

# Multicultural Policies and Services Program (MPSP)

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*NSW Health report for the period 1 July 2020 to 30 June 2022*

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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 2020 to 30 June 2022.

The Multicultural Policies and Services Program (MPSP), overseen by Multicultural NSW, is a whole-of-government program focused on ensuring NSW Government agencies implement the principles of multiculturalism through their strategic plans, and deliver inclusive and equitable services to the public. The MPSP Framework is outcome-focused and consists of four focus areas which are Service Delivery; Planning; Leadership; and Engagement.

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.

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 (the Report) therefore presents information for the previous two year period 2020-21 and 2021-22.

For this Report, the NSW Ministry of Health received reporting from 29 NSW Health organisations. This included all local health districts and specialty health networks, as well as pillars, statewide services, Ministry branches and relevant affiliated health organisations.

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 health needs of CALD communities. These goals strategically align with the MPSP Framework (see Appendix).

Over 2020-22 NSW Health has continued to ensure the health system is accessible and responsive to the needs of people from CALD backgrounds. This Report provides high-level summaries of what organisations are delivering and achieving across the NSW Health system to support the health of people from CALD backgrounds, including initiatives and outcomes backed by evidence.

Singling out initiatives across a system as large and complex as NSW Health is challenging and only gives a partial view of the work being undertaken. However, the following examples highlight some of the significant work across each of the four outcomes.

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

The Mental Health Branch in the Ministry of Health has supported the launch of Australia's first [Transcultural Mental Health Line](#). Available Monday to Friday between 9.00 am and 4:30pm, it will improve access to mental healthcare and support for CALD communities. The line is run by the NSW Transcultural Mental Health Centre and will be staffed by registered bilingual mental health professionals who can provide mental health support in up to 30 languages. It is not a crisis service and will act as a bridge between individuals and culturally appropriate and responsive mental health services.

The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), which is co-funded by South Western Sydney Local Health District, increased the number of clinical and community development positions focusing on Afghan communities in response to the Taliban takeover of Afghanistan and its impact on clients. STARTTS provided assessments for all newly arrived Afghan evacuees, increased access to counselling, undertook multiple community consultations, increased group interventions for all age groups, enhanced mental health literacy initiatives, as well as community capacity building for Afghan refugee-led organisations.

In response to the Russian invasion of Ukraine, STARTTS quickly engaged with the Ukrainian community and now employs Ukrainian casual staff on the *Witness to War* project, Ukrainian bicultural facilitators in the *Families in Cultural Transition* program, as well as two staff in a project with the Ukrainian Council of NSW, funded by Be Kind Sydney.

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

The Cancer Institute NSW expanded its patient information [multilingual portal](#) to include information on diagnosis and cancer treatment. Through easy-to-understand text, video and audio content, the portal helps multicultural communities access in-language information. This increases their cancer literacy, empowering them to be more involved in their care. The portal won the *2021 Multicultural Health Communication Award for Patient Information*.

The risk of stillbirth among women born overseas is 13 per cent higher than among Australian born women. Language barriers, unfamiliarity with the health system, sociocultural factors, and poor health literacy may be contributing factors. The Skills Training and Education to Prevent Stillbirth (STEPS) program, a group-based health literacy program for pregnant women from CALD backgrounds, was developed to increase knowledge about stillbirth risk factors and enhance use of health services. The program materials were co-designed with consumers, Western Sydney Local Health District Multicultural Health and University of Sydney researchers. The program was piloted with Dari-speaking women in the second or third trimester of pregnancy. A Dari bilingual health worker provided regular support to pregnant women accessing maternity services in Auburn Hospital and was instrumental in the success of the program.

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

Nepean Blue Mountains Local Health District partnered with NSW TAFE and Nepean Multicultural Access on a Refugee Employment Working Group. This resulted in a custom designed six-week training by TAFE NSW, which built capacity in job readiness for refugees to apply for 60 vacant assistant grade two positions in the new Nepean Hospital at the end of March 2022. Of the applicants, 11 people received job offers and four were waiting for their clearances and official offers. A proposal for CALD traineeship positions is also under consideration by the Workforce, People and Culture team. A partnership with the executive at the Blue Mountains Hospital also led to three [people from the Tibetan community being employed at the hospital](#).

The Chief Executive of South Eastern Sydney Local Health District continues to lead the *Addressing Racism in Health Care* strategy, which aims to decrease the experience and impact of racism on consumers and staff. The Multicultural Health Service (MHS) coordinates the strategy and has delivered bystander intervention training titled *Understanding and Responding to Racism in Health Care* to over 960 participants.

South Western Sydney Local Health District developed a *Racism, Discrimination, Diversity and Inclusiveness* action plan to ensure staff, consumers and carers feel:

- empowered and aware of their rights to equality and inclusion
- welcomed, safe, respected and valued in a culturally sensitive and competent environment.

Sydney Local Health District's Health Care Interpreter Service was able to rapidly implement new service delivery procedures and use of technology to provide on-site telephone and video support to all COVID-19 vaccination clinics, including Sydney Olympic Park. They delivered over 199,000 occasions of service to more than 64,000 people from CALD backgrounds in 2021-22.

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

The Clinical Excellence Commission undertook a research project to assess the efficacy of under-mask beard covers in achieving an adequate seal with tight-fitting disposable P2/N95 respirators. The Commission's Infection Prevention and Control team worked with doctors and health workers

from the Sikh community, who cannot shave their beards for religious reasons. Published in the May 2022 [Journal of Hospital Infection](#), the research led to comprehensive guidance and videos demonstrating the best technique to improve the safe use of P2/N95 respirators for health workers with beards.

As part of the evaluation of the *Refugee and Asylum Seeker Oral Health Project*, the Centre for Oral Health Strategy (COHS) published research in the [Frontiers in Oral Health](#) journal on how trauma informed care training can support oral health professionals to provide culturally safe and responsive care. As a result, training was made available to oral health teams from all districts and speciality networks. COHS will continue to work closely with patients, families, and carers from CALD backgrounds to conduct and publish research that improves the evidence-base for oral health promotion and prevention.

### **2022-23 onwards**

The [NSW Refugee Health Plan 2022-2027](#) (the RHP) was launched and published in December 2022. The RHP identifies priorities and will support initiatives for best practice healthcare for people from refugee backgrounds over the medium term. As part of the RHP's implementation, the first Refugee Health Flexible Fund will continue over 2022-23, with over \$2 million committed to 15 initiatives across the NSW Health system in support of refugee healthcare.

In 2022–23, NSW Health will respond to a review project to guide statewide service planning and delivery for healthcare interpreting services. Implementation of recommendations will improve staff and patient experiences, as well as support health outcomes that matter most to people from CALD backgrounds.

In 2022-23, NSW Health will also commence a project with the Bureau of Health Information on the experiences of patients from CALD backgrounds in NSW public hospitals. This new statewide report, expected to be published in 2023-24, will provide insights and promote the use of data to inform improvements across NSW Health. It will also enhance understanding of the specific issues and challenges in relation to healthcare experiences for people from CALD communities.

### **Conclusion**

NSW Health's MPSP Report for 2020-22 provides evidence that NSW Health organisations are meeting the MPSP best practice standards in the provision of inclusive and equitable services to the public. This ensures the NSW Health system is accessible and responsive to the needs of people from CALD backgrounds.

# 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 and 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. Over 2020-22, NSW Health organisations also leveraged the increased focus on virtual care to find local solutions to providing culturally responsive service delivery for CALD populations.*

## 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?*

### **Bureau of Health Information (BHI)**

The BHI publishes independent reports and information about the performance of the NSW Health system. In developing surveys used in the NSW Patient Survey Program, BHI involves consumers in focus groups and cognitive testing. Surveys mailed to respondents include a leaflet with instructions in 24 other languages, and a number to contact for help in completing the survey in a language other than English. Survey participation provides a voice to CALD communities, ensuring that their feedback can be used to help improve healthcare experiences and outcomes for patients across NSW.

### **Cancer Institute NSW (Cancer Institute)**

Key representatives from the multicultural sector (government and non-government), community members and people affected by cancer contributed to the [NSW Cancer Plan 2022-2027](#). The consultation process included interviews, focus groups, multicultural themed co-design workshops, and a public consultation. This resulted in a robust plan that will embed activities across the sector to improve cancer outcomes for multicultural communities.

*A Refugee Cancer Screening Partnership Project* has involved community members from the Sub-Saharan and Middle East regions in exploratory workshops, to understand their screening behaviours, and specific barriers they might be encountering in relation to participation in the three national screening programs (breast, bowel, and cervical). The workshops are being held across the state, including regional areas, and will canvas tailored interventions to improve cancer literacy.

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

In HNELHD there is strong and effective contributions from people from CALD backgrounds to services, programs and policy development. The Multicultural and Refugee Health Service has representatives on several district committees including Communicating for Safety, Clinical Procedure Safety and Consent, and Partnering with Consumers. Each Sector within HNELHD has a bi-monthly Multicultural Access Committee (nine in total) chaired by Sector General Managers, each with a consumer representative.

Each year, ten 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. These interviews are used to give direct feedback to services and committees, and for use in clinician training.

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

The FGM Program endeavours to support women and girls affected by or at risk of the FGM/C practice. The Program's clients often become strong advocates for other women in their communities to seek appropriate support. Since 2021, the Program's main effort has been the development and implementation of formative research called *Make your voice heard*. The project involves seven high risk FGM/C practising communities living in NSW. Over July 2020 to June 2022:

- approximately 1200 questionnaires were administered to community members
- 11 FGM/C Bilingual Community Educators (BCEs) have been trained in data collection
- 195 surveys were completed by Sudanese, Indonesian, Iraqi-Kurdish, Egyptian, Somali and other community leaders and members.

The evidence collected will help develop strength-based strategies focusing on prevention, health promotion and early intervention approaches, to increase awareness about FGM/C and support and improve the health of women and girls affected by or at risk of FGM/C.

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

The MHCS has undertaken a significant amount of community engagement, which has included:

- Community and community leader meetings and forums at a local and state level to directly provide up-to-date information and answer questions and concerns.
- Regular online forums for community and religious leaders and groups to keep them informed and updated on the latest developments.
- Engaging key partners to support message dissemination, including non-government multicultural and ethno-specific organisations.

The MHCS also developed a CALD Youth Ambassador program to help engage young people on COVID safe and vaccination messages, using their own tone, language and channels, particularly throughout the winter 2022 period.

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

The RHS has embedded refugee community engagement in all the service's activities through:

- Program delivery – RHS provides community sessions and programs that gain direct and timely feedback from communities, including from new arrivals and emerging communities, e.g. in health education sessions or project feedback.
- Quality assurance activities – RHS continues to undertake quality activities that centre on gaining feedback from clients, especially through the Refugee Health Nurse Program, and the Asylum Seeker Team.
- Bilingual staff - Who work very closely with communities and provide timely insights and feedback.
- Internal processes that highlight formal community engagement – RHS is formalising a health literacy standard within the organisation that requires community input to RHS resources.
- Research pieces the organisation has undertaken.

### **NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)**

STARTTS is committed to community involvement, collaboration and co-design 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:

- Zoom-based community consultations with the Ahwazi community – this included a large-scale consultation with over 350 participants and a consultation specific to Ahwazi women with 30 participants.
- A community consultations working group was formed with 15 community leaders from the Uyghur community. The group met regularly to explore community needs and issues and plan large-scale consultations.
- Armidale Ezidi youth consultation – specific youth consultation was held with Ezidi young people.

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

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

- Implementation of a dedicated focus group for CALD leaders and community representatives to inform the development of the *NSLHD Strategic Plan 2022-2027*.
- Participation of the NSLHD CALD Consumer Group in the development of the *NSLHD Partnering with Consumers Framework: 2021-2026*.
- Participation of young people from CALD backgrounds in a needs assessment coordinated by the Health Promotion Service that identified diversity in relationships as a key priority area, including dating and navigating cultural expectations. The consumer-identified need informed the content for a youth-led podcast 'Mates and Dates', which was co-designed and voiced by a team of diverse young people.

