armenian) by Royal North Shore Hospital.

### **RHS**

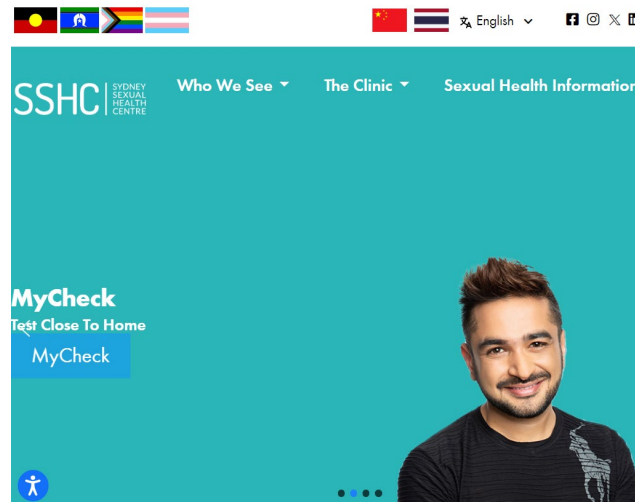
- Resources for Syrian and Iraqi People with Disability Project co-designed seven multilingual videos and a dental health resource in Arabic. It was awarded the *Excellence in Communicating with Refugee Communities Award* at the NSW Multicultural Health Communication Awards.
- Babymap video series on early childhood attachment was developed in refugee languages, targeting communities with low literacy. It was a partnership with STARTTS, Karitane, and New Horizons.
- *There is no place for domestic violence in Australia* resources included a poster audio and video resources in refugee relevant languages. A partnership with the Multicultural Health Communication Services and other health agencies.
- *NSW Health Care System Information* booklet was updated into 21 languages. Developed in partnership with Multicultural Health Communication Service.

### **SVHNS**

- Translated [pain management discharge plans](#) for patients were developed in plain language, translated in partnership with the Australian Society of Anaesthetists into top patient languages, with further versions in progress. Final versions are available on the Resources for Opioid Stewardship Implementation (ROSI) website.
- Improved process to support staff in developing patient information including a SharePoint page, guidance on writing in plain language, reviewing content to check cultural responsiveness, and translations.

## SESLHD

The PHU developed a fact sheet on the 'top 10 tips to provide online consent' in 10 languages to support parents of high school children to provide online consent for vaccinations. HARP developed a factsheet on Hepatitis B in Chinese and Bangla. The Sydney Sexual Health Centre (SSHC) updated its [website](#) to make it accessible in Chinese, Thai and Spanish:



## SWSLHD

The *One Door Mental Health Video* is part of the "Changing Life Keep Your Balance" project funded by the South Western Sydney Primary Health Network. This initiative, in collaboration with One Door and MHCS, aims to promote mental health awareness among diverse cultural backgrounds, specifically focusing on the Vietnamese community in Sydney.

The Health Promotion Service (HPS) has adapted and delivered presentations to students attending the Cabramatta Intensive English Language School. HPS have used visual models and physical resources to effectively communicate health-related harms associated with smoking and vaping in young people. Teach back principles were also integrated to ensure student understanding.

## SNSWLHD

Translated resources have been developed in response to identified community needs and lower English proficiency in certain CALD communities, e.g. Brighter Beginnings resources for Nepalese speakers. The focus has been to improve accessibility of health information and services.

## SLHD

The Diversity Hub leads Multilingual Communication Strategies, developing and publishing information and resources on a variety of priority health issues. Over 2023-24 it reached:

- 90,000 unique visitors with 152,000 views on the NSW Multicultural HIV and Hepatitis Service (MHAHS) multilingual website.
- 427,557 people through 363 multilingual posts on the MHAHS and Hub Facebook pages.

The Hub also published 51 newsletters (eDMs) to an average of 310 CALD community organisations and networks, with an average open rate of 65%. Some of the key topics covered include Women's Health, vaping, school readiness and cancer screening.

More than 40 clinical and non-clinical Multilingual Health Information Resources were developed in over 20 languages, focusing on healthy lifestyle (Staying well in Winter; Gambling Harm Awareness; Post-natal Contraception; Diabetes; Children's Nutrition; HIV), prevention and screening (Breast, Cervical and Bowel Cancer; Syphilis in Pregnancy; Flu & COVID), and access to local clinical services (Sexual Health; Radiology Services; Oral Health; BreastScreen).

## TMHC

The Transcultural Mental Health Line (TMHL) has a suite of promotional products (translated postcards, posters, social media tiles) in 42 community languages. The focus for TMHC has been to engage key external partners to expand the reach of the TMHL in community. Examples include:

- Request from the NSW Government Social Media Team (Department of Community Services) to advise on promotion of the TMHL via whole of government social media channels (Facebook, Instagram, LinkedIn). The TMHC advised the team on content, look and feel, culturally appropriate language, image choice and in identifying potential red flags or concerns for promotion of the TMHL via social media.
- The TMHC delivered training on transcultural mental health as part of the Changing Life Keep Your Balance mental health literacy program delivered by Bilingual Community Educators in SWSLHD.

## WSLHD

The Mental Health Awareness for People from Afghanistan project addresses mental health challenges in migration and settlement. Following extensive consultation, two videos were developed for younger people in Dari and English. The videos explain the connection between refugee mental health and trauma while outlining available mental health services. The project was a finalist in the 2023 Multicultural Health Communications Awards.

In consultation with stakeholders and consumers, the WSLHD Cardiology Department developed factsheets and an educational video to explain new medications which are being administered after a myocardial infarction. Both resources were translated into Chinese and Arabic and tested by consumers to evaluate and improve the content.

A mental health awareness resource codesigned with the Wellbeing for African Australian Youth group can be viewed at: <https://www.youtube.com/watch?v=lvAJGLaJMFM>

## 2.3 Health Care language services, interpreting and translating

*How has your organisation ensured that critical information is professionally translated into community languages when required? How has your organisation ensured that NSW Health staff can access health care interpreters when required?*

### GambleAware Multicultural Service

The service works closely with the Office of Responsible Gambling (ORG) by providing proof reading for all translated community information materials that the ORG develops, to ensure that content is translated in a way that will reach the target audience. For example, GambleAware Week messaging in Arabic, Simplified and Traditional Chinese, Korean and Vietnamese languages. This year clinicians were delivered structured interviews in Mandarin and Vietnamese languages to ethnic radio stations educating communities on signs and symptoms of harmful levels of gambling and where to find support.

### HNELHD

The HNE HCIS provides a translation service free of charge to HNE clinicians. The translation service is for documents directly related to individual patient care, and information brochures of benefit to a large group of clients, such as:

- Patient treatment plans
- HNE discharge summaries
- Overseas discharge summaries
- Letters to/from overseas health care providers
- Letters to patients

The Policy Compliance and Procedure document for Booking and Working with Interpreters was updated in December 2023. This document guides clinicians and services through the process, tips and ways of utilising interpreter. Lanyard cards have been developed and are provided to staff at training that highlight the key steps in booking interpreters. Stickers with the interpreter phone number have been placed on telephones in clinics, emergency departments and wards.

## ISLHD

It is mandatory that all materials that require translations are progressed through the district's Health Literacy standards to test for readability and plain language compliance. All approved resources are then progressed through the Multicultural Health Communications Service or the Health Translations Service, as well as the Patient Information Portal (PIP) for readability and inclusivity.

All new staff undertake corporate orientation which includes access to information on effective use of interpreters. The Multicultural Health Service also conducts face to face fortnightly education for nursing and midwifery new staff. Enhanced clinical services (e.g. refugee paediatric outreach) has face-to-face interpreters used for all appointments due to the complexity of cases and need to communicate treatment and follow up information.