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

The *SESLHD Implementation Plan for Healthy Culturally Diverse Communities and Refugee Health Plan 2021-2023* was finalised in 2022. The Priority Populations Unit developed the Plan in consultation with internal and external partners and consumer representatives. The Plan highlights the:

- Addressing Racism Strategy
- SESLHD Translation Policy
- CALD Assist Communication App
- Reporting of quality and safety indicators for patients from CALD backgrounds
- Audits of the use of professional interpreters for informed consent
- Staff training in cultural responsiveness, health literacy and working with interpreters.

SESLHD's regular quarterly Multicultural Health Stakeholder Advisory Committee meeting was suspended in 2020 due to COVID-19. This was replaced with an online fortnightly meeting open to all community organisations working with CALD communities to provide localised information on COVID-19.

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

People from CALD backgrounds and Multicultural Services are actively involved in the process of health planning through advisory committees, project specific steering committees/working groups and participation in consultation processes. For example:

- BCEs were engaged to test Patient Reported Measures (PRMs) with 88 local CALD consumers in 10 languages for the Agency for Clinical Innovation. They also supported the MHCS to conduct focus groups with 25 local CALD consumers of virtual care/telehealth.
- Staff and members of the Macarthur Consumer and Community Participation Network participated in user groups for the redevelopment of Campbelltown Hospital. This group was involved in the hospital accreditation process that evaluates how the organisation is ensuring that people from CALD backgrounds are active partners in decisions about their healthcare.



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

The Cultural Support Program (with SESLHD and SLHD) has bilingual workers who provide services including reviewing multilingual services and supporting research to increase participation by CALD populations. Cultural Support Workers were engaged in workshops to support the design and development of the SVHNS Clinical Service Plan and Consumer Engagement Framework.

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

The NSW Government has committed capital funding to build Rouse Hill Hospital for the growing population in Sydney's north-west. WSLHD, in partnership with the Australian Institute of Health and Innovation, undertook a study to investigate service delivery approaches for the new hospital. As 37 per cent of consumers in the Rouse Hill Hospital catchment are from CALD backgrounds, efforts were taken engage with culturally diverse communities. As a result 36 per cent of consumers attending consultation sessions spoke a language other than English. CALD consumers provided feedback on Digital hospital, Hospital in the home, Integrated care and Virtual care models of care, as well as support required to provide culturally responsive and safe care.

## 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 is an initiative of the Health and Social Policy Branch in the Ministry of Health. 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. In the consultation phase of the project, consumer and family perspectives were captured with the support of bilingual workers, multicultural health workers and multicultural liaison officers.

### **Cancer Institute NSW**

The Cancer Institute NSW has expanded the PRMs system to incorporate two electronic surveys, Edmonton Symptom Assessment Scale and Distress Thermometer and problem checklist, in eight languages other than English - Arabic, Vietnamese, Chinese simplified, Chinese traditional, Korean, Greek, Spanish and Italian. Multicultural service providers and consumers provided significant input to support the development of the surveys, which capture patients' perspective on how their illness and care is affecting their wellbeing. These will enable clinicians to triage patients to appropriate referral services. Patients will have an end-to-end experience of the system in their chosen language, including reporting their symptoms and receiving in-language self-care information generated from the *Patient Information* web-portal. Multilingual [factsheets](#) have been developed and when a service is ready to utilise in-language surveys, the Cancer Institute NSW is providing funding to support them to embed a local model and partnership with district multicultural health services. SWSLHD is the first district to have received funding and is embedding PRMs for Arabic speaking patients accessing cancer services within its catchment.

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

Maternity services at CCLHD, together with the Diversity and Inclusion Manager, led a multidisciplinary team to develop an inclusive maternity model of care for mums who are deaf or hearing impaired. The need was identified after a deaf mother with a high-risk twin pregnancy required care. Tools for clinical teams and midwives were developed, including an education package with helpful tips, Auslan video interpreting resources, and a communication toolkit. The project won the *Caring for the Coast* award for Excellence in Inclusion and Diversity and will be shared with maternity services across Australia.

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

COHS commenced the *Refugee and Asylum Seeker Oral Health* project. Due to COVID-19, there were limitations to NSW public dental services and an increase in the number of patients waiting to receive routine clinical care. With the support of the NSW Refugee Health Flexible Fund, dedicated refugee clinics were established in two metro and four regional local health districts. This reduced waiting times and increased access to dental care for patients from refugee and asylum seeker backgrounds. Secondly, COHS is reviewing the [Priority Oral Health Program and Waiting List Management Policy Directive](#). This review will ensure that the policy remains responsive to the needs of priority populations, including people from CALD backgrounds.

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

The *Crunch & Sip* program delivered through the *Live Life Well @ School (LLW@S)* program has developed several resources for consumers from CALD backgrounds. These focus on improving nutrition in school and home settings, with an aim of preventing childhood overweight and obesity.

Fact sheets have been culturally adapted and translated for [Arabic](#), [Chinese \(simplified\)](#) and [Macedonian](#) consumers in collaboration with the MHCS and Cultural Support Workers from these communities.

The [International Student Health Hub](#) was developed by the NSW STI Programs Unit in partnership with key NGOs to improve the sexual health knowledge of international students, as well as improve health literacy and access to services. Content for the site was developed with members of the international student community to ensure relevance, cultural appropriateness of materials, and ensure engagement with the audience.

### **FGM Program**

The FGM Program developed a community education module on incontinence titled *Bladder Control Problems - no laughing matter* to assist women to improve their understanding, prevention and management of the condition. The module addresses the health needs of affected women to improve their health, foster empowerment and strengthen health literacy. Six sessions on incontinence were delivered to 53 members from communities where FGM/C may be practiced.

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

HETI, with the support of the Health and Social Policy Branch, developed a new education and training module called [Culturally responsive end of life care for people from culturally and linguistically diverse \(CALD\) communities](#). It explores end of life from the perspectives of people from CALD backgrounds and aims to help NSW Health staff to understand the barriers that people from CALD backgrounds encounter when accessing culturally sensitive end of life care. HETI Higher Education also developed a new module for professional development called [Diversity and mental health](#), which has an emphasis on understanding and meeting diverse needs through culturally inclusive practice.

### **HNELHD**

Refugee health services and supports in Armidale have been enhanced through the addition of allied health positions with the support of the NSW Refugee Health Flexible Fund. This enhancement built on the existing nurse-led model, particularly with disability and aged care supports, pain management, counselling, and by providing linkages to other support services. The University of Newcastle evaluated the model of care and recommended that other refugee settlement sites be provided with access to dedicated allied health services for people from refugee backgrounds. The local Primary Health Network (PHN) also supported the district Refugee Health Service by funding the innovative [Care Navigation Program](#) in Armidale.

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

Part of the local COVID-19 response involved moving non-acute services to alternate venues off hospital campuses. As a result, the Coffs Harbour Refugee Health Clinic (GP and nurse led clinics) was relocated into the Coffs Harbour CBD. The CBD location provided easier access to the CALD community which was reassuring during periods of high uncertainty for clients. Nurse led outreach drop-in clinics continue twice weekly in the CBD location.

The Active Ageing Team works with the ageing population in the Sikh community in Woolgoolga. In collaboration with a community service provider *Linked to Life* the team provides health promotion education and information and works with local interpreters to ensure that information is translated appropriately and effectively during community talks.

### **NBMLHD**

The MHS identified and supported a local GP practice to set up a weekly clinic to coordinate and conduct COVID-19 vaccinations, health check-ups, provide referrals and ongoing healthcare for all [Afghan refugee evacuee arrivals in Penrith](#) over a three-month period. A working group was

established with government, NGO and Afghan community representatives to fast track issuing of Medicare cards, arrange urgent medical and dental appointments, buy medications, and organise a bus tour of the local area to assist with decisions around longer term settlement. The NSW Refugee Health Service recognised this as an effective model of supporting newly arrived refugees to address urgent health and other settlement issues in the first three months of arrival.

*The Multicultural Assessment Project* at the Nepean Cancer and Wellness Centre has successfully increased the identification of CALD patients prior to their first visit. This enables supportive access and the ability to provide interpreting services. The project also initiated the implementation of a CALD action plan for cancer services. Self-check-in systems at cancer services now also refer to the five top languages other than English. The patient Oncology eMR flags when a patient requires interpreter services and patients identified as requiring an interpreter will have one booked for their appointments.

### **NSLHD**

The Chronic Disease and Community Rehabilitation Service implemented a new model of care to improve access to tele-rehabilitation services for older Cantonese and Mandarin speaking patients. Targeted interviews with patients, carers and healthcare interpreters informed the redesign. Program outcomes for participants included improved disease knowledge and quality of life scores.

Factors contributing to the success of the program included:

- block booking of telehealth-enabled health care interpreters
- recruitment and support of family members to assist patients with technical support
- a personalised patient program based on functional goals and thorough assessment
- access to a staff member and an interpreter for technical support during the group session
- translated patient information
- a weekly check-in phone call to patients outside the group sessions.

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

ECAV delivered its *Working towards culturally informed practice* course to help mainstream workers develop a trauma informed understanding of violence in the context of migration and displacement. The course explores concepts of cultural sensitivity, cultural safety and cultural humility when working with CALD clients. ECAV also delivered *Practical Skills in Responding to People Experiencing Domestic Violence*, which covers issues that people from migrant and refugee backgrounds experience on top of domestic violence e.g., FGM/C, slavery, forced and under aged marriages. During the COVID-19 pandemic, ECAV adjusted training courses to reflect the way in which COVID-19 restrictions could be used to further isolate survivors, with coercive control as a particular focus.

### **STARTTS**

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

- Employing casual Bicultural Client Support Workers in all local health districts covered by STARTTS and in New Horizons in the Mental Health Community Living Support for Refugees (MH-CLSR) program. Most of the support workers are people with lived experience and they cover all relevant language groups. This is a feature unique to the STARTTS/New Horizons Model of MH-CLSR in the MNC, HNE, Sydney and SWS local health districts.
- A new program to provide education, awareness and empowerment to refugee women in the area of domestic and family violence. The six week *Purple Hearts* program has been delivered to women from five different ethnic/language groups by specially trained female Bicultural Facilitators.
- The [Keeping In Contact Project](#), funded by WentWest, delivered health and wellbeing activities, health information sessions and art initiatives for seniors. The project delivered 17 social support

and wellbeing groups, as well as individual Zoom calls by Bicultural Facilitators to seniors from the Afghan, Karen, Bangladeshi, Bosnian, Armenian, Tamil and South Sudanese communities.

### **SESLHD**

The Cross-Cultural Workers Service and Maternity and Child and Family Health Services were expanded and made permanent. These workers support women from migrant and refugee backgrounds to navigate, access and engage with the district's Maternity and Child and Family Health Services from pregnancy to the early parenting period (0-5 years). The workers also provide health education, health promotion, resource development and client advocacy. Evaluation of the services found an increased understanding of pregnancy, birth and parenting and that all respondents would recommend the service to friends and family. The service won the district award for Integrated Valued Based Care, were joint winners of the Consumer Choice Health Awards, and received an Honourable Mention for the NSW Health Awards for Integrated Valued Based Care.

Also, in response to high psychological distress in multicultural communities throughout the COVID-19 pandemic, the Mindfulness Program delivered an adapted single session program focussing on stress management. With the support of funding from the Central and Eastern Sydney PHN, 49 of these modified sessions were delivered online in eight languages to more than 500 people.

### **SWSLHD**

The *Bilingual Telehealth Support* project is the first documented approach for responding to challenges experienced by CALD communities accessing telehealth. The program provides one-to-one support to CALD patients on using telehealth to communicate with health care providers. User reference guides were translated into relevant languages. Multicultural Health staff provided step by step support to clients to practice connecting through PEXIP, Skype and My Virtual Care.

Solutions were developed inductively with the expertise of the district's MHS. A 10-month mixed-methods evaluation captured CALD patients' (n=56; 23-79yrs) and healthcare providers' (HCP, n=81) experiences using telehealth. Despite 86 per cent of patient's inexperience with telehealth, 80 per cent achieved a successful connection with their healthcare provider. Patients reported that in-language guidance during a test connection was the most useful support strategy. With support self-reported attitudes towards telehealth improved (pre: 68 per cent felt supported and 70 per cent confident; post: 86 per cent supported, 75 per cent confident). Responses also highlighted avenues for hybrid models of care in the future.

The district continues to respond to health care provider's needs. While responses were mixed, overwhelmingly health care providers endorsed a targeted approach to telehealth use in the future. Over half felt they were able to competently assess and/or treat CALD patients using telehealth and approximately two thirds would consider future use in a hybrid capacity. A draft manuscript, 'Without support CALD patients will be left behind': A mixed methods exploration of CALD client perspectives of telehealth and of their healthcare providers, has been prepared for publication in the *Journal of Telemedicine and Telecare*.

### **SVHNS**

The Clinical Research Unit for Anxiety and Depression launched multicultural mental health support resources through [This Way Up](#), an online mental health education and support website for stress, anxiety and depression. Resources were developed together with the MHCS in ten community languages and English.

SVHNS recognises that sadly only one in five victims of modern slavery in Australia are identified. To assist healthcare workers to identify modern slavery, SVHNS is committed to ongoing awareness raising and training. St Vincent's Health Australia launched an 'Anti-Modern Slavery Policy' on human trafficking, supply chains, and a clinical referral pathway for suspected/identified modern

slavery. An annual intensive training is held to provide clinicians with the tools to respond to modern slavery and a three hour training session with 86 healthcare workers was held in 2021.

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

SCHN established the *Providing Enhanced Access to Healthcare Services (PEACH)* program, to enhance and tailor service provision to priority populations including people from CALD backgrounds. PEACH project achievements so far include:

- an alert tile on the eMR dashboard for those facing cultural and/or linguistic barriers
- key stakeholders involved in healthcare for this group are identified and connected
- inter-departmental collaboration to undertake process-mapping
- regular analysis of CALD data to compare with other population groups
- co-design initiatives to enhance and support early and equitable access to healthcare services.

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

The pilot Breast Cancer Concierge Program has grown significantly, with 22 CALD patients receiving one-to-one in-language phone support from trained, bilingual 'concierges', to assist with health system navigation and psychosocial support after a diagnosis of breast cancer. The Canterbury Antenatal Postnatal Service has also been developed to meet the needs of patients who find it difficult accessing the hospital for routine check-ups. The service is very popular and in high demand with CALD communities.

### **Transcultural Mental Health Centre (TMHC)**

The TMHC and Western Sydney LHD received funding from the COVID-19 Mental Health Recovery Package to establish a new [Transcultural Mental Health Line](#). The phone line will support NSW's CALD communities with early access to mental health information and services. Four full time positions will attend to calls and requests for support and information in multiple community languages. The line will provide high quality, culturally safe emotional and wellbeing support services; triage and referral for clinical advice and acute presentations; and culturally relevant mental health and wellbeing information.

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

The district has been implementing the principles of Value Based Health Care through the Planned Care for Better Health (PCBH) program and Emergency Department to Community initiative. These programs ensure people from CALD backgrounds are empowered and enabled to understand and manage their health conditions and are provided equitable access to health and social care services. There is an emphasis on delivering person-centred care and improving health literacy together with carers and interpreting services. In 2021, the PCBH program pivoted to respond to the initial COVID-19 outbreak in WNSWLHD, which included engaging with the local Sudanese and Fijian communities to deliver Covid-19 care in the community.

### **WSLHD**

The Toongabbie area has a large Indian and Sri Lankan population and more than 50 per cent of people live with a high risk of diabetes. [Healthy Living Toongabbie](#) (HLT) was formed as a 'place-based' approach to encourage community engagement in the prevention and management of diabetes. HLT includes health professionals, community leaders and local businesspeople, and has been delivering activities and campaigns to raise awareness of diabetes and healthy lifestyles. The HLT team developed three short educational [videos](#) in Tamil for women of child-bearing age on gestational diabetes, healthy diet and physical activity. HLT has been recognised as a leading example for priority and place-based groups for CALD communities.

## 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?*

### **Cancer Institute NSW**

The Cancer Institute NSW's Primary Care Cancer Control Quality Improvement toolkit aims to increase participation in national cancer screening within a general practice setting. CALD communities are a focus of the toolkit, which supports practices having a good understanding of the health needs of the cultural groups within their populations and routinely recording ethnicity, country of birth, language other than English spoken at home and cancer screening status. Other resources and information to support primary care providers include the:

- [Refugee Health Assessment Template](#)
- availability of plain English and translated educational materials
- [Translated Appointment Reminder Translation Tool](#)
- Doctor's Priority Line through the translating and interpreting service.

### **CCLHD**

The district distributed 146 iPads across clinical services with the [CALD Assist](#) and Vocale communication applications pre-installed. These applications have been used to improve communication between clinicians and patients who speak a language other than English or who may be non-verbal due to a disability or impairment. Other resources are available on the district's intranet site to support staff in caring for patients from CALD backgrounds and the Manager Diversity and Inclusion provides operational support when issues arise in the clinical setting.

### **CPH**

CPH released the *NSW HIV Strategy 2021-2025* in which recently arrived overseas born men who have sex with men (MSM) are a priority population. The strategy includes several initiatives to improve access to prevention, testing and treatment for HIV among CALD populations, as well as reduce stigma. The Multicultural HIV and Hepatitis Service, operated by Sydney LHD, works in support of the plan for responding to HIV, hepatitis B and hepatitis C among CALD communities in NSW. The service is based on the principle that understanding culture and language is vital if individuals and communities from CALD backgrounds are to access healthcare appropriately and equitably.

### **GambleAware Multicultural Service**

WSLHD successfully secured funding to continue and expand upon 20 years of ground-breaking work by its GambleAware Multicultural Service (formerly known as the NSW Multicultural Problem Gambling Service). This specialist statewide multicultural problem gambling service will continue to support CALD community members experiencing negative consequences of gambling through developing mainstream service capacity in counselling and through community education.

### **HNELHD**

All HNE faculties, sectors and services have undergone accreditation over 2021-22. The Multicultural and Refugee Health Service was involved with all accreditation working groups and drove increased utilisation of interpreting services and compliance with the [NSW Health Interpreter Policy, User Guide for Health Service Organisations Providing Care for Patients from Migrant and Refugee Backgrounds](#), as well as the [Multicultural Health Plan](#).



## MNCLHD

Refugee Health Clinic staff support patients from refugee backgrounds to navigate the health system, including supporting patients to get to medical appointments. This may involve arranging transport, accommodation, and liaising with staff as described in the case study below.

Z is a 15 year old male who arrived in Coffs Harbour with his mother and older sister. All remaining members of their immediate family had passed away. Z has Muscular Dystrophy and is confined to a wheelchair and he needed to attend multiple specialist appointments over three days at the John Hunter Hospital (JHH). As there were no direct flights to Newcastle from Coffs, the family had to travel via Sydney airport. Flights were booked through NSW Health's Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) program at no cost to the family. The Public health Unit organised a bilingual support worker to assist Z's mum to take the flights. The Unit also paid for the bilingual workers accommodation, food and wages for three days. Z now has an NDIS package and a JHH support worker drove Z and his mother to JHH the next time which was a more comfortable journey for the family.



## NBMLHD

The district prioritises access to services for CALD patients, as well as adapting programs to meet their needs, for example:

- Free public dental services through the Nepean Centre for Oral Health, including designated services for refugees.
- Adaptation of PRM materials for CALD patients.
- Roll-out of the Stepping On falls prevention program to CALD groups in the Blue Mountains.
- Partnering with Nepean Multicultural Access (NMA) on a pilot [Medicine Subsidy Program](#) to support people without Medicare and/or limited financial means to obtain medication and health-related items free of charge.





*Multicultural Health Project Officer, Vinita Singh with Dr Ata Rehman of the Muslim Medical Association Australia, who generously donated to the program*

### **NSW Ambulance**

In 2021, NSW Ambulance updated its *Informed Consent, Capacity and Competency protocol* to include a section on patients from CALD communities. The update included the requirement to engage interpreters where consumers do not speak English well. NSW Ambulance is in the process of developing a Mental Health protocol. The draft of this clinical practice guideline includes a section on culturally appropriate care. NSW Ambulance is also in the final stages of adopting a new policy on interpreting and translating.

### **NSLHD**

A Tibetan community project officer assisted Tibetan refugees with a disability to access a range of services, including a comprehensive GP health assessment, and the following supports:

- accessing a rehabilitation specialist and orthopaedic surgeon
- using infographics and the Teach Back tool to explain and check understanding of health services, the National Disability Insurance Scheme (NDIS), and cultural beliefs about disability
- assistance with completing NDIS applications
- liaison with a local charity to fund medical aids and medication until NDIS plans were approved
- a volunteer mentor to provide emotional support, information on health services, and assist with transport to and from health appointments.

### **RHS**

The RHS worked in partnership with the Centre for Oral Health to plan and deliver education to oral health staff on trauma-informed care, particularly in rural and regional locations. RHS also gave input to the Priority Populations Oral Health Framework 2021-2030.

Further, RHS worked with the Cancer Institute NSW to deliver culturally appropriate programs and resources to raise awareness of cancer screening.

RHS staff advised and assisted local health districts in addressing the COVID-19 information needs of refugee communities, as well as provided advice and education to mainstream disciplines, including social work, nursing and dietetics.

RHS also engaged with mainstream services such as PHNs to promote the needs of refugee communities and support strategies that are useful to clinical practice.

### **STARTTS**

STARTTS provides a range of training packages to service providers in their workplace on working with refugees and asylum seekers. These cover the refugee experience, the impact of torture and trauma, resettlement and seeking asylum issues, refugee trauma recovery and culturally safe practice, self-care, accidental counselling, child protection, and clinical assessment and treatment. 50 training sessions were provided to health and other related services for 1,810 participants in 2021-22, at no cost to service providers. Six training sessions were delivered to services in rural and regional areas of NSW, while a further 13 were offered exclusively to NSW Health via Zoom.

STARTTS also produced resources to support mainstream health services including:

- [Working with people from refugee backgrounds – guide for social workers](#), 2<sup>nd</sup> edition, which was developed in partnership with the RHS and Australian Association of Social Workers.
- [Training videos](#) on the Mental Health Community Living Support For Refugees program.
- STARTTS LGBTIQ+ project which collaborated with Health Care Interpreter Services (HCIS) and Translating and Interpreting Services (TIS) to deliver inclusive practice training for interpreters. HCIS, TIS staff and interpreters worked alongside people with lived experience to develop the training.

## **SWSLHD**

The [Working in Culturally Diverse Contexts](#) online training module has been mandatory in SWSLHD since 2019 and since then 12,201 SWSLHD staff have completed the module. Half-day face-to-face training sessions started in May 2021 and monthly training sessions have been uploaded in My Health Learning. Completion rates are regularly monitored and reported to the SWSLHD Multicultural Health Committee.

The SWSLHD Teach Back workshop for effective communication in clinical settings has been modified to include Teach Back using interpreters. The workshop includes consumers from CALD backgrounds sharing their story about the value of Teach Back as a tool for health workers for effective communication and co-designing and helping facilitate Teach Back workshops.

## **TMHC**

The TMHC supports access and quality of clinical services for people from CALD backgrounds through mental health promotion, prevention and early intervention activities and supporting mental health literacy across CALD populations. In 2020-2022, TMHC's clinical consultation service (CSS) received 596 client referrals in more than 50 languages from NSW mental health services and the RHS. Service providers requested both over-the-phone clinical consultation and/or clinical consultation together with their clients, thus building referrer capacity in cultural responsiveness. The CSS also regularly provides cultural consultation to other service providers across NSW on mental health related concerns.