In 2023-24 the *Enough understanding isn't enough: Increasing interpreter use* initiative at Wollongong Hospital increased the use of interpreters for non-English speaking patients at Wollongong Hospital by 33% increase.

## Justice Health NSW

The Virtual Care team encourages Justice Health NSW virtual care to facilitate HCIS by video. The Virtual Care Team has demonstrated how to navigate the myVC platform for HCIS as part of standard training. The Virtual Care Team also support clinicians as needed to connect patients with HCIS by video and have developed information resources accessible on the staff intranet.

The Healthcare interpreter card was rolled out statewide across Justice Health NSW locations in 2023-24 to promote patient access to interpreters, as shown below.

## Appendix B: Patient Interpreter Cards

### Instructions:

- 8.1.1 Upon reception screening or as needed if a patient does not have a card and is identified as requiring an interpreter, book an appointment with an interpreter, and explain the use of the card with the patient and interpreter present.
- 8.1.2 Explain to the patient through the interpreter that they can keep this card and present it to Justice Health or Corrective Services staff if they have a health concern.
- 8.1.3 Document completion in the patient's clinical notes. Ensure the patient's health summary reflects that they require an interpreter.

To order cards, contact the Clinical Governance team, [JHFMHN-GovernanceUnit@health.nsw.gov.au](mailto:JHFMHN-GovernanceUnit@health.nsw.gov.au).



## MHB

In 2023-24 the MH-CLSR program team ran an information session about available interpreting services and the team also shared resources with providers to improve access and effective utilisation of interpreting services.

## **MLHD**

MLHD utilises phone interpreting services via HCIS and TIS. A poster has been developed for all district facilities and streams, detailing how to access interpreting services.

## **NBMLHD**

District services regularly consult with the Multicultural Health Service for advice and guidance regarding translations. Three quotes are sought from translation agencies and consumers are involved in checking the translations for cultural and language appropriateness. A translation checklist is available on LHD intranet as a reference point for staff.

All NBMLHD health services with a CALD implementation Plan have a process and budget allocation to address translation needs for their services, which includes a budget allocation. An example of an innovative strategy is the recent establishment of a Fund by the Nepean Hospital Aged Care Health Service as part of the Multicultural Aged Care Implementation Plan's Objective. The Fund is accessible to support multicultural projects. Two fundraising activities conducted with the Indian and Ahmadiyya community resulted in these communities donating to the Fund.

NBMLHD ensures timely access to Health Care Interpreters through the implementation of video interpreting for both Auslan and spoken languages. Continued uptake of this innovative service leverages video interpreting technology, which enhances interpreter availability and accessibility.

By enabling remote connections, it minimises reliance on in-person sessions, effectively addressing challenges like travel time and associated costs. This work has also been supported via Ministry funding under the Sustainable Futures Funding program, which has focused on rolling out video interpreting within the Women's and Children's Outpatient Department at Nepean Hospital. The project has been submitted for a NSW Health Award.

## **NSLHD**

NSLHD services must use professional NATTI-accredited translators, as outlined on the Multicultural Health Service and Interpreting Service intranet pages. A draft procedure to guide staff when translating consumer health information was developed in 2023-24 with the CALD Consumer Advisory Group. Most translations are done by the WSLHD Translation Unit or NSW Multicultural Health Communication Service. Draft translations are piloted with CALD consumers to ensure readability and accuracy. A budget to produce multilingual health resources is included in the budget build-up for all new services and grant opportunities.

Recent initiatives to ensure staff have access to Health Care Interpreters include:

- Launch of the NSLHD Video Interpreting Practical Implementation Guide and promotion.
- Onsite training of clinical services on video interpreting.
- Allocation of resources for the purchasing of technology for video interpreting.
- Promotion of the "A,B,C,D" Chart of Interpreters to all clinical services.
- Inclusion of information on health care interpreters in staff orientation.
- Block booking of video interpreting services in several NSLHD services.
- When services are enhanced, an appropriate budget for interpreting services is developed based on the current use of interpreting services.

## **RHS**

The RHS uses professional translators, usually through SWSLHD's Health Language Services. All RHS patient resources are translated into at least one community language, with some available in 21 languages. The RHS's Health Literacy Working Group ensures all resources adhere to health literacy principles. Translation costs are built into the budget of all projects. Service enhancements are planned and provided via business cases and funding applications, whereby the need for interpreting services is considered and funding allocated. Externally funded projects also allocate resources for interpreter services, in which services are encouraged to build these costs into funding applications.

## SVHNS

- Onsite, phone and video interpreters are available from the HCIS and back up services from TIS.
- Video interpreting is being rolled out, including education, equipment, promotion, resources.
- An alert on MOSAIQ ensures the administrative staff book interpreter service well ahead of scheduled appointments.
- Interpreter information is widely promoted in daily bulletins, clinical bulletins, education and in-services, new resources as well as diversity and interpreter intranet sites.

## SESLHD

The Multicultural Health service updated the *SESLHD Translated Health Policy* in 2023. This mandatory policy for SESLHD provides direction for staff for the translation of population-based information. The Policy requires National Accreditation Authority for Translators and Interpreters (NAATI) certified translators to complete any written translation work and provides guidelines on reviewing information.

A comprehensive intranet site provides information on the use of professional interpreters. Multicultural Health produced bespoke staff posters that include booking information and relevant TIS codes for the department/facility. Information is also delivered to all staff at orientation programs, and other training is provided as requested. A Service Level Agreement is in place with SLHD HCIS and interpreting costs that exceed a baseline level are paid by SESLHD centrally so that there are no financial disincentives for facilities to use interpreters. Individual facilities and services pay for TIS directly.

## SCHN

The design, distribution and delivery of interpreter lanyard cards to staff across SCHN has encouraged and enhanced access to interpreting services. The cards include contact details for engaging the recommended service option, i.e. the HCIS, as well as cost codes for booking a backup through TIS. Education is also provided on the effective and efficient utilisation of health care interpreters, through the SCHN Orientation program for new starters, as well as in-services available to hospital wards/departments. Within each departmental cost centre, interpreter utilisation costs are embedded into budget allocations.

## SWSLHD

SWSLHD has a dedicated Translations Unit within its **Health Language Service (HLS)** that:

- Utilise NAATI-certified translators to guarantee high proficiency and professionalism.
- Implement a robust quality assurance process, including checking, editing and proof reading.
- Conduct a pre-translation review of English documents for readability and cultural appropriateness.
- Provide language selection advice based on demographic data and community feedback.

The HLS Interpreter Services are provided to all healthcare providers free of charge, which removes cost barriers and makes services more accessible to health professionals. There is a single 24-hour telephone number that is promoted to all facilities and services. Urgent calls are prioritised and can be answered ahead of other calls.

The HLS ensures health staff can access healthcare interpreters by:

- Providing education sessions on working with interpreters and making bookings.
- Developing and distributing information flyers to staff.
- Making consumer flyers to remind patients of their right to an interpreter.
- Providing staff with interpreter booking information on the intranet.

## **SLHD**

In 2023-24 the SLHD HCIS handled 302 translation requests across 32 languages for clinical and non-clinical services and for the Ministry of Health. The HCIS delivered 4,480 hours of Onsite Outpatient Services and provided over 900 hours of translation services.

A significant portion of the work involved translating patient reported experience and outcome measures (PREMs and PROMs) surveys for the HOPE Platform. Other key projects included the Health Literacy Project with Population Health, Florence Kiosk and RPA Virtual eHealth Literacy, and MS Teams instructions for RPA Virtual Hospital patients.

The HCIS employed 49 permanent and 302 sessional interpreters in 2023-24, and provided interpreting services in 101 languages through face-to-face, telephone, and video interpreting.