*Focus: How has your organisation ensured CALD communities are assisted and included in your response to COVID-19? What did your organisation learn that could be used beyond the pandemic?*

*NSW Health has played an integral part in the response to COVID-19 by engaging with stakeholders from CALD backgrounds to improve health outcomes and ensure safe, effective, and clear communication. Many local health districts enhanced their advisory committees and other stakeholder engagement mechanisms to provide a space for ongoing connections with local community organisations, as well as to facilitate direct feedback from community members. NSW Health was able to build on existing relationships through its multicultural and multilingual staff to develop culturally appropriate, in-language communications, and to build health literacy in CALD communities.*

*A key learning has been the importance of ensuring trusted relationships with CALD communities and organisations. Collaboration between public health services, multicultural health services, communities and policy makers made it possible to consult, co-design and disseminate information, and for community members to report feedback that was used to tailor information and services.*

*For effective future engagement, there is a need to put community consultation at the centre, keep messaging simple and timely, provide information in multiple formats, and avoid a one-size-fits-all approach. Another common learning across organisations has been the need for a sustainable hybrid model of service delivery, which includes both face-to-face and online service provision.*

#### **Cancer Institute NSW**

The Cancer Institute NSW deployed around 200 staff members in the COVID-19 response, who were directly involved in providing expertise across vaccination hubs, the State Health Emergency Operations Centre and the Public Health Response Unit, including contact tracing follow-up and case management. To ensure safe, effective and clear communication, the Cancer Institute NSW used telephone interpreter services to communicate with people not fluent in English.

The Cancer Institute NSW has applied its learnings to a new initiative to address disparities in cancer screening in multicultural communities, which can contribute to a higher incidence of later stage cancer diagnosis and a worse prognosis for treatment. The *Multicultural Stigma Project* aims to address myths and negative beliefs around cancer in multicultural communities. The project incorporates formative research with multicultural service providers and grass-roots community groups. Recommendations will inform an engagement strategy to build cancer literacy in multicultural communities, using tailored communication channels, in-language social media messaging and community leaders as spokespeople.

#### **CCLHD**

The district identified a gap in resources and communication and set up a dedicated intranet page to support staff in communicating with CALD patients and families. It included extensive resources translated into the most common languages including resources for testing, action plans for positive Rapid Antigen Tests, videos of doctors sharing information about managing COVID-19 at home, and vaccine and booster information. Communication kits were also distributed to testing and vaccination clinics, including translated information, Auslan videos and information about how to use CALD Assist on iPads. The significant resources available to assist CALD patients respond to COVID-19 have created more equitable health outcomes.

The district recognises that National Standard 2.8 requires health literate communication methods for CALD community groups and will continue to implement resources across the district through the Health Literacy Committee and Ambassador Program.

### **FGM Program**

The FGM Program adjusted its priorities and activities to strengthen the WSLHD COVID-19 response.

Special effort was taken to provide regular updates, information and education to FGM/C practicing communities within Greater Sydney. The Program engaged Bilingual Community Educators, as trusted grassroots messengers and influencers, to maintain two way communication with communities and provide access to reliable up to date health information in formats appropriate to communities' literacy and language needs. The BCEs, with their wide networks of influence, engage with at risk, vulnerable, and often disengaged communities and can be used to deliver other important health related messages in future crisis situations.

### **HNELHD**

The Multicultural and Refugee Health Service, in collaboration with Northern Settlement Services, NSW Police, Hunter Multicultural Communities, and STARTTS, held weekly two hour virtual information sessions with community leaders, influential community members, and service providers.

Between August 2021 and February 2022, there were also in language sessions in Swahili, Burundi, Arabic, Dari, Mandarin, Tibetan, Burmese, Kurmanji and Vietnamese. The sessions were well attended (40-120 attendees each week) and improved local uptake of vaccinations. Key learnings included the importance of trust, working with influential members in communities, not just community and religious leaders, as well as the importance of localised resources and information.

### **ISLHD**

The MHS developed an innovative and engaging low literacy program that enabled COVIDSafe public health messages to reach CALD and refugee communities in the region. Target audiences included high school children (recognised as conduits of information to family members), older persons and refugee groups.

The *Be a COVID-19 Warrior* program was tailored to meet plain language and practical learning requirements. This program reached 880 people in 21 languages. The program was developed in partnership with CALD consumers, public high schools, local NGOs and the Public Health Unit. The program received an ISLHD Quality Award for 'Keeping People Healthy'. Multicultural NSW also highlighted the program as an innovation with statewide relevance and capacity for transferability to other settings across NSW.

### **MNCLHD**

The district formed the Multilingual Information Co-Op together with its local CALD communities, STARTTS, Red Cross, North Coast Settlement Service and NSW Police. Video-recordings were made by CALD community volunteers in 17 different languages about: stay safe COVID-19 messages, COVID-19 signs and symptoms, what to do if you get COVID-19, vaccination information and where to get vaccines. The Coffs Harbour Refugee Health Nurses and health care interpreters worked with the local PHN and a local GP practice to vaccinate CALD community members, including people without Medicare. In the next year a further partnership with North Coast PHN will deliver COVID-19 and flu vaccinations via outreach to seasonal agricultural workers under the Pacific Australia Labour Mobility scheme.

### **Murrumbidgee Local Health District (MLHD)**

Child and family health nurses continued to support refugee clients in a safe and trusted environment at the Refugee Health Assessment Centre and at the Multicultural Council of Wagga

Wagga. Interpreters flew to Albury from Sydney to support the CALD community during the peak of COVID-19 cases, and the Public Health Unit targeted members of CALD communities for testing and vaccination at community venues in Albury. The district provided in language communication to key organisations for CALD community members and enhanced connections with local CALD organisations such as Red Cross and the Multicultural Council.

### **NBMLHD**

The district was involved in [research](#) about the information needs and seeking behaviours in 11 language groups in Sydney. The MHS was involved in recruiting and interviewing 250 participants, with a number of journal articles [published](#). The research highlighted several gaps for CALD communities in relation to receiving timely and accurate information around COVID-19. The district was able to identify bilingual and bicultural medical and allied health staff and mobilise them to provide targeted assistance to their communities. The MHS will draw on these assets in future when developing information and education programs. The research also found that a substantial proportion of CALD communities in the district are not computer literate and were disadvantaged when accessing vaccinations. This provides an opportunity to build capacity within CALD communities to address this gap.

### **NSLHD**

The district MHS in partnership with the Collaboration on Social Science and Immunisation, University of NSW, and the MHCS delivered workshops to CALD community and religious leaders to increase leaders' knowledge, skills and confidence to communicate in their communities about the COVID-19 vaccination program. One-to-one liaison with 37 CALD community and religious leaders also provided an opportunity to give emotional support to the leaders and gain further insight into COVID-19 information sources in CALD communities. The one-to-one liaison also enabled an understanding of the factors impacting on vaccine hesitancy, including cultural and religious beliefs, misinformation and health literacy. After the workshops, most participants reported an increase in knowledge, skills and confidence to speak with their community members about vaccines and address misinformation. Three leaders changed their personal positions from vaccine-hesitant to vaccine advocacy.

The project confirmed capacity building workshops for CALD community and religious leaders is an effective strategy to improve the dissemination of public health information and improve health literacy in CALD communities. It also highlighted the importance of providing a safe environment for community leaders to debrief on an individual basis outside the workshop setting. The evaluation survey identified improvements that could be made to future workshops, including consulting with leaders to explore preferred learning styles and literacy levels and opportunities for community leaders to share information on strategies to distribute information in their communities.

### **RHS**

The RHS provided a multifaceted response to COVID-19. One of the service's most successful initiatives was to take important health messages and facts directly to the community through the BCE model. This model places culturally sensitive messaging and usability at the forefront of delivery. RHS clinical staff (most working alongside BCEs) also delivered regular health education sessions to the community. In particular, RHS targeted community leaders, spiritual leaders, community associations and groups. Refugee communities and service providers approached RHS as a portal for factual, culturally appropriate COVID-19 information. For example, a BCE was employed to respond to community enquiries on RHS's Assyrian/Arabic COVID-19 helpline from August 2021 to March 2022. This was a result of the community asking for help around navigating COVID-19 vaccination bookings and information in language. Support was provided by the BCE coordinator and

RHS clinicians. The helpline supported many Arabic/Assyrian speaking people to access vaccination bookings at the most critical time of the pandemic.

Learnings included that:

- consistent, clear, factual messaging was listened to and respected
- involving refugee communities in the agile sharing of health information and being responsive to feedback helped to gain the trust of communities
- taking timely cues from communities helps to ensure that health messaging is understood. For instance, some people preferred messaging in oral rather than in written form or that some communities preferred video or information received via community leaders.

## **STARTTS**

STARTTS was involved in several COVID-19 initiatives with refugee communities, including:

- Over 1,400 one-on-one phone calls by 33 bicultural staff to community members and clients for wellbeing checks and for information provision about COVID-19 and vaccination.
- Zoom yoga sessions for 10 groups covering Tibetan, Burmese, Afghan, Armenian, Uyghur, African, Ahmadiyya, Tamil and Arabic speaking. The analysis of the WHO-5 Pre and Post data (n= 82) indicated a 18 per cent difference in percentage score which represent an overall increase of 29 per cent between pre and post scores of subjective wellbeing as measured on the WHO-5 index.
- Collaboration with various refugee community leaders to deliver online in language community education e.g., collaboration with Assyrian doctors reached 16,000 views by September 2021.
- STARTTS collaborated with the MHCS to produce audio-visual materials for Ezidi and Swahili speaking communities.
- Bilingual concierge assistance at SWSLHD rapid testing clinics in Arabic, Assyrian and Vietnamese during 2021.

STARTTS's major learning was the affirmation of its approach to working with refugee community leaders and refugee-led organisations. The approach is based on employment of multicultural and multilingual staff, co-design principles and fostering long term social capital development within communities and between communities and STARTTS. The organisation was able to pivot from the existing relationships, projects and social capital to maintain service engagement during the lockdown and beyond. STARTTS was also able to collaborate with refugee-led organisations and community leaders to continue delivering COVID-19 health promotion initiatives alongside existing mental health literacy and wellbeing programs.

## **SESLHD**

The district's online fortnightly *COVID-19 Community Organisations Meeting for Priority Populations* provided an opportunity for consultation, co-design of the development and dissemination of information campaigns, and for community members to report feedback that could be used to tailor information and services. The meetings provided a space for ongoing connections with local community organisations and direct liaison with the Public Health Unit on matters relating to COVID-19, and more recently Influenza, Respiratory Syncytial Virus and Monkeypox.

To build upon the relationships established and to embed connections with community organisations, the meeting will segue into a Multicultural Health Forum that will discuss other health topics in addition to COVID-19. This will enable SESLHD to continue to be responsive to key health issues in the community and facilitate successful co-designing of future COVID-19 and other health messaging. Resources developed in SESLHD will continue to be shared via the MHCS for use with a statewide audience.

## **SWSLHD**

A Senior Multicultural Advisor was embedded into the Emergency Operations Centre team and provided strategic support to all responses. In addition, a CALD COVID-19 Advisory Committee was established and led to improved two-way communication between SWSLHD and the community. It resulted in streamlined distribution of information, as well as community contributions to the design of strategies and communication.

The district also conducted mobile outreach vaccination clinics at 10 different locations in partnership with ethno-specific and multicultural NGOs including Lao Cultural Centre, Vietnamese Cultural Centre, Claymore Pasifika Communities and Green Valley Mosque.

The Fairfield City Health Alliance Health Literacy Working Group engaged 20 Bilingual Community Educators to provide input to a revised mental health and wellbeing program looking at the impact of COVID-19, how to access virtual care, and self-management strategies to address stress, isolation and depression. The program was piloted across Arabic, Assyrian and Vietnamese communities.

Ongoing lessons include:

- Complexity of developing and implementing mass public health communication strategies. Messages need to be tailored in development so that they are meaningful and relevant to various population groups. This requires collaborative work with consumers and community involvement.
- Multicultural Services have increased contact and enhanced relationships with CALD communities, which will be maintained to facilitate communication and consultation on a variety of issues, including understanding health barriers and relevant health messaging and actions.
- The partnership between Strategic Communications and Multicultural Services has strengthened e.g., continuing to engage bilingual health clinicians for social media and health promotion messaging.
- Connections to community groups help identify needs and approaches for translation and development of resources to support health promotion, culturally appropriate health advice and access to services. Navigators and peer mentors are also recognised as playing a key role in keeping CALD communities engaged in health care and improving access to services.

### **State Health Emergency Operations Centre (SHEOC) / Strategic Communications and Engagement (SCE) / NSW Multicultural Health Communications Service (MHCS)**

During the COVID-19 Delta outbreak, simultaneous translation of press conferences was undertaken through a partnership with SBS including Arabic, Assyrian, Bangla, Cantonese, Greek, Khmer, Mandarin, Urdu and Vietnamese languages. This ensured that CALD communities were receiving information at the same time as the rest of the community. This initiative was a first for any government in Australia and generated almost two million views. Another first was the delivery of COVID-19 Daily Key Points (print and audio recordings) in multiple languages including Arabic, Sudanese Arabic, Assyrian, Cantonese, Dari, Korean, Mandarin, Vietnamese and Kurmanji. The team has also run Multicultural Media Online Conferences weekly during COVID-19 pandemic outbreaks and fortnightly since April 2022. These have been hosted in partnership with the Ministry of Health, NSW MHCS and Multicultural NSW. Recordings are available on the [MHCS website](#).

These initiatives combined have made the COVID-19 Communications team understand that communities need to be presented public health information concurrently to the broader audience, and that communication with CALD audiences shouldn't be confined to campaigns. There would be great value to NSW Health to continue the alignment between Public Health Communications and MHCS. For effective future engagement there is a need to put community consultation at the centre, keep messaging simple and timely, provide information in multiple formats, and avoid a one-size-fits-all approach.



## **SCHN**

In September 2021, SCHN held a vaccination clinic for young people aged 12-15 in collaboration with WSLHD and the Sudanese Australasian Medical Professionals Association. The clinic focused on enhancing access to COVID-19 vaccines for young people and their parents/carers in the community, from multicultural backgrounds that had expressed vaccine hesitancy. In addition, SCHN did a project called *Assessing children's and families' need for technological devices for the purpose of utilising Telehealth*. Families who were having trouble accessing their healthcare appointments via video were identified and given iPads and Sim cards pre-loaded with data. This proved a highly effective way to help deliver more equitable healthcare services to those who otherwise may not have been able to attend their appointments. Success was measured by the number of Telehealth appointments which took place and the positive feedback provided by families.

## **SLHD**

Through the Canterbury Leaders Forum, the district took a hyper-local, neighbourhood approach to addressing COVID-19 vaccination through co-design and co-implementation. Regular meetings were held between the Chief Executive, key district stakeholders and community leaders in the Canterbury area to discuss community sentiment, understand enablers and barriers to testing and vaccination and co-design solutions. As a result, mobile vaccination clinics were run with community members and organisations, which were promoted through trusted community networks. Both the district and community leaders are keen to continue the forum and expand its scope beyond COVID as an ongoing mechanism to address health issues in CALD communities in Canterbury.

## **TMHC**

During Mental Health Month 2021 the TMHC hosted a series of online poetry workshops: ['Embracing Hopefulness during COVID-19'](#) that encouraged a sense of hope among participants from CALD communities during the pandemic. Held over five weeks, the webinars included an online exhibition of 42 poems. Post-workshop evaluations revealed that most participants experienced a positive sense of connectedness, meaning, hope and welcomed the opportunity to learn, express and share poetry during the pandemic.

## **WSLHD**

The CPH and MHS in WSLHD co-designed an education package to address local CALD community misconceptions and concerns about COVID-19 vaccination. More than 30 bilingual staff and community educators speaking 18 languages were trained and delivered 167 sessions to almost 6,000 community members from July to September 2021. Ongoing conversations with communities enabled staff to proactively identify concerns and update content. The Outreach Vaccination Service delivered 13,078 vaccinations to CALD communities via 234 COVID-19 outreach clinics, with the support of over 15 CALD partner organisations.

Australian Immunisation Register data and collaboration with Multicultural Health and Community and Consumer Engagement teams helped identify areas of low vaccination uptake and high incidence of infection. Multicultural health staff, local refugee, asylum seeker and multicultural organisations were engaged to host and promote the clinics, deliver key messages, and support community members and outreach teams with bookings. The collaborations and learnings will continue beyond the pandemic to identify health protection and promotion opportunities and prioritise potential interventions.

## **WNSWLHD**

The district took targeted and inclusive approaches to support CALD community members to access COVID-19 vaccinations. This included promotion through councils, multicultural groups, and dedicated community vaccination clinics outside of work hours. The district organised on-site clinics at meat works for people in Dubbo and weekend clinics for Thai solar farm workers in Wellington.



Remote interpreting services and multi-language resources were used, and family bookings were encouraged to maximise the use of interpreters.

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

*NSW Health uses the most 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?*

#### **BHI**

Patient survey results are publicly reported by language spoken at home (English or Other language) in NSW, and where numbers are sufficient, local health district and hospital level. BHI continues to collect, analyse and report on patients' experiences and outcomes of care across NSW hospitals and healthcare facilities, which provides the system with important trend and benchmark information to help guide improvements. In 2021-22, BHI introduced the new more user-friendly BHI Data Portal, which makes finding and interpreting survey results for CALD consumers and stakeholders quicker and easier.

#### **Cancer Institute NSW**

BCEs and multicultural service coordinators from CALD backgrounds contributed to a new community education cancer prevention flipchart [Staying well and preventing cancer](#) and a facilitator's guide. The focus of the resources is to reduce the risk of cancer by building health literacy about healthy living behaviours. Feedback was sought from bilingual and cultural support workers on the cultural appropriateness of imagery and text. The acceptability of the flipchart and facilitators' guide was evaluated in a funded workshop with Mongolian community members. The flipchart is now freely available in 15 community languages and was nominated for the 2022 *Multicultural Health Communications Awards*.

The Cancer Institute NSW's Multicultural Strategic Advisor (MSA) provides specialist advice and support to cancer services on safe and culturally responsive care for people from multicultural backgrounds, including patients, carers, and families. The Staff Specialist Department of Medical Oncology at Concord Repatriation General Hospital and the MSA worked together on a project to improve cancer survivorship support services for CALD patients, in particular normalising survivorship experiences and unmet needs in relation to exercise and nutrition. As a result, the Sydney Cancer Survivorship Centre created a Video-On-Demand package for Mandarin-speaking cancer patients and their carers, with an exercise program delivered by an Accredited Exercise Physiologist and education sessions delivered by members of a multidisciplinary team. The survivorship videos are the first of their kind for CALD patients and will be hosted on the Cancer

Institute NSW's *Patient Information* web-portal for statewide access. The videos will be scalable to other language groups.

### **CCLHD**

The Manager Diversity and Inclusion worked closely with a deaf consumer with several chronic illnesses who has been accessing the district's services for some time. They have often faced difficulties with receiving an interpreter at appropriate care points particularly in emergency situations but also within the ward environment. Working with the consumer and their deaf carer, the Manager created an education package and communication kit to support quality communication between deaf consumers and clinical staff.

### **eHealth NSW**

In 2022 eHealth NSW consulted more than 40 people from CALD backgrounds on the usability and future functionality of the NSW Health application (the app). eHealth NSW also consulted with the [Health Literacy Hub](#) at WSLHD to better understand the barriers and challenges faced by CALD communities when accessing health information. For example, eHealth NSW has used health literacy tools such as the [SHeLL Editor Tool](#), which helps to simplify language. These insights will be taken into consideration when planning for future engagement with CALD communities and determining future priorities for enhancing the app.

### **HNELHD**

The HNE Mental Health Service, in partnership with the Multicultural and Refugee Health Service, has focused on support and education for CALD consumers and their carers. The Family and Carer program finalised the Five Point Plan for clinicians and consumers and also developed a 'Trauma focused care' electronic resource, which was developed with consumers from refugee backgrounds. The Mental Health Service also produced 'Guidelines for Assessment of CALD patients' for clinicians, which is a step-by-step guide on conducting language and cultural assessments of CALD consumers and links to government and non-government agencies, communities and religious groups. The guidelines include recommendations based on extensive consultations with communities in the Newcastle area in 2021, which considered the attitudes and challenges that people from CALD backgrounds experience when accessing local mental health services.

### **ISLHD**

The Clinical Governance Unit led a project with the Cancer Care and Carers Program to survey patients, families, and carers to evaluate a campaign to increase awareness about informed consent. 24 per cent of patients invited to participate were from CALD backgrounds, of whom 8 per cent required an interpreter. Bilingual staff conducted some of the interviews. 33 per cent of interviewees noticed information in the waiting area and clinic rooms about informed consent and encouraging them to ask questions; 29 per cent said the information they noticed made them feel more confident to ask questions; 57 per cent of patients who brought a support person said that person helped them to make their healthcare decision. The feedback from a diversity of patients and their family and carers helped ISLHD to evaluate the effectiveness of the campaign and to plan for improved involvement of patients and their family and carers in shared decision making.

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

The MHB funded the Department of Developmental Disability Neuropsychiatry (3DN) at the University of NSW to work with the MHCS and people with intellectual disability from CALD backgrounds to translate 17 easy-read information sheets about mental health care in NSW into three community languages. The translated information sheets will be user tested and will feature culturally tailored images and language.

## **NBMLHD**

CALD consumers are represented on at least 12 district committees including the Nepean Hospital Communication for Safety Governance Committee, Partnering with Consumers Committee, Mental Health and Redevelopment Committees, and the newly established CALD Consumer Advisory Committee at the Nepean Cancer and Wellness Centre. Active CALD consumer representations in Stage 1 of the Nepean Redevelopment Committee and Project User Groups provided input towards overall design, hospital interpreter signage and the wayfinding strategy. The Nepean Centre for Oral Health has invited contributions from CALD patients to provide feedback on its service provision and is implementing PRMs for respondents from CALD backgrounds.

## **SWSLHD**

The BCE program recruits and trains health educators to provide health education to CALD communities in language. The education programs are designed with and for CALD communities and are culturally relevant and sensitive to the needs of people from CALD backgrounds. From July 2020 to June 2022, 105 education sessions across 39 programs were provided to 1,154 people from CALD backgrounds. Topics included bowel screening, breast screening, cervical screening, dealing with stress, diabetes awareness, family harmony, healthy eating and physical activity, HeartSmart, women and children.

## **SLHD**

CALD consumers were recruited for Lived Experience Advisory Panels for Mental Health, as well as for co-design of Towards Zero Suicides in Care programs. CALD consumers have been involved in developing Patient Reported Experience Measures (PREMS) and action plans resulting from PREMS findings. CALD communities have also been consulted through the Canterbury Hospital Consumer Network where 50 per cent of the members are from a CALD background.

## **WSLHD**

The district MHS with the *Afghan Health Working Group* initiated projects focusing on:

- Improving Afghan small business owners understanding and [adherence to COVID-19 regulations](#) (partnership with Environmental Health Team and STARTTS).
- A Reproductive Health program that addresses the impact of family size and spacing on women's health and builds knowledge of health services.
- Mental health messaging and videos aimed at reducing stigma and improving mental health literacy and accessing support.

The CPH also conducted needs assessment and consultation to identify factors affecting physical activity maintenance among CALD participants of the Stepping On program. With support of BCEs 82 surveys and 34 interviews were completed in Arabic, Chinese, Hindi, Punjabi and English. The insights from this project will help develop a physical activity adherence and support strategy for older people from CALD backgrounds.

## 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?*

### **FGM Program**

In February 2022, two [events](#) were held to mark International Day of Zero Tolerance for FGM with the Indonesian and Sudanese community focusing on mental health and wellbeing. The events were attended by 62 participants.



In 2021 the International Day of Zero Tolerance for FGM was marked with an [article](#) promoting the NSW Education Program on FGM/C and the work of Bilingual Community Educators.