## **TMHC**

The TMHC developed 'Finding Freedom in Sharing Our Stories' resources to align with the theme for Refugee Week over 2023-2025. The resources explore what 'Finding Freedom' means to refugees who have embarked on diverse journeys and provide insight into refugee contributions to the community. The TMHC worked closely with the WSLHD Multimedia Unit to record videos and the WSLHD HCIS to provide English subtitle translation.

The TMHL primarily uses HCIS telephone interpreters, engaging TIS interpreters when HCIS does not have an interpreter available with a budget dedicated to ensure no cost to consumers.

Approximately 10% of calls with consumers require engagement of interpreters where a bilingual bicultural clinician is not available. The TMHL has been granted access to contact the HCIS Emergency Line to ensure consumers in crisis have timely access to an interpreter.

## **WSLHD**

The WSLHD Translation Service developed 22 educational packages with 153 individual resources including video, print and research materials into 26 languages. The resources address a range of health topics relevant to the needs of CALD communities in WSLHD and NSW. In addition, 107 clinical reports essential for individual patient care were translated to improve health outcomes of CALD patients. In 2023-24 there was a 19% increase in translation of clinical reports critical to individual patient care. Consumers, bilingual and multicultural health staff were involved in developing the English resources and in reviewing the translated versions for cultural and conceptual relevance.

The Health Care Interpreter Service (HCIS) in WSLHD is available to all clinical staff 24/7. A priority system is in place to ensure that EDs, ICUs and Birth Units get immediate access to interpreters. WSLHD HCIS prides itself for providing priority services to Clinical Trials for CALD patients. Since December 2023, the HCIS has been supporting a new Voluntary Assisted Dying (VAD) service in WSLHD.

HCIS strives to optimise the use of available resources, to ensure flexibility and cost-effectiveness in meeting interpreting demand. The WSLHD HCIS continues to provide most of its services remotely (54% via phone and 12% video) which maximises efficiency and reduces cost.

## Outcome 3: NSW Health is responsive to people's individual needs, language and culture

*NSW Health runs training and professional development programs available to all staff to enhance culturally inclusive and responsive practice. NSW Health organisations participate in community building and development activities. NSW Health Chief Executives and Senior Managers actively promote diversity in relevant agency activities and explicitly recognise the contribution of people from CALD backgrounds to service delivery and to NSW.*

### 3.1 Leadership

*How have your organisation's leaders championed cultural responsiveness amongst staff?*

#### **Cancer Institute NSW**

The Cancer Institute NSW's leadership team fosters an environment where open and respectful conversations about cultural issues are encouraged. Special events such as Harmony Day and Refugee Week are supported and promoted by senior and executive leadership teams. The leadership team also allocated resources for grants programs and initiatives that promote culturally responsive care and inclusivity. In 2023-24 more than \$500,000 was awarded to 20 projects aimed at improving cancer outcomes amongst people from CALD backgrounds.

#### **CCLHD**

A Diversity and Inclusion report, which includes interpreter usage and updates on multicultural health activities and projects is provided to the Consumer and Community Committee. Other areas the district has championed cultural responsiveness in relation to staff are:

- International medical graduates are provided with tailored support to help guide and support their transition into Australian medical workforce.
- Staff engagement in Harmony Day events throughout facilities and services, including a staff event, 'Everyone Belongs – welcome to new staff from diverse backgrounds'.

#### **Far West NSW Local Health District**

There are employment opportunities for people from CALD backgrounds and the district is currently recruiting a diversity and inclusion manager. Staff are encouraged to undertake training and education through HETI on culturally responsive healthcare and culturally responsive end of life care for people from CALD backgrounds.

#### **Health Education and Training Institute (HETI)**

HETI leaders have integrated cultural responsiveness into organisational policies and procedures. This includes the establishment of advisory committees with CALD representation to oversee the development and implementation of health policies.

Leaders at HETI have also fostered strong partnerships with CALD community organisations. These collaborations involve community leaders in the co-design of health programs and services, ensuring that they are culturally appropriate and meet the specific needs of different CALD groups.

#### **HNELHD**

The HNELHD People and Culture team established a Diversity and Inclusion Committee. The committee is co-Chaired by the Executive Directors of People and Culture, and Allied Health. The committee includes a subcommittee for Culturally and Linguistically Diverse staff, which has representation from clinicians, administrative staff and managers around the district which will assist with the development of the HNELHD Diversity and Inclusion Plan. Key priorities include bystander



racism training, improved staff demographic reporting, international employee concierge programs and a School-Based Refugee Trainee program.

## ISLHD

The ISLHD Chief Executive and maternity services management has endorsed the Maternity Services cultural responsiveness training package for refugee families. The Parliamentary Inquiry into Birth Trauma has highlighted the importance of cultural change in maternity services across NSW and this has led to traction in maternity services to invest in testing / piloting the training package with very busy service personnel within units in Wollongong and Shoalhaven.

## Justice Health NSW

Justice Health NSW celebrated Harmony Week and posted stories on the intranet as shown below:

### Harmony Day Celebration!

Our wonderful After Hours Nurse Manager (AHNM) recognised Harmony Week by creating a celebration board!

As a team, they printed their personal flags and posted it on the board to discuss, acknowledge and show respect to each of their diverse backgrounds and cultures.

We know it can be difficult to celebrate events as team, but the AHNM team found a unique way to make sure they could still celebrate each other - learning so much about each other's nationality and cultures.



AHNM Celebration Board

## NBMLHD

- In September 2023, the Executive provided support to register risks around cultural safety for CALD and refugee background populations.
- Executive support for the recruitment and employment of people from CALD and refugee backgrounds in a partnership project with TAFE and Nepean Multicultural Access which saw the employment of more than 20 individuals in Hospital Assistant Grade 2 positions.
- Support for a local KPI relating to the use of interpreters for the purpose of consent in the Referral for Admission forms.
- Executive support to provide in-service training on the use of interpreters to Visiting Medical Officers (VMOs).

## NNSWLHD

- Senior managers have supported hospital tours and orientation activities for migrant and refugee communities, as well as attending sessions to welcome CALD community members.
- Internal messaging about using interpreters, cultural events and special days are regularly promoted by Executive staff and leaders.
- An Inclusive Workplace Collaboration Group including HR leaders has been established to explore ways to improve inclusive workplace practices for staff from CALD backgrounds.
- In recent years, senior management advocated for and approved the allocation of funds for a permanent part-time (0.6) Multicultural Strategies Officer to coordinate and implement the newly developed NNSWLHD *Multicultural and Refugee Health Strategy 2024-2029*.

## **NSLHD**

NSLHD leaders have championed cultural responsiveness to staff and consumers from CALD backgrounds:

- The Chair of the NSLHD Board participates in meetings of the NSLHD Diversity, Inclusion, and Belonging Council.
- Executive sponsorship of the NSLHD CALD Employees Network and the allocation of a budget to establish a CALD Mentoring Program and a CALD Scholarship Program.
- NSLHD Executive Leadership Group member chairs the NSLHD Multicultural Access Committee and the NSLHD CALD Consumer Advisory Group.
- General Managers and Directors at several NSLHD facilities and services support celebrations of cultural significance, including Lunar New Year and Diwali, as well as Multicultural Health Week.

## **SVHNS**

- There is a new National Manager, Inclusion, Diversity and Equity established for St Vincent's Health Australia.
- Diversity Health is incorporated into Executive led accreditation committees, including the Partnering with Consumers Committee, with reports on diversity health and interpreter service utilisation.
- Executive sponsorship of rollout of video interpreting project and wayfinding project.
- Diversity and Health Literacy Coordinator manages diversity health and health literacy programs, initiatives and education.
- Policy template includes an inclusive health statement.