### **ISLHD**

The Macedonian Pain Management Program developed an audio resource in English and Macedonian titled 'Talking Pain Our Way – Chronic Pain Self-Management'. The program, which worked with local Macedonian-speaking women, received a special nomination in the 2021 ISLHD Quality and Innovation Awards. It was also nominated for the *NSW Premier's Awards for 2021: Putting the Customer at the Centre*.

### **MNCLHD**

The PICNIC (Early Years Child Feeding) team has been working closely with supported playgroup facilitators and parents across the district, to develop translated and culturally appropriate resources to support CALD communities with consultation from local refugee support services. Topics include feeding practices, recipes, physical activity, screen time and sleep.

### **NBMLHD**

The district developed and installed new interpreter signs in the top 30 languages in high visibility areas in the new Nepean Hospital Tower, which opened in May 2022. The district also purchased new iPads to support access to the CALD Assist app and video interpreting. Permission has also been granted (where suitable) for staff to use work phones and private phones (at manager's discretion) to enable use of the CALD Assist app. Training and supports are provided by the MCHS to ensure that the CALD Assist app is readily available and used across the district. The MHS also contributed to a [video](#) about Refugee Week with NSW Police, as well as provided support to NSW Police for videos in Serbian and Croatian on Australian Defence Force deployment during the pandemic.

## **NSW Ambulance**

A key health promotion message for NSW Ambulance is 'how to call for an ambulance'. Fact sheets were developed with information on how to call an ambulance and are available [in 30 community languages](#) on the NSW Ambulance website.

NSW Ambulance also published a new electronic multilingual phrasebook to help paramedics communicate with people from non-English speaking backgrounds. It covers questions that paramedics ask patients during preliminary assessments in 30 community languages. The phrasebook forms part of the reference section of the NSW Ambulance Protocols mobile application.

## **MHCS**

Written content has been translated into over 60 languages with more than 2,000 resources produced. Multilingual resources are available on the NSW Health and MHCS websites and can be searched by topic and language for accessibility. In-language videos were also developed featuring community and religious leaders, as well as health professionals. Often English resources were edited to reduce literacy level and style to suit CALD audiences. This was done very quickly, if not concurrently, with English resources so those from CALD backgrounds were not excluded from important information.

## **NSLHD**

The district has developed culturally specific and translated patient information, recipes, and screening tools for patients from CALD backgrounds undergoing treatment for head, neck, and oesophageal cancer at the Northern Sydney Cancer Centre. The current focus is on the translation of resources for patients of Chinese and Korean backgrounds. The resources are being developed in partnership with consumers.

## **RHS**

The RHS focused on bespoke community messaging to disseminate effective community information on COVID-19, as well as understanding the NSW Health system. The increasing importance of using video and audio as strategies was highlighted in community feedback. The RHS also provided assistance to a grant program offering supported translations of health material with 98 new resources developed in community languages. The RHS also worked with the Health and Social Policy Branch, Ministry of Health, in the production of [in-language fact sheets](#) to address emerging issues for new cohorts such as [Ukrainian arrivals](#).

## **SESLHD**

The district released its *Translated Health Information Policy* in September 2020. The policy provides a standardised mandatory approach for staff who are coordinating the translation of health information. The policy states that production of health information in languages other than English is key to the provision of equitable and safe health service delivery. The policy contributes to ensuring that people who speak a language other than English can understand and actively participate in their healthcare. Quality translation of health information supports best practice clinical care and reduces patient safety risk in healthcare settings. The policy relates to the translation of population-based information including consumer medicines information, individual patient information, research documents, and templates and tools.

## **SWSLHD**

Prior to translation, patient information/brochures and other materials are considered by the Community Consumer Council to ensure readability. Clinical Streams ensure accuracy and bilingual workers ensure that the translation has retained readability and cultural appropriateness. The *Enhancing health care provision to paediatric patients with CALD background through translated education resources* project focused on developing education resources for parents of children aged

5 to 18 months in the Paediatric Allied Health Departments. The leaflets focused on developmental milestones, sitting, crawling, tummy time and walking. The leaflets are now on the MHCS website in Nepali, Tamil, Dari, Farsi and Arabic.

### **SLHD**

The district developed an extensive range of COVID-19 resources and materials as part of its COVID-19 response. These resources were a finalist in the *NSW Multicultural Health Communication Awards*. The district also translated 11 critical mental health information sheets into the top six community languages, as well as Pre-admission and Criteria Led Discharge information.

### **TMHC**

The TMHC's practical guide series 'A Good Night's Sleep' and 'Stress and Stress Management' are highly requested resources. Mental health literacy is particularly low among newly arrived refugee communities while stigma around mental illness is high. Sleep and stress affect the mental health and wellbeing of newly arrived communities but hold less of a stigma than mental illness, which has supported the introduction of concepts in an acceptable manner. TMHC translated these resources into Burmese, Farsi, Nepali, Swahili, Tamil and Tibetan. The original content was updated and bilingual clinicians and communities reviewed them for cultural relevance.

### **WSLHD**

The district developed the [\*Rich Cultures Should Have Rich Relationships - CALD Community Leading Domestic Violence Primary Prevention Gender Equality Resources\*](#). This education package was co-designed with Sudanese and Punjabi communities to address gender inequality by recognising issues and identifying solutions [to prevent domestic violence \(DV\)](#). The package included:

- Participatory [theatre plays](#) 'Makdi' and 'Love, Hope and Life' and their digital records.
- *Nature and Nurture* – a gender equality education module in a parenting context delivered to 168 participants from African and South Asian backgrounds.
- *Healthy Relationships - Community Voices* around culturally appropriate behaviours to support respectful relationships in English, Arabic and Punjabi.
- *Digital Equality Wheel Resource* in English/Arabic and English/Punjabi.

The resources build knowledge about different types of abuse, women's rights, and the role of community, parents and individuals to prevent DV. Content was created through community consultations with parents, grandparents, young adults and more than 230 community members.



## 2.3 Health Care Interpreting

*How has your organisation ensured that NSW Health staff can access health care interpreters when required?*

### **COHS**

COHS enhanced interpreting equipment in six local health districts. As a result, oral health teams were able to 'dial in' interpreters and have them virtually attend appointments, which improved communication between patients and clinicians. COHS is committed to using technology to make oral health services more available and convenient for patients and will continue to explore opportunities to expand the use of virtual care platforms.

### **ISLHD**

The district has rolled out the Quality Audit Reporting System organisation-wide clinical audits on the use of health care interpreters. The purpose was to measure uptake of interpreters when required, under what conditions they are sought and reasons why interpreters are not engaged. Data is recorded, analysed and reported to the district Executive for planning and targeted interventions.

HCIS lanyard cards with booking details are distributed to all new personnel. The HCIS has also adapted its service provision to telephone and audio-visual technology where appropriate. This approach has reduced travel time, maintained social distancing to reduce furloughing of personnel and increased capacity to provide interpreting services.

### **NBMLHD**

Over 2020-22, the MHS and Telehealth teams transitioned the district to using video interpreting in a more sustainable, accessible, and cost-effective way through the *Introducing Video interpreting for both Auslan and Spoken languages* project. It is now the preferred mode for interpreting in the district, allowing for better patient outcomes and clinician satisfaction. All remote sites in the district and top service users of interpreters have been equipped and trained to use video interpreting via WIFI carts, desktop, and iPads in Oral Health and the Emergency Department. Training is ongoing, ensuring staff are aware of the four moments of a patient's journey where an interpreter is essential and the importance of always steering patients away from the use of family to act as interpreters.

### **NSLHD**

Recent initiatives to ensure staff can access health care interpreters when required include:

- Development of My Virtual Care Video Interpreting Instructions for clinical staff and promotion via the NSLHD Weekly Staff Bulletin.
- One to one training to clinical services by the WSLHD Health Care Interpreting Service.
- Participation in a WSLHD project to pilot a web booking form to replace email requests and reduce waiting times to access interpreters.
- Allocation of resources to ensure all clinical services have funds to purchase technology needed to implement video interpreting.
- Promotion and display of the [A,B,C tool](#) to assist services in assessing if an interpreter is required.

### **SESLHD**

The MHS has embarked on a new project *Supporting Best Practice in Professional Interpreter Access and Use across SESLHD* in partnership with facility-based Diversity Health Managers/Coordinators and Champions. It builds on previous projects and aims to improve access to and use of professional interpreters by:

- Analysing interpreter usage data to identify and address inefficiencies in partnership with individual departments and services.
- Improving staff information and training about interpreter services, and how to appropriately document interpreter use.
- Monitoring compliance with policy by regular audits of patient records.
- Improving information about interpreter services for patients and families.

### **SCHN**

SCHN delivered a project on *Utilisation of Healthcare Interpreters*. Results from the project revealed the need for increased multilingual signage throughout both hospital sites and an increased need for staff education and training related to interpreter use. It also enabled SCHN to increase its awareness of needs and gaps in the provision of quality communication services. As a result, clear signage on the availability of interpreters is now placed around SCHN and staff have interpreter lanyard cards with contact details. All staff have access to education and training on working with interpreters via the Diversity Health Coordinator.

### **SWSLHD**

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 district has increased the capacity of its call centre to support timely booking of interpreters. The HCIS is also supporting a responsive toolkit of models of service delivery and has developed a mixed model of care for use of interpreters.

### **SLHD**

The district employs staff interpreters to provide services to all public health facilities across SLHD, SESLHD, St Vincent's Hospital Network, Sydney Children's Hospital (Randwick) and the Justice Health and Forensic Mental Health Network. Staff interpreters are supported by a panel of 250 sessional interpreters. Interpreting services are provided on-site, via telephone and video call. Interpreter provision, allocation and method of delivery is monitored closely to ensure the most efficient use of resources. The Sydney HCIS continued to support the adoption of My Virtual Care as the videoconference platform in the district, and developed video training resources and procedures.



## 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 is committed to strengthening a workplace culture that upholds multicultural values and supports practices to build cultural responsiveness. Executive Leadership team members promote key events of the Institute such as Harmony Day and Refugee Week, and encourage staff to attend these events, organised by the multicultural team. The leaders have supported activities aimed at improving cultural knowledge of Institute staff, so that employees can extend themselves professionally.

The Institute's Grants Program provides staff a valuable opportunity to interact with the multicultural sector, including settlement services, district multicultural units and ethno-specific agencies. This has enhanced staff's cultural understanding and their capabilities to undertake work with a whole-of-system approach. The Institute provided funding of \$280,000 for 12 cancer control projects in 2020 and \$370,000 for 13 community focused cancer control initiatives in 2021 to improve the care experiences and health outcomes of diverse communities.

#### **ISLHD**

All new staff in the district are required to attend mandatory orientation which includes a face-to-face *Cultural Diversity and Use of Interpreters* session, which is run every two weeks by the MHS and HCIS. This training is endorsed by the Executive and ensures all personnel understand the district's value of diversity and working within a diversity inclusive framework.

#### **NSLHD**

The Executive and Senior Managers of NSLHD use a variety of strategies to champion cultural responsiveness amongst staff including:

- Two focus groups with staff from CALD backgrounds were held to explore their experiences, as part of the NSLHD Diversity, Inclusion and Belonging Strategy. The discussions included experiences related to recruitment, career development, promotional opportunities, and ideas for making the workplace more inclusive. The information collected in these group discussions will be used to design ways to help staff from CALD backgrounds to advance in their careers and improve their overall experience of the workplace.
- Chairing of the NSLHD Multicultural Access Committee and the NSLHD CALD Consumer Advisory Group by a member of the NSLHD Executive Leadership Group.
- Allocation of resources and participation in activities to celebrate Multicultural Health Week and Refugee Week activities.
- Support for the implementation of multicultural health action plans by the Mental Health Drug Alcohol Service, Primary and Community Health Services, and Mona Vale, Hornsby and Ryde hospitals.

## **SESLHD**

The Chief Executive of SESLHD continues to lead the *Addressing Racism in Health Care Strategy*, in partnership with the Directors of Population and Community Health, People and Culture, Priority Populations and the Manager of Aboriginal Health. The Strategy aims to decrease the experience and impact of racism on consumers and staff by increasing staff awareness of racism in health settings and the associated harms; increasing knowledge and confidence to appropriately respond to racism; and increasing patient, carer and visitor awareness that SESLHD values cultural diversity and does not tolerate racism. The MHS coordinates the Strategy and has delivered bystander intervention training *Understanding and Responding to Racism in Health Care* to over 960 participants.

## **SVHNS**

SVHNS funds a Diversity and Health Literacy Coordinator role to coordinate and manage diversity health and health literacy programs, initiatives and education, with the aim to enhance the quality, safety, build staff capacity, and improve provision of culturally responsive services. There is executive sponsorship on the Inclusive Health Committee, for the [Inclusive Health Strategic Plan](#), and positions focused on inclusion and priority needs in diversity including a Consumer and Community Participation Coordinator, and two inclusive health managers focused on the Strategy, LGBTIQ+ inclusion and trauma informed care. Diversity Health is incorporated into Executive led accreditation committees, including the Communicating for Safety Committee and Partnering with Consumers Committee, with reports on diversity health and interpreter service utilisation. Support for Harmony Week initiatives have included staff diversity profiles and promotion of video interpreting.

## **SLHD**

The Chief Executive has chaired ongoing forums with CALD community leaders in the Canterbury area, focusing on the COVID-19 response and other key health issues. The Senior Executive has endorsed the new Canterbury Hospital Multicultural Access Plan and has also supported the development of the new district CALD Health Plan.

## **SWSLHD**

SWSLHD has a Multicultural Health Committee which oversees and provides advice on strategies to improve the health and healthcare experience of people from CALD communities, including refugees and people from refugee-like backgrounds. The committee meets every second month and local government agencies and NGOs are active members.

SWSLHD developed a *Racism, Discrimination, Diversity and Inclusiveness* action plan to ensure staff, consumers and carers:

- feel empowered and aware of their rights to equality and inclusion
- are welcomed, safe, respected and valued in a culturally sensitive and competent environment.

The Chief Executive launched an anti-racism video on Harmony Day to demonstrate SWSLHD's work towards becoming a culturally responsive organisation. Managers' toolkits were developed to assist leaders and managers to support staff and create a culturally safe workplace. Themes for these toolkits are Awareness, Speak Up and Culturally safe and inclusive workplaces.

## **SHEOC / SCE / MHCS**

NSW Health Senior Medical Advisor Dr Jan Fizzell was the Public Health delegate who was key to the success of the engagement of the CALD community during the COVID-19 response. Dr Fizzell has ensured that she continues to attend multicultural community, religious and media forums to keep CALD communities in focus. Dr Fizzell has also been the lead on all multicultural press conferences which are regularly moderated by MHCS Deputy Director Jesusa Helaratne and coordinated in partnership between MHCS, NSW Health and Multicultural NSW.

## WSLHD

The *WSLHD Multicultural Health Plan 2022-2025* recognises *Improved safety and cultural responsiveness of care and services* as one of its focus areas and recommends:

- Mandatory training on cultural responsiveness and working with healthcare interpreters for all staff.
- Improving mechanisms, skills, and commitment to engage and support participation of CALD patients and consumers.
- Improving health care interpreter service provision at the key clinical points of interaction.
- Improving capacity of the system to provide health care interpreters to all patients when and where required by staff and consumers.

The Plan also identifies internal clinical and non-clinical departments and services responsible for leading and supporting the implementation of identified improvements, and annual reporting on their progress to the WSLHD Multicultural Health Committee.

## 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 assesses cultural responsiveness of staff via the annual People Matter Employee Survey. The survey showed that 94 per cent of BHI staff felt that BHI respects individual differences e.g. cultures, working styles, backgrounds, ideas, compared to 79 per cent in the public sector. The percentage of staff who said they had experienced racism in the workplace was below privacy cut-off, compared to 4 per cent in the public sector.

### Cancer Institute NSW

Over 40 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. Members of Senior and Executive leadership teams were amongst the participants.

The Institute also invited Mr Ashley Young, Service Manager for Multicultural and Refugee Health in HNELHD, to present to an all-staff event on social harmony and access barriers faced by CALD communities. A podcast was also made available to all staff featuring 2021 *Australian of the Year*, Rosemary Kariuki, about her views to improve health literacy in multicultural communities.

### COHS

In collaboration with the RHS, COHS organised trauma informed care training for oral health teams. Over 100 non-clinical and clinical staff attended the training. Attendees stated that the training significantly improved their knowledge of the various forms of trauma experienced by patients, including patients from CALD and refugee backgrounds.

### HETI

In 2021-22 HETI online courses on *Working with Interpreters*, *Meeting the healthcare needs of refugees* and *Working in culturally diverse contexts* were completed by almost 8,500 staff across NSW Health. Over 80 per cent of people who completed post-course surveys agreed that they could make a difference in their job by using what they had learned.

## **ISLHD**

The MHS and HCIS utilise a range of engagement strategies and interactive processes including the *Effective Use of Interpreters in Health Care Settings* series of video vignettes, Multicultural NSW Cultural Competency videos, case studies and pseudo client's practicum. All training programs implement an evaluation tool to measure the impact of the training on health service practitioners' awareness and knowledge of key messages and learning objectives.

## **MHB**

The MHS in SESLHD delivered training in Culturally Responsive Refugee Mental Health Care to mental health staff in the seven districts where the Mental Health Community Living Supports for Refugees (MH-CLSR) program is running. Everymind in HNELHD also delivered Refugee Specific Suicide Prevention Training to MH-CLSR staff and local health district mental health staff with a total of 232 participants and 192 staff from local health districts.

## **MLHD**

The Child and Family Health nurse is an identified champion who is a resource for the team on service provision to CALD communities. The Manager of Priority Populations chairs the regular Refugee and Multicultural Health meeting for the district, collaborating with various services including dental, sexual health, and community health nurses to implement improvements to service promotion. Improvements have also been made to the district Refugee, Multicultural and Interpreter myHub page to ensure staff have increased access to resources and information.

## **NBMLHD**

The district supports the MHS to provide input into monthly General Orientation and quarterly Resident Medical Officer Sessions with a clinical focus using case studies. The MHS was also a member of the development committee for the new HETI training module '[Culturally Responsive End of Life Care for People from Culturally Diverse Communities](#)' and provided input for its videos.

## **NSLHD**

Measures to improve the cultural responsiveness of staff included:

- Partnering with a client from a refugee background to develop a patient story 'The Patient Experience through the Lens of a Refugee Client'. This has been presented as a training tool at staff forums and external/inter-agency forums.
- Patient stories in cultural responsiveness training for staff orientation for the new Northern Sydney Home Nursing Service, Hospital in the Home and Health Contact Centre staff.
- More than 60 staff from the Child, Youth and Family Health Service completed training provided by STARTTS on trauma informed care.
- Promotion, monitoring and reporting of cultural diversity modules on My Health Learning.
- Presentations and in-services by the MHS.
- Discussion of complaints and incidents involving consumers from CALD backgrounds.

## **SCHN**

SCHN has increased education and training for staff on working with and accessing health care interpreters. All new SCHN staff attend mandatory orientation training which includes the *Culturally Inclusive Healthcare* module. This is an informative, interactive educational session that encourages participation, questions and feedback. The delivery of Cultural e-Simulation training for staff has also provided an opportunity to experience what it is like to be a patient from a refugee or CALD

background and the impact of this on one's healthcare journey. SCHN has also celebrated and promoted events including Harmony Week, Refugee Week, and Multicultural Health Week.

## **SVHNS**

SVHNS held a forum for *International Day Against Homophobia, Biphobia, Intersexphobia and Transphobia* on working effectively with clients who are sexuality and gender diverse and from CALD backgrounds. The panel of researchers, consumers and community organisation representatives shared information on the intersection of culture, gender and sexuality. The forum aimed to increase staff's ability to understand and better support a wider range of CALD patients and consumers.



*Panel Speakers: Tim Wark, ACON; Limin Mao, USYD; Bernard Saliba, UTS; Moderator Sean Evans, SVHNS*

## **WNSWLHD**

The district began a strategic workforce planning process in the first half of 2022. One of the initiatives is to develop and utilise cultural awareness education resources to improve manager and staff confidence and knowledge to lead culturally diverse teams. Increasing cultural awareness will also have a benefit to the provision of effective patient care. Through this initiative the district will engage peak bodies of key cultural groups to understand critical issues and priorities, draw on existing materials and develop local resources and engage with speakers to raise awareness.

## **WSLHD**

The Health Literacy Hub (the Hub) focuses on improving health staff capacity to ensure health literate approaches are built into clinical and business practices. Examples of the Hub's 2020-2022 activities include:

- Staff Seminar Series on health literacy and practical approaches for communicating with CALD communities, e.g.:
  - o COVID-19 knowledge, attitudes, and behaviours in greater western Sydney
  - o Applying lessons in COVID communication to emerging vaccination issues
  - o Communicating with hard to reach groups: A practical workshop focusing on improving communication to reduce health inequality
- A program of translational research that works with CALD populations to improve health literacy and adapt, scale and embed tested approaches for increasing successful health literacy.
- A Guideline and system for developing information resources, particularly for CALD communities was developed and implemented across the district.

## 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 Reporting for Better Cancer Outcomes cycles continue to report on breast cancer screening for CALD populations. The two CALD specific indicators are: Biennial BreastScreen participation rate for CALD women aged 50 to 74 by local government area and population type. An analysis of this data will inform a mapping of the breast screening client journey for multicultural communities, including refugee women. This will help the Institute understand gaps in access and service delivery and make necessary improvements. The Institute's Multicultural Data app is also being updated with new features and data that will be drawn from the 2021 Census data.

#### **CPH**

The *Healthy Eating Active Living* program did research to understand the customer experience of information and services available online. The research sample included a targeted cohort of CALD customers, coupled with search analytics, to identify current information seeking behaviour. The research insights will be used primarily to inform content development and a strategy for the integrated *Healthy Eating Active Living* online presence. It will also enable a more tailored and culturally appropriate response, including how prevention programs can be made to support behaviour change for people from CALD backgrounds.

#### **ISLHD**

eMR and non-admitted patient data systems are used to determine population priorities and resource allocation, for example, it has been used to support:

- Cultural Responsiveness training
- Addressing NDIS and My Aged Care responses
- Recruitment and retention of bilingual Health Education Officers (HEO) with specialisation in community engagement and capacity building, including a Burmese HEO.

#### **JHFMHN**

Justice Health Drug and Alcohol services monitors the outcomes of patients coming from a non-English speaking background who completed the Connections Program. Drug and Alcohol services uses this data to better understand the clinical and non-clinical needs of patients who are released from the correctional environment to ensure patients are referred to culturally appropriate services that speak their language and provide long term support after release.

## **MHB**

The MH-CLSR program minimum data set (MDS) captures data on culturally responsive service delivery. Funded organisations are required to provide monthly reports on the MDS, which is collated and analysed for program improvement. The MDS captures data on a client's visa status, country of birth, ethnicity, preferred language, interpreter use, as well as engagement in personal, social and community activities along with types of supports provided to the client, as an indicator of a client's recovery. The data was used to evaluate the MH-CLSR program.

## **NSLHD**

The following activities have been delivered in the district:

- Interpreter utilisation data use is audited as part of the Mental Health Drug Alcohol Service documentation audit and actions are required if there is <80 per cent compliance. The audit is overseen by the Quality and Risk Management Committee.
- Ryde Hospital has reviewed data from inpatient surveys, patient stories and a specific CALD inpatient survey. An action plan has been developed to facilitate improvement in specific areas.
- Review of preferred language and interpreter required by the Regional Assessment Service to identify emerging CALD communities and targeting of future bilingual staff positions.
- The 'Go Share Platform' is utilised in the Emergency Department at Royal North Shore Hospital to send out electronic information to all patients and to track culturally diverse information.