## **SESLHD**

The SESLHD *Addressing Racism Strategy* was recognised with a District CORE Award. The Strategy was co-designed in partnership with the Multicultural Health Service with staff and consumers, including those from CALD and Aboriginal backgrounds. It comprises a range of activities including training and resources to assist staff recognise and appropriately respond to and report racism. The Strategy is endorsed and led by the Chief Executive and involves the Directors from Population and Community Health, the Aboriginal Health Directorate, Media and Communications, and People and Culture, with program activities coordinated by the Equity and Prevention Service.

The Director of Clinical Services at POWH is the Executive Lead on a quality improvement project to improve the use of interpreters for surgical consent for patients with poor English language proficiency. The actions and outcomes of this work is directly reported to the hospital General Manager.

## **SNSWLHD**

The district's *Strategy 2026 Leading Rural Healthcare* includes a strategic priority 'Supporting our People' with a specific objective about 'strengthening diversity in our workforce and decision-making'. SNSWLHD has recently appointed a Manager for Diversity, Inclusion and Wellbeing to work on projects relating to culturally diverse populations, including people who identify as LGBTIQ+.

## **SCHN**

A SCHN PEACH Clinical Champions group has been developed with people from CALD, refugee and asylum seeker backgrounds as key priority populations. The clinical champions group functions as a community of practice, bringing clinicians together to foster collaboration and discussion on a range of issues, activities and quality improvement initiatives. SCHN also celebrates Harmony Day and Multicultural Health Week every year.

## SLHD

The SLHD [CALD Health Strategic Plan 2022-2026](#) outlines priorities to enhance the cultural responsiveness of services in the district. The CALD Health Committee, comprising Senior Executives and representatives from all District facilities, provides implementation oversight. Multicultural Access Committees (MACs), comprising CALD consumer representatives, have also been established at SLHD facilities. Each facility has developed a tailored MAC Implementation Plan, which aligns with the Strategic Plan.

## TMHC

The TMHC champions access and equity for CALD communities by building capacity of clinical and community services. The organisation's leaders work through networks such as the NSW Family and Carer Statewide Network meetings, The Mental Health Service (The MHS) Learning Network Inc, the NSW Family Focused Recovery Framework Implementation Reference Group, the Embrace National Multicultural Mental Health Project Stakeholder Group and the Perinatal Mental Health pilot Governance Committee.

## WSLHD

Two modules *Culturally responsive health care* and *Meeting the healthcare needs of Refugees* have been proposed as mandatory training for all WSLHD clinical managers and non-clinical staff. The recommendations for these two training modules are listed in the *WSLHD Multicultural Health Plan 2022-2025*. The need for training to promote cultural responsiveness, safety and sensitivity has been recognised in WSLHD strategic plans, care models and guidelines.

The inaugural Health Promotion Framework identifies new migrants, refugees and people with low English proficiency as priority populations that require tailored approaches to universal population health promotions and/or more targeted equity-based approaches.

## 3.2 Improving Cultural Responsiveness

*What measures has your organisation taken to improve the cultural responsiveness of staff?*

### BHI

The *Working in Culturally Diverse Contexts* HETI unit is a Chief Executive-directed training module mandated for all staff as part of onboarding. BHI seeks to celebrate cultural events throughout the year. BHI assesses cultural responsiveness of staff via the annual People Matter Employee Survey.

### Cancer Institute NSW

Training was provided in 2023 on national screening programs to 25 BCEs and 93 multicultural health and community sector workers on cancer screening and prevention programs.

The updated eviQ Education [Effective cultural communication in oncology](#) course provides information to help oncology health professionals communicate effectively and manage frequently encountered cultural challenges.

20 staff members attended the *Refugee Camp in My Neighbourhood* simulated refugee camp which provided an opportunity to get personal insight into the experiences of refugees fleeing from persecution and reflect on their health needs after settlement.

### HETI

HETI leaders have mandated comprehensive cultural competence training for all staff, tailored to address the needs of CALD communities. HETI's leadership has also actively promoted and supported the development of multilingual health resources, some of which have been recognised in the NSW Multicultural Health Communication Awards. These resources include multilingual health

information portals and educational materials that cater to the diverse linguistic needs of CALD communities.

#### **NBMLHD**

The Multicultural Health Service, in partnership with CALD consumers and [multicultural statewide services](#), is frequently consulted and included in the planning of academic sessions for staff. In July 2023, 73 staff attended an academic online session provided by TMHC on concepts in cultural diversity and mental health.

#### **NNSWLHD**

Health staff were supported to engage CALD communities in culturally safe and responsive through initiatives such as:

- delivery of Women's Health and cancer screening information sessions to CALD women attending TAFE English language classes across the LHD.
- delivery of child development sessions to the Japanese community.
- supporting hospital and healthcare orientation tours.

In preparation for these initiatives, staff were supported to:

- use co-design principles and identify and connect with local CALD communities.
- develop plain English information and presentations and locate appropriate translated resources.
- understand relevant cultural and demographic data.
- access training on use of interpreters and access multicultural tools and resources.

#### **NSLHD**

Measures to improve the cultural responsiveness of staff included:

- Learnings from patient stories involving CALD patients and carers being tabled for discussion at team meetings and senior executive meetings.
- Participation of NSLHD staff in training provided by STARTTS on trauma-informed care.
- Presentations and in-services by the Multicultural Health Service.
- Discussion of complaints and incidents involving consumers from CALD backgrounds.
- Promotion to staff of multilingual health information available on the NSW Multicultural Health Communication Service website.
- Inclusion of cultural issues in policies and procedures.

#### **RHS**

The service undertook interventions including:

- Quality improvement project on female genital mutilation/cutting.
- Clinical staff training on supporting refugee clients experiencing DFV.
- Staff training on working with forcibly displaced people from LGBTQI+ backgrounds, and related quality improvement project developing culturally appropriate referral pathways.
- All new RHS staff attending training on trauma-informed care as part of induction.

#### **SCHN**

SCHN supports ongoing education and training for staff to enhance knowledge and skills on culturally appropriate care. This includes a four-weekly mandatory orientation program containing a 40-minute session entitled *Diversity Health at the SCHN*. This module is an interactive, dynamic presentation providing data, research findings and case studies to enhance the provision of equitable and accessible care.

#### **SVHNS**

- Promotion of education opportunities about providing culturally responsive care.
- Employment of staff from diverse backgrounds.
- Information for patients translated to ensure access to clinical trials for CALD patients.
- JMO education program includes cultural awareness for CALD patients.
- Diversity health is included in corporate orientation for staff and nurse education calendar.

### STARTTS

STARTTS ensures its staff are up to date with relevant cultural information about client groups they work with. This is achieved through delivery of presentations at staff meetings about the socio-political and cultural backgrounds of client groups. Clinical Master Classes were also held, including:

- *Working Clinically with Children with Complex Trauma Presentations* by Prof Jon Jureidini, School of Medicine, University of Adelaide, and Holly Cutcher, Child and Adolescent Counsellor, STARTTS.
- *Working with People with Disability who have Experienced Torture and Refugee Trauma: From Research to Clinical Implication and Treatment* by Professor Angela Dew, Deakin University, and Rachelle Coe, School Liaison Team Leader, STARTTS.
- *Domestic and Family Violence and the Impact on Refugee Families: How Can the Mental Health Practitioner Respond* by Prof Susan Rees, UNSW and Sivaharani Mayuran, Intake Counsellor, STARTTS.
- *The Neuroscience of Trauma and Ageing: Latest Research and Clinical Implications* by Dr John Arden, Psychologist and Lilian Harmon, Counsellor/Project Officer, STARTTS.
- *Cultural and Psychological Implications of Sexual Assault and Rape for Refugee Women: Working with Disclosure, Shame, Stigma, and Guilt* by Associate Professor Lata Satyen, Deakin University; and Veena O'Sullivan, Physiotherapist and Pearl Fernandes, Intake Team Leader, STARTTS.