## **SESLHD**

CALD related data is routinely reviewed and used to identify areas of improvement, for example:

- In St George Hospital comparison of English to non-English speaking patients in Outpatient data showed a higher rate of no-show appointments in Antenatal, Diabetes Education and Liver Clinics. A quality improvement project has been initiated to explore opportunities.
- Health Promotion uses HCIS data to identify local needs such as culturally specific playgroups and resource development focused on grandparents.
- Mental Health identified the need for a Bangladeshi Mental Health First Aid Project in partnership with Bangladeshi community leaders.
- eMaternity data analysis is used to identify new and emerging communities for targeted antenatal groups, translation of health information and to prepare targeted information sessions e.g., diabetes risk for women from South Asia, Indonesia, Thailand.

## **SWSLHD**

Campbelltown and Camden Hospitals used population and language spoken at home data to determine implementation of wayfinding strategies in the new Clinical Building. Patient Queue Management kiosks with multi-lingual functionality will allow patients to check-in for appointments, pharmacy collections, etc. and avoid unnecessary waiting.

Fairfield Hospital won the *NSW Multicultural Health Communication Award* in 2021 for Transforming the Patient Experience for its *WayFinding Project* which included signage in English and the top four languages for Fairfield local government area. Both the design and evaluation framework included population data, as well as consumer feedback data.

## **SVHNS**

Vaccination hub data has informed research into COVID-19 vaccination strategies being undertaken by St Vincent's Homeless Health and the Queensland University of Technology. Interpreter service utilisation data and patient demographic data on country of birth, language, religion and interpreter need inform planning, translations and education to staff. Patient feedback is gathered via real-time



mechanisms using a Net Promoter Score survey, which patients receive in their preferred language as identified on admission to hospital.

### **SLHD**

The Diversity Hub collects, reviews and analyses data e.g. census, migration, patient admissions, health data, to maintain service responsiveness to changing CALD patient demographics. Concord Hospital also conducted a survey to measure the experience of families of patients receiving end of life care. An analysis was conducted comparing responses from CALD families to non-CALD families, and results will inform a strategic response.

### **WSLHD**

The Epidemiology/Research and Education Network published six reports and research articles to guide planning, develop strategies, and strengthen prevention programs. The reports included:

- Top 10 CALD groups and percentage of top five countries of birth with all causes of hospitalisations.
- Region of birth of public patients who gave birth and the association with antenatal consultations.
- Case-mix variables of residents born in non-English speaking countries and associations between acute hospitalisation, rehabilitation and mortality at 120 days.
- Age-distribution and rates of type 2 diabetes, cardiovascular disease, asthma, chronic obstructive pulmonary disease, arthritis and depression, among the top five CALD countries (Lebanon, India, Philippines, Italy and China).

## 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**

The Cancer Institute NSW concluded its first statewide population-based research project to investigate differences in lung, colon, rectal and breast cancers across countries of birth in relation to stage at diagnosis, treatment modalities, and survival outcomes. [Female breast cancer in New South Wales, Australia, by country of birth: implications for health-service delivery](#), Roder, D., Zhao, G.W., Challam, S. et al, was published in *BMC Public Health* (2021). The colorectal cancer and lung cancer study manuscripts have been submitted for publication. The study findings are likely to have implications for policy makers and service providers and will inform future cancer control initiatives.

### **GambleAware Multicultural Service**

The Service participated in the *Gambling Harm Minimisation in Fairfield* research project. A new screening tool was offered for use by GPs and other human service providers. The aim was to increase screening for problem levels of gambling within CALD communities and to facilitate soft entry into counselling and enhance access to services. The findings of a 13-week pilot program confirmed that 83 per cent of community members that contacted the participating services (two GP practices and five organisations) have been negatively impacted by their own or a family member's gambling. While referral pathways to treatment services were offered, out of those, 10 per cent requested referral, and 37 per cent took away support service information. This reinforces the need for continued, direct engagement with CALD communities.



## **HNELHD**

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

- [Factors contributing to the sharing of COVID-19 health information amongst refugee communities in a regional area of Australia: a qualitative study](#), Healey, S.J.R., Ghafournia, N., Massey, P.D. et al., *BMC Public Health*, (2022)
- [Ezidi voices: The communication of COVID-19 information amongst a refugee community in rural Australia - a qualitative study](#), Healey, S.J.R., Ghafournia, N., Massey, P.D. et al., *Int J Equity Health*, (2022)
- [The role of leadership among a Congolese community in Australia in response to the COVID-19 pandemic: a narrative study](#), Healey, S. J. R., Ghafournia, N., Bolsewicz, K., Andrich, K., & Massey, P. D., *Western Pacific Surveillance and Response*, 13(2), (2022).

## **ISLHD**

The study 'Discussing HPV in School-based Vaccination with one Australian Culturally and Linguistically Diversity Community', Prokopovich et al., will be published soon. This research was done in partnership with University of Wollongong and it explores the barriers and perceptions of the Macedonian community in HPV school vaccination uptake using the World Café participatory method. Although findings are yet to be implemented locally in school vaccination programs, principles of collective experience and community trust are woven into the district's response in promoting flu and COVID-19 vaccinations.

## **MHB**

The MH-CLSR program has been operating since 2019. It provides trauma-informed, recovery-oriented, culturally safe and responsive psychosocial supports to refugees and asylum seekers experiencing psychological distress, mental-ill health and impaired functioning to recover and live independently in the community. The Mental Health Branch commissioned an independent evaluation of the program, which covered its first two years (2019 to 2021). This evaluation showed that the program has been well received by consumers and the sector, and it is being governed and delivered in accordance with the program model of care. MH-CLSR was supporting 165 consumers by the end of the evaluation period, which was more than double the minimum contracted benchmark.

## **MHCS**

MHCS partnered with UNSW and UTS on a research project titled [Enhancing and supporting the COVID-19 vaccination program - focusing on Culturally and Linguistically Diverse Communities](#). It examined the factors impacting efforts to engage with people from CALD backgrounds during the pandemic and identified strategies to improve communication about the vaccination program. In-depth interviews were conducted with stakeholders across Australia including government agencies, government funded community-based organisations, CALD community peak bodies/councils, migrant resource centres, refugee health services, settlement services, translation services, women's support groups and community groups. This research informed a greater focus across NSW Health and partners on engaging community leaders; workshops for health and community staff to enhance communication with communities about COVID-19 vaccination; and the development of a [COVID-19 Vaccination Glossary](#) available in over 30 languages, which was co-funded by the Health and Social Policy Branch in the Ministry of Health.

## **STARTTS**

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

- [In the beginning it was difficult but things got easier: Service use experiences of family members of people with disability from Iraqi and Syrian refugee backgrounds](#), Dew, A., Lenette, C., Wells, R., Higgins, M., McMahon, T., Coello, M., Momartin, S., Raman, S., Bibby, H., Smith, L., & Boydell, K., *Journal of Policy and Practice in Intellectual Disabilities*, (2022)
- [Vicarious Impacts of Working with Refugees and Asylum Seekers: An Integrative Review](#), Fernandes, P., Buus, N. & Rhodes P. (2022) Vicarious Impacts of Working with Refugees and Asylum Seekers: An Integrative Review, *Journal of Immigrant & Refugee Studies*, (2022)
- [Towards a systematic approach for the treatment and rehabilitation of torture and trauma survivors: The experience of STARTTS in Australia](#), Aroche, J. and Coello, M., *Journal on Rehabilitation of Torture Victims and Prevention of Torture*, (2022)

## SESLHD

SESLHD undertook the *Mongolian needs and assets assessment* project with district services. It found and examined community identified health needs of the emerging Mongolian community within the district. In response, funding was provided to Mental Health, Kogarah Storehouse and Aus-Mon Community Aid for a Mongolian Mother's Group to address social isolation and to provide a forum for health education. Additional funding supported the translation of 11 mental health fact sheets and antenatal and early childhood resources into Mongolian.

## SWSLHD

SWSLHD has contributed to and/or published several research projects, including:

*Psychosocial adversities in childhood and access to intervention and support: Pathways for amelioration*: This Community Paediatrics quality improvement aimed to assess the relationship between children's exposure to early adversities using the ACE tool, clinicians' ability to respond to these, and children's' access to recommended interventions to optimise their development. 60 per cent of families in the project were from non-English speaking backgrounds, yet the majority of children had recommended interventions underway. It was found that children's' cultural background, language spoken at home and refugee status were not a barrier to accessing interventions. Parents from CALD backgrounds particularly found Community Paediatrics clinics and assessment to be helpful in advocating for their children's developmental needs.

*Awareness, Attitudes, Actions and Outcomes related to COVID-19 for culturally and linguistically diverse groups*: This collaborative research between Sydney Health Literacy Lab, South Western Sydney, Western Sydney and Nepean Blue Mountains local health districts assessed patterns of public understanding of health communication messages, knowledge, attitudes, and behaviours related to COVID-19. It also explored the impacts of COVID-19 restrictions on social and psychological outcomes for people who mainly speak a language other than English at home. SWSLHD Multicultural Health completed 133 Assyrian, 63 Khmer, 40 Arabic and 30 Spanish surveys. Community profiles were developed for the Arabic, Assyrian, Chinese, Croatian, Dari, Dinka, and Khmer communities. Publications are expected to be published in the *Patient Education and Counselling Journal*:

1. Psychological, social, and financial impacts of COVID-19 on culturally and linguistically diverse communities in Sydney, Australia.
2. Main COVID-19 information sources in a culturally and linguistically diverse community in Sydney, Australia: A cross-sectional survey.

## SVHNS

The network established a Non-Resident People Experiencing Homelessness Working Group with the City of Sydney. It advocates, addresses issues and supports culturally competent services for non-residents, including asylum seekers, who are experiencing homelessness. The working group also

participated in research on the experience of people without Australian permanent residency, including asylum seekers accessing emergency accommodation.

The network also supported [Exploring patterns of health care interpreter usage in inpatient rehabilitation, and the impact of limited English proficiency on rehabilitation outcomes](#), Shiner, C.T. Bramah, V., Wu, J., Faux, S.G. & Watanabe, Y., *Disability and Rehabilitation* (2022). This study identified gaps in best-practice service provision for CALD patients, to improve equitable rehabilitation outcomes. Results will inform future work, with analysis of a clinician survey to follow.

## **TMHC**

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

- [Wellbeing and experiences of Chinese and Vietnamese carers of people with mental illness](#), Poon, A.W.C., Cassaniti, M., Sapucci, M., Ow, R., *Transcultural Psychiatry* (2020): this study found carers experienced social isolation, psychological distress, had multiple needs and that some noted culturally unsafe services. There are learnings on how services can be improved, including the value of CALD oriented support groups.
- [Perceived needs and wellbeing of Vietnamese parents caring for children with disability](#), Poon, A.W.C., Cassaniti, M., Karan, P., Ow, R., *Children and Youth Services Review* (2022): this study found participants face several language and structural barriers and require improved information, support, and engagement with services. It highlights the need for cultural safety in service provision within a complex health and social care context and the benefit of targeted strategies e.g., a culturally and linguistically concordant carer support group.

## **WSLHD**

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

- [Needs assessment for health service design for people with back pain in a hospital setting: a qualitative study](#), Gorgon, E., Maka, K., Kam, A., et al., *Health Expectations* (2022): it investigated patients' perceived needs and barriers, and potential solutions to better address care needs and purposively included patients from CALD backgrounds (Arabic, Persian and Mandarin).
- [Exploring the expectations, experiences and tensions of refugee patients and general practitioners in the quality of care in general practice](#), Patel, P., Muscat, D.M., Trevena, L., et al, *Health Expectations* (2022).
- [COVID-19 testing and vaccine willingness](#) was a cross-sectional survey in CALD communities that investigated perceptions, attitudes and the impact of COVID-19 among CALD communities. It was a partnership led by the Health Literacy Hub and University of Sydney, with the support of the MHCS and WSLHD HCIS.

COVID-19 research was used to develop a [risk profile](#) for the Top 10 language groups, identifying each language group's rating of how serious a health problem they thought COVID-19 was for their community. COVID-19 research was also used in briefings to key decision-making groups. Evidence from all research projects has been shared through presentations, publications, workshops, and consumer resource materials and utilised to improve both service design and delivery.

## Appendix – alignment of CALD Plan and MPSP Framework

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