### SESLHD

The Understanding and Responding to Racism training that forms part of the *Addressing Racism Strategy* is embedded in the corporate orientation program and all new staff. Corporate orientation is face to face and includes information on Diversity Health, Working with Interpreters as well as the Understanding and Responding to Racism training.

Other relevant training is delivered across the district to individual services/departments by Multicultural Health staff and facility-based Diversity Health Coordinators including on Understanding Health Beliefs and Practices; Culturally Responsive Care; and Working with Professional Interpreters.

### SWSLHD

The district re-designed three-hour face to face training (**Working in a Culturally Diverse Context**) for staff at Bowral Hospital and the Dietetics Service at Liverpool Hospital. The Health Promotion Service developed a **Seat at the Table**, which is a learning resource for district clinicians and NGOs to unpack how culturally diverse communities experience food insecurity, the hidden nature of the issue and the importance of cultural connection.

### SLHD

The district regularly promotes the Culturally Responsive Health Care HETI module to clinical and non-clinical staff across the district. The Diversity Hub also delivers workforce education sessions on working with CALD communities in a range of contexts.

The Hub conducted ward audits at RPAH and Canterbury Hospital to assess staff understanding of CALD patients' needs, availability of in-language resources, and the use of appropriate resources. Localised solutions were developed to address identified gaps. The district has also planned a CALD

Patient Journey Mapping quality improvement project at RPA Virtual Hospital to capture and understand CALD patient experiences.

## **WSLHD**

To enhance staff ability to sensitively engage with and support CALD patients and consumers, 570 WSLHD health professionals received cross-cultural communication, community engagement and awareness training delivered by the Multicultural Health Service.

*What it means?* and *How it seems?* is a new communication reflection tool to enhance effectiveness of health communication with CALD patients and consumers. The tool was successfully tested with 287 members of Community Supportive and Palliative Care, Health Promotion, Allied Health teams, senior clinicians and consumers.

*The Culturally and Linguistically Diverse (CALD) Community in WSLHD, Improving our care, services and outcomes* tool was also implemented to improve WSLHD staff understanding about local CALD populations, their health status and needs to inform clinical practice, service provision and planning.

## Outcome 4: NSW Health understands the needs, experiences and identities of CALD communities

*NSW Health has a sophisticated approach to research, evaluation and data management that supports policy and program design, as well as program implementation. NSW Health has a systematic approach to evaluating service impact for people from CALD backgrounds. NSW Health services are targeted to respond to the needs, experiences and identities of CALD communities.*

### 4.1 Data

*How does your organisation use data to improve service design and delivery to understand consumer service access and use, identify priority health issues and cohorts at risk of poor health outcomes, and respond to the health needs of CALD consumers and communities?*

#### **Cancer Institute NSW**

The Institute has developed a unique tool that provides access to granular information on multicultural communities for health service planning. The [Multicultural Data Explorer](#) dashboard includes distinctive visualisations on birthplace, ancestry, language spoken at home, and indigenous status by district, local government area, and by suburb. The data was extracted from the 2021 Census and supports viewing, analysing and reporting of demographic data to support local cancer service planning. Narrative information was also embedded to enable an equity-first lens for decision making, financial investment, and monitoring. The Dashboard metrics from 14 May to 10 August 2024 include 694 users and 1,146 sessions.

The Reporting Better Cancer Outcomes (RBCO) report provides [participation data for CALD populations](#). To address the low participation of people from CALD backgrounds identified in the NSW Clinical Trials Portal:

- The Institute partnered with the WSLHD HCIS to upskill the workforce and improve their knowledge in cancer clinical trials. Training was provided to 92 interpreters.
- Training is being developed to increase engagement with Clinical Trials including a recorded webinar and suite of tools and resources to support CTU's sustainable engagement with HCIS.

## **Clinical Excellence Commission (CEC)**

The CEC supported the establishment of the Mental Health Patient Safety Program which oversees a range of initiatives that aim to create psychologically safe environments and embed cultural safety principles. Initiatives include:

- Mental Health Transforming Safety Culture Partnership Program.
- Restorative Just and Learning Culture Program.
- Seclusion Reduction Action Learning Network.

The Mental Health Patient Safety Program also supports local health districts and speciality health networks' mental health services in accessing and understanding data for system improvement. This includes the ability to create datasets of consumer outcomes and experience including for groups of special interest or who are at risk, including people from a CALD background.

## **CCLHD**

The district utilises information from multiple sources to assist in improving delivery of safe quality patient centred care for CALD consumers and communities. This includes being informed of the most utilised languages other than English within services via interpreting and demographic data. The district uses new Dashboards for non-English speaking Admitted Patients and ED reporting via the Power BI EDWARD platform. This data, combined with interpreter service and demographic data, will help drive work in priority areas, guided by population health needs at a local level.

## **CPH**

The *Healthy Eating Active Living* program did research to understand the customer experience of information and services available online including CALD consumers. The research insights will be used primarily to inform content development and a strategy for the integrated *Healthy Eating Active Living* online presence and a tailored culturally responsive approach.

## **HNELHD**

HNELHD collects interpreter compliance measures for all facilities at the Emergency, Inpatient and Outpatient level, as well as Community and Oral Health services. The data is reported monthly to Multicultural Access Committees and National Standard 2 committees.

A further measure of engagement of Emergency Departments (ED) measures patients that require an Interpreter who departed from an ED with a "Did not wait" (DNW) status. DNW is a key measure to monitor ED communication with patients, and general waiting environment. The statewide target is 2%, and anecdotally the figure has been high for people that require an interpreter. Data is now reported monthly.

Collection of this measure shows that it is very high, and a large piece of work is required in both community education and ED preparedness. A video has been created with Aboriginal Health and is shown on all ED televisions - [What to expect when presenting to the emergency department - YouTube](#).

## **Justice Health NSW**

- Capturing data on the PAS and eMR to identify use of interpreting services.
- Engagement with CSNSW partners about prison population CALD data to inform appropriate translation of healthcare information for patients.
- Suicidal thoughts and behaviours are overrepresented in the CALD prison population. An annual review of Coronial Inquests is completed to identify a subset of CALD patients who may be at higher risk of suicide in custody to improve suicide prevention care.

- The Justice Health NSW Population Health team completes a quarterly report listing all patient with Hepatitis B and their country of origin to ensure they are linked in with hepatology specialists.

### **MHB**

The OPMH self-audit tool is completed each year by OPMH inpatient units and OPMH community services nominated by their LHDs to participate in OPMH benchmarking. The findings of the self-audit are designed to help LHD OPMH services to identify and prioritise areas for quality improvement. Length of stay (LOS) is regularly monitored, and it was noted that the CALD average LOS has risen and remains higher than adult patients who are not from CALD backgrounds.

The importance of accessing interpreters and difficulties around doing so were identified as a barrier to earlier discharge. Another challenge is that the assessment process is extended due to clinicians needing longer to understand aspects of care needs. Positively, people from CALD backgrounds reported similar levels of consumer experience and reported a more positive experience than those using the general adult services.

### **MLHD**

- District identifies priority health issues and cohorts at risk of poor health outcomes, which are entered onto the MLHD Risk Register for risk mitigation, with Board and Executive oversight.
- MLHD has an overarching risk rating for CALD Communities and a recently identified risk rating for multicultural women & children accessing care (Medicare Ineligible).
- Analysis of hospital clients' visa status data to understand usage among CALD populations who do not have Medicare eligibility.
- Analysis of notifiable diseases data by country of birth to identify changes in disease prevalence among CALD populations.

### **NBMLHD**

With funding from the Ministry's Sustainable Futures Funding Program, an Interactive Interpreter Dashboard was developed to provide a robust tool for monitoring interpreter usage. It is scheduled for rollout in 2024-25, with user training and support planned to ensure effective adoption.

All four district services with a current three-year CALD Implementation Plan, address data collection as an important area to assist with improving services for CALD populations. This includes establishing baseline data, conducting audits of interpreter use, audit of tools and resources, workforce cultural and language skills, as well as collection of demographic patient data.

### **NNSWLHD**

Demographic data has been used to identify priority languages to inform:

- targeted translations of information specific to a local facility or event.
- development of initiatives for specific age cohorts.
- linking CALD groups to research initiatives based on demographic data by age or health issues.
- sharing demographic data with health staff and partners to raise awareness.

Improvement in data collection is a priority in the NNSW Multicultural Health Strategy.

### **NSLHD**

The following examples of the use of data in NSLHD improve service design and delivery:

- Demographic and population health data to understand consumer access, utilisation and barriers, which is used to identify priority health issues and at-risk cohorts.
- Primary & Community Health (PaCH) Services implement an annual consumer survey that collects information on language spoken at home, interpreter provision and the patient experience.



- Needle & Syringe Program participates in the Kirby Institute’s annual NSW Needle Syringe Program Enhanced Data Collection that gathers information about cultural and linguistic diversity, including languages spoken at home by participant’s parents.
- BreastScreen NSW Northern Sydney & Central Coast utilises BreastScreen NSW screening data to identify communities to target for screening.
- Multicultural Health Service uses self-reported client data on literacy skills in the Refugee Health Assessment Program to determine the most appropriate medium for disseminating health information.

#### **RHS**

- Pathology data used to update model of care for Refugee Health Nurse Program based on low levels of infectious disease detected.
- Clinical data used to identify health needs and referral pathways, staff training, and responses are developed as a result.
- Referral data used to quantify service need and resources, for example starting Dari Disability Support Group in response to increased arrivals from Afghanistan with disability.
- Arrival data used to determine recruitment of Bilingual Community Educators by language, and key languages for translation of resources.
- Distribution of Settlement Data to key health services for planning purposes.

#### **SVHNS**

- New role of Health Equity Data Analyst in the Improvement Team has developed analytical capabilities of priority health cohorts and has analysed the current state of healthcare access and outcomes.
- Data analysis and evaluation on potential impact of language and interpreter requirement on acquisition of aspiration pneumonia in admitted patients, with no statistical differences between rates in these cohorts of patients compared to those that are English-speaking.
- Feedback and Complaints Insights on real-time dashboard displaying data including interpreter requirement and feedback by preferred language.

#### **SESLHD**

In 2023-24 the Multicultural Health Team led the development of the [Population profile of priority populations in SESLHD Report](#). The information and data contained within each population profile is designed to inform the planning of health services and programs to be inclusive and accessible to everyone within the population.

Key subject matter experts were identified across SESLHD to develop chapters on priority groups to overview data and highlight priority health issues. Chapters included those for CALD communities as well as new and emerging communities. The full [profile](#) is publicly available online.

#### **SWSLHD**

Multicultural Services consistently reviews available data to support SWSLHD facilities and services to target improvements to service design and delivery. My Experience Matters survey data is collected in different languages which assists in identifying issues and specific needs of CALD consumers. Other examples include:

- The SWSLHD Stroke Unit conducted a retrospective study on patient data that identified Vietnamese speakers are overrepresented at stroke services.
- BreastScreen SWS regularly analyses participation rate data for CALD groups, triangulation of data for business intelligence to identify and respond to the health needs of CALD women.
- The Public Health Unit regularly uses data to identify schools with high CALD populations and low immunisation coverage.

## **SNSWLHD**

Evaluation of demographic and interpreter data is completed regularly by Population Health and Health Planning teams to identify new settlements of CALD communities. This is used to inform new health promotion strategies, for example the multicultural healthy eating program. The district used population health data to identify the top 10 languages spoken at home across the LHD. This data was supplied to NSW Health to inform the translations of the statewide Transitional Aged Care Recipient Agreement and for Brighter Beginnings.

## **SVHNS**

Patient feedback is gathered via real-time mechanisms. Patients receive a survey in their preferred language. The network also used Feedback and Complaints Insights on a real-time dashboard displaying data including interpreter requirement and feedback by preferred language, which assists to identify themes of complaints for CALD consumers.

SVHNS also recruited to a new role of Health Equity Data Analyst in the Improvement Team to develop the analytical capabilities of priority health cohorts and analyse the current state of healthcare access and outcomes.

## **SCHN**

The PEACH program developed a dashboard to enhance real-time access for clinicians to better understand SCHN service utilisation data, demographic data and interpreter service data, to inform quality improvement initiatives to respond to consumer needs.

## **SLHD**

The Clinical Governance Unit collects and analyses clinical, quality, and safety data across CALD patient journeys to assess accessibility and outcomes. Systematic reviews of PROMs, multilingual PREMs, Incident Management System (IMS+), and complaints data help identify service usage trends among local CALD communities. The SLHD Research Unit has also developed research-specific PREMs to further guide service improvements. This data is shared with Clinical Quality Councils, Multicultural Advisory Committees and Performance Committees to ensure continuous District-wide improvement.

PREMs surveys are now available in 11 priority languages. After discharge, patients receive a text message with a link to a multilingual survey platform for feedback in their own language. Facility-based Multicultural Access Committees regularly review findings from PREMs.

## **WNSWLHD**

Engagement projects hosted on the WNSWLHD online engagement platform Engage provide valuable data from the CALD community. Surveys request demographic data including ethnicity and if a translator or translated information is required. This data helps to inform ongoing service design and delivery. The recent Health and Wellbeing survey was co-designed to identify priority health issues, understand transport and translation requirements to respond with a culturally responsive approach.

## **WSLHD**

The Indian community is the largest and fastest growing CALD group in WSLHD. WSLHD Epidemiology and Health Analytics developed *Epidemiological profile of immigrants from India resident in WSLHD* for planning purposes.

Poorer health outcomes of Pacific people and recommendations from the Pasifika Health Forum have been presented to WSLHD executive teams to discuss and prioritise needs for more holistic, culturally responsive health models.

The Iranian community has been identified as being potentially disproportionately represented in some WSLHD services. A health needs assessment consisting of literature review, demographic, settlement and different health service usage records and data obtained through community and stakeholder consultations confirmed mental health (PTSD and depression), overuse of alcohol and drugs (including opioids) and chronic pain to be the most concerning health issues. Work has been planned to address the identified health needs in partnership with STARTTS and the NSW Refugee Health Service.

The Centre for Population Health has incorporated Census data (language spoken at home and country of birth) into their new equity categorisation tools to inform service support models for the early childhood and primary school settings-based healthy eating and active living programs.

## 4.2 Research projects

*What research projects has your organisation commenced or completed to explore service design or delivery issues from a CALD consumer perspective? How have the key findings and learnings been used to inform improvements to services?*

### **Cancer Institute NSW**

Using information for the cancer population from the Person Level Integrated Data Asset (PLIDA) and the NSW Cancer Registry for people diagnosed with cancer from 2017 to 2018, the Institute developed the [Snapshot of Linguistically Diverse People with Cancer report](#). It provides an overview of the most spoken languages among people diagnosed with cancer by district. It also includes simple charts and key points, including demographic insights. It will support districts with health care planning, better allocation of resources for interpreting, considerations for cultural competence within healthcare settings, and can drive evidence-based decisions for local service delivery. It also has the potential to support researchers in exploring correlations between language proficiency and cancer outcomes and inform future studies on health disparities and equity.

### **FGM/C Program**

The Program conducted formative research that involved consultations with BCEs and community leaders as well as 416 community members in NSW. The research documented and analysed the prevailing views, experiences, and drivers around the FGM/C practice to help identify current community needs, enablers, and barriers to prevent the harmful behaviour. Findings will inform recommendations for tailoring the existing Program. The findings from the formative research have been submitted for publication to the Medical Journal of Australia (MJA).

### **GambleAware Multicultural Service**

The Service contributed to the following initiatives:

- University of Wollongong research project: *Exploring the intersection of gambling and violence in NSW from the perspective of professionals working in the health, community, and justice sectors.*
- Consultation with Community Services NSW about how to better assist individuals from CALD backgrounds living with mental health distress.

### **ISLHD**

A project was implemented in 2023-24 using improvement science methodology to increase interpreter use at Wollongong Hospital. The project achieved a 33% increase in interpreter use, from 205 appointments and occasions of service per month on average in 2022 to 271 in 2023.

Education and training were provided to medical officers, nurses, allied health and administration staff. 190 nurses were surveyed pre and post education. Pre-education, 11% of nurses felt confident to care for patients who prefer a language other than English. Post-education, this increased to 93%.

## **Justice Health NSW**

The Research and Evaluation Team is currently conducting the 'People in NSW Public Prisons: Health Status and Service Utilisation' project. This initiative examines the health and service utilisation of individuals in NSW public prisons. As part of this project, analyses have been conducted to explore the health of people from CALD backgrounds.

Justice Health NSW published the [People in NSW Public Prisons: 2020 Health Status and Service Utilisation Report](#) in 2022-23, as well as an [online factsheet snapshot](#) about CALD People's Health Reported at Reception.

The team is working on a peer-reviewed publication focusing on the mental health of CALD women who entered NSW public prisons between January 2015 and December 2022. The findings and recommendations from the project's initial report and the CALD fact sheet have been shared with Justice Health NSW stakeholders to guide evidence-based service planning, redesign, and delivery.

## **MHB**

An impact evaluation for the [MH-CLSR program](#) commenced in December 2023 and is expected to be completed by June 2026. The evaluation has been designed to provide an understanding of the reach and impact of the program on the mental and physical health and wellbeing of refugee and asylum seeker consumers.

## **NNSWLHD**

Focus groups exploring digital literacy needs in CALD communities was a collaborative research project to identify ways to support information sharing, networking and communication with and between local CALD communities. The Multicultural Strategies Officer has liaised with the Rural Regional and Remote Clinical Trials project team to provide support for two research projects conducted by Southern Cross University investigating:

- Mental Health of CALD Communities Impacted by Recent Flood Events.
- Challenges and Opportunities for Social Inclusion among Childbearing Immigrant Women.

## **NSLHD**

In 2023-24, the Child, Youth and Family Service and the Multicultural Health Service, in partnership with the University of NSW, analysed data obtained from interviews with clinical staff and key stakeholders regarding their experiences providing services to Tibetan families with young children. This identified key themes and potential strategies for improving access to culturally responsive health services. The findings will be discussed at a workshop with clinical staff in 2024-25 to prioritise actions, and an evaluation plan will be developed. A workshop is also being held for Tibetan parents with young children to provide feedback on project learnings to date.

## **RHS**

RHS was involved in a codesigned research project with Deakin University health information delivery for newly arrived Iraqi and Syrian clients living with a disability. This informed the topics presented at RHS' two support groups for Dari and Arabic speaking people living with a disability and their carers. Resources developed through this project are distributed to clients seen by our Disability Support Team, and videos are shown at groups.

## **SVHNS**

- SVHNS advocates for inclusion of diverse populations in clinical trials through selection of studies providing translated study tools and questionnaires to actively support trial participation. In-person and telehealth interpreters support diverse population participation in clinical trials and provide early access to treatments and interventions.

- Rehab [Research paper](#) results on interpreter use was presented at the ACI's combined Network forum for Rehabilitation, Brain Injury and Spinal Cord Injury, attended by more than 500 health professionals across NSW Health.
- The Rehab interpreter project has also been progressing with data analysis of rehab outcomes for people who do/don't require interpreters in a national dataset from the network's clinical rehabilitation registry. Preliminary results were presented at the World Congress of the International Society for Physical and Rehabilitation Medicine, attended by over 1600 international rehabilitation delegates.

## STARTTS

STARTTS has contributed to and published several research projects, including:

- a Pain study: Two community groups Tamil (completed), using pain questionnaires and interviews. The outcomes will help among other benefits, improve GP assessment of trauma and facilitate the referral of traumatized clients to appropriate services such as STARTTS.
- an international collaborative project: STARTTS is developing a self-report questionnaire: 'The Screening of Refugees Self-Report' (ScoRe-SR). This questionnaire will help to screen common mental health symptoms and psychosocial issues experienced by refugees.
- Key findings related to studies conducted with asylum seekers and those experiencing visa uncertainty have informed a better understanding of the health impacts of precarious residency status on those seeking protection.

## SESLHD

The CYFS undertook projects including:

- First 2000 Days Care Connect (FDCC). A holistic first 2000 days model of care for migrant and refugee populations.
- Cross Cultural Workers in Maternity and Child & Family Health Services Project.
- Evaluation of the Wollie Creek and Rockdale Hubs.

The Hub evaluations will shape local service delivery and inform statewide and national policy for integrated care hubs in the first 2000 days of a child's life. Cross-Cultural Worker program evaluation influenced the sustainability of the program and assisted in the improvement of the program to meet the needs of CALD communities.

The SSHC conducted an audit of its SSHC WeChat and LINE platforms, designated for in-language outreach to Chinese (Mandarin) speaking and Thai speaking sex workers in SESLHD. Audit findings have informed the development of a repository of electronic resources that respond to commonly asked questions on the WeChat and LINE platforms. Ready access to these digital materials, created in formats that are compatible and easy to be posted on the platforms, will enable the HEOs to provide more service navigation to clients with greater complexity and service needs.

## SWSLHD

SWSLHD held targeted consultation to develop its Research and Innovation Strategy. Focus groups were conducted in Arabic and Vietnamese to explore how the district can increase engagement and consultation about research and innovation in South West Sydney.

- **Bilingual Trial Navigator Project:** a co-design workshop was conducted with Arabic speaking cancer patients and carers to understand patient journey, pain points, enablers and barriers to participating in clinical trials.
- **Telehealth Project:** This was a prospective study conducted with SWSLHD Multicultural Health service to explore the experience of our CALD community during the rapid uptake of telehealth during/post pandemic. Findings led to providing additional support by multicultural health services and resources developed to assist CALD patients use telehealth.

- **Publication:** Brady, B., G. Saberi, Y. Santalucia, P. Gorgees, T. T. Nguyen, H. Le and B. Sidhu (2023). "Without support CALD patients will be left behind': A mixed-methods exploration of culturally and linguistically diverse (CALD) client perspectives of telehealth and those of their healthcare providers." *Journal of Telemedicine and Telecare*: 1357633X231154943.
- **The Natural Helper Approach to culturally responsive healthcare** - This project builds on previous research that has identified gaps in clinical care provided to CALD communities and a need for more responsive services. This project is evaluating a model of partnership between healthcare professionals, multicultural health and CALD consumers to support CALD patients with chronic diseases.
- The findings identified where consumers experience the greatest challenges in their chronic disease management and the settings in which a cultural mentor support is provided may have the greatest effect. We are now transitioning to a sustainability phase where SWSLHD Multicultural Health unit will continue to offer support for clinics to embed a peer mentor in their service while also expanding to other services such as the KWIC team.
- **Publication Pilot study:** Brady, B., B. Sidhu, M. Jennings, R. Boland, G. Hassett, L. Chipchase, C. Tang, S. Yaacoub, N. Pavlovic, S. Sayad, T. Andary, S. Ogul and J. Naylor (2023). "The feasibility of implementing a cultural mentoring program alongside pain management and physical rehabilitation for chronic musculoskeletal conditions: results of a controlled before-and-after pilot study." *BMC Musculoskeletal Disorders* **24**(1): 47.
- **Publication Main study protocol:** Brady, B., B. Sidhu, M. Jennings, G. Saberi, C. Tang, G. Hassett, R. Boland, S. Dennis, C. Ashton-James, K. Refshauge, J. Descallar, D. Lim, C. M. Said, G. Williams, S. Sayed and J. M. Naylor (2023). "The Natural Helper approach to culturally responsive disease management: protocol for a type 1 effectiveness-implementation cluster randomised controlled trial of a cultural mentor programme." *BMJ Open* **13**(1): e069120.

## SCHN

The SCHN Kids Research Centre is routinely involved in clinical trials, ensuring inclusion of patients and families from CALD backgrounds

The PEACH program has conducted qualitative and quantitative research, including:

- Quantitative: collated and analysed a baseline dataset for ED and admitted patients. This has been submitted for peer reviewed publication. Cost effectiveness has been analysed and submitted for peer reviewed publication. Gaps in outpatient data have been identified and excluded from analysis due to inconsistent quality.
- Qualitative: Data from consumer interviews has been coded, analysed and written up for reporting. This has been submitted for peer reviewed publication.

Analysis of effectiveness of the PEACH program in reducing inequity will occur over 2024-2027 using funding from Luminesce Alliance, which includes:

- Quantitative impact evaluation comparing inequity data every year from 2024-2027 to baseline eMR data.
- Implementation evaluation through ethnography, focus groups and interviews with staff, patients and stakeholders to assess barriers and enablers to implementation.
- Cost-benefit analysis.
- A co-design framework for scalability and sustainability.

## SLHD

The Clinical Trial Management System (CTMS), implemented in September 2023, captures patient demographics to better understand the diversity of populations within Clinical Trials and to inform decision making. Several clinical trial units are now collecting diversity demographics. Key strategies to increasing CALD inclusion in clinical trials includes:

- Implementation of a 'Diversity in Research' standing agenda item in the SLHD Clinical Trials Steering Committee meeting, and engagement with CALD consumers.
- Development of multilingual recruitment and awareness campaigns.
- Development of research resources and tools in priority languages.
- Training of Health Care Interpreters and Cultural Support Workers to support non-English speaking participants in research projects and clinical trials.
- Facilitating travel for participants from remote and regional NSW.
- All clinical trials must include an action plan on how CALD participants will be supported.
- Researchers are supported to engage sponsors on recruitment strategies for CALD groups.

SLHD staff have also contributed to and published several research projects, including:

- [Development of Moving Pictures GENIE-an online gateway to dementia resources to support Culturally and Linguistically Diverse \(CALD\) communities](#), Antoniadis J, Brijnath B, Radford K, Lavrencic L, Dasgupta J, Parra-Rodriguez MA, Franzen S, Lock K, Lay V, Medel CN. *Alzheimer's Dement.* 2023. 19: e078030.
- [Management of low back pain in Australian emergency departments for culturally and linguistically diverse populations from 2016 to 2021](#), Chen Q, Maher CG, Rogan E, Machado G. *Emerg Med J.* 2023 Jul;40(7):486-492. Epub 2023 Apr 21. PMID: 37085180.
- [Designing an App for Parents and Caregivers to Promote Cognitive and Socioemotional Development and Well-being Among Children Aged 0 to 5 Years in Diverse Cultural Settings: Scientific Framework](#), Crouse JJ, LaMonica HM, Song YJC, Boulton KA, Rohleder C, DeMayo MM, Wilson CE, Loblay V, Hindmarsh G, Stratigos T, Krausz M, Foo N, Teo M, Hunter A, Guastella AJ, Banati RB, Troy J, Hickie IB. *JMIR Pediatr Parent.* 2023 Feb 13;6:e38921; PMID: PMC9972208.
- [The nature of inpatient rehabilitation for people with aphasia from culturally and linguistically diverse backgrounds: a scoping review](#), Mellahn K, Larkman C, Lakhani A, Siyambalapitiya S, Rose ML. *Top Stroke Rehabil.* 2023 Mar;30(2):146-156. Epub 2021 Dec 2. PMID: 34854368.

## TMHC

The TMHC Emotional Wellbeing Clinic was a time limited project over 2022-2024 which was funded by NSW Health's Refugee Health Flexible Fund. It established and ran a clinic for people with refugee or asylum seeker experiences within Western Sydney. The clinic was culturally responsive, and trauma informed and aimed to build resilience and support good mental health for adults from the Afghan and Sri Lankan (Tamil-speaking) communities in Western Sydney. A report about the project included a literature review, description of the process of setting up the clinic as well as discussion of the outcomes and reflections about the clinic. See So E, Cassaniti M, Garan N & Ingham K. (2023). [Culturally Responsive Emotional Wellbeing Clinical Services for People with Refugee or Asylum Seeker Experiences.](#)

## WSLHD

WSLHD has standard operating procedures and processes in place for accessing and using the WSLHD HCIS for patients in pharmaceutical-sponsored clinical trials or clinical research studies. Health care interpreters are to be engaged in all clinical trial and research situations where communication is essential for patients/clients who are not fluent in English or who are deaf. The HCIS has collaborated with WSLHD Clinical Trials Team to establish priority access to interpreters, ensuring CALD patients can readily access clinical trials.

WSLHD has also contributed to and published several research projects, including:

- [Creating safer cancer care with ethnic minority patients: A qualitative analysis of the experiences of cancer service staff](#), Ashfaq Chauhan PhD, Bronwyn Newman PhD, Elizabeth Manias PhD, Kathryn Joseph MPH, Desiree Leone PhD, Ramesh L. Walpola, Holly Seale PhD, Allen Ben Smith PhD, Reema Harrison PhD, *Health Expectations* (2024): this qualitative study with clinicians investigated the availability of infrastructure and resources to support communication with consumers from ethnic minority backgrounds to enhance their safety in the context of cancer services. It found it was limited to specific tasks and that health service strategies to foster effective communication require expansion, especially for informal and everyday care tasks.
- End of life and palliative care two-year study to understand the different end-of-life and bereavement needs of diverse communities including Arabic, Hindi and Mandarin speaking groups was completed and published. The findings and recommendations from this research have been used to inform the design and development of the Westmead Acute Supportive and Palliative Care service and Community Supportive and Palliative Care models.

## Appendix – alignment of CALD Plan and MPSP Framework

Plan Outcomes	MPSP Framework Outcomes
1. NSW Health has strategies in place to improve access and quality of care for all people from CALD backgrounds	Mainstream services deliver for everyone Targeted programs fill the gaps Strong plans to deliver services
2. NSW Health supports people from CALD backgrounds to be active partners in decisions about their healthcare	People from culturally diverse backgrounds are aware of NSW Government services, programs and functions Collaboration with diverse communities
3. NSW Health is responsive to people’s individual needs, language and culture	Demonstrated leadership in culturally inclusive practices Recognition of the value of cultural diversity
4. NSW Health understands the needs, experiences and identities of CALD communities	Evidence driven planning Understanding of the needs of people from diverse backgrounds