

South Western Sydney Local Health District

Healthy Culturally Diverse Communities and Refugee Health Implementation Plan 2016

Leading care, healthier communities



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Foreword

It is with great pleasure that I present to you the *South Western Sydney Local Health District (SWSLHD) Healthy Culturally Diverse Communities and Refugee Health Implementation Plan 2016*.

The population of south western Sydney is characterised by its diversity and multiculturalism, with more than 40 per cent of people born overseas, and it is home to the largest refugee population in the state. These population groups are diverse with complex health, social and medical needs.

There are two significant policy developments at a state level - the *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016* and the *NSW Refugee Health Plan 2011-2016*, that are relevant to the health of people from culturally and linguistically diverse backgrounds (CALD) and to people from refugee and refugee-like backgrounds. SWSLHD has developed this local implementation plan to address the specific needs of these two population groups with a range of strategies designed to improve their health and well-being.

Over the last few years SWSLHD services have made significant progress in meeting the needs of local communities from CALD and refugee backgrounds. This Plan aims to build on these achievements in addressing additional strategic priorities in current state plans and to enable the District's vision of **Leading care, healthier communities**. The strategies in the Plan aim to:

- Strengthen access to professional health care interpreters and the capacity of workforce to identify and meet the needs of consumers from CALD and refugee backgrounds
- Improve data and reporting on consumers from CALD and refugee backgrounds
- Strengthen consumer engagement and consultation
- Address specific health issues that are priorities for action within CALD and refugee communities through community-based health promotion and preventative health care as well as through secondary prevention.

The Plan recognises the importance of partnering and collaborating with settlement and service providers, government and non-government agencies and ethno-specific organisations to facilitate quality and coordinated service provision, coordinated referral mechanisms and involve CALD and refugee communities in future planning. It is only through a sustained commitment to working together that we will improve the health and wellbeing for people of CALD and refugee backgrounds living in south western Sydney.

I look forward to working with you to implement the plan, ensuring CALD and refugee health continues to be a key area of our work.

Amanda Larkin
Chief Executive
South Western Sydney Local Health District



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1. Introduction

The South Western Sydney Local Health District (SWSLHD) Healthy Culturally Diverse Communities and Refugee Health Implementation Plan 2016 has been developed as a local response to two State plans: NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016¹ and NSW Refugee Health Plan 2011-2016². The Implementation Plan aligns with these two state Plans identifying local actions in key strategic priority areas. The Plan reflects the broader policy, planning and legislative context relating to multicultural and refugee health (see Reference Section).

The vision of the two state plans is for an equitable health system that ensures cultural and linguistic diversity and refugee-like experiences are high priorities of service planning, service delivery and policy development undertaken by mainstream services. This Implementation Plan ensures that strategic directions and actions from the State plans are tailored to reflect local conditions and priority issues applying in the South West of Sydney and the Southern Highlands.

In this Plan, the term **Culturally and Linguistically Diverse (CALD)**¹ is used in its broadest, most inclusive sense and acknowledges the role that background, experience, length of stay, inter- and transgenerational issues and diversity within and between communities play, along with language and culture in forming diversity.

The term **Refugee**² is used to encompass people arriving in Australia on refugee and humanitarian visas, asylum seekers applying for refugee status in Australia and people of refugee-like backgrounds who have arrived under the Family Migration Program or other programs.

The term **people of refugee-like backgrounds** includes people who may have experienced separation and loss of family members due to persecution or civil war, and may have come to Australia on another visa, such as a partner or orphan visa under the Family Migration Program, or under the Skilled Migration Stream.

The term **asylum seeker** is used to describe people who have entered Australia by plane usually under a valid visa or by boat usually without a visa and subsequently sought protection to remain in Australia based on refugee claims. They are known as asylum seekers while their refugee status is being determined. Asylum seekers reside in the community on bridging visas, in community detention or are held in immigration detention facilities in Australia (including Christmas Island) or offshore in Nauru or on Manus Island (see the Glossary of Terms).



2. Policy and Organisational Context

2.1 NSW Health Policy for Healthy Culturally Diverse Communities 2012-2016

The *NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016* sets the direction for improving the health of NSW residents from backgrounds which are culturally, religiously and linguistically diverse.

Its principles are that:

- People from culturally, religiously and linguistically diverse backgrounds will have access to appropriate health information
- People from culturally, religiously and linguistically diverse backgrounds will have access to quality health services that recognise and respect their linguistic, cultural and religious needs
- Health policies, programs and services will respond in an appropriate way to the health needs of people from culturally, religiously and linguistically diverse backgrounds
- People from culturally, religiously and linguistically diverse backgrounds will have an opportunity to contribute to decisions about health services that affect them
- Multicultural health programs and services will be evidence-based and/or support best practice in the provision of health services in a culturally, religiously and linguistically diverse society.

The NSW Plan identifies strategies, responsibilities and measurement across three key priority areas:

- Enabling Priorities
- Priority Health Issues
- Priority Groups

Mandatory requirements for Local Health Districts

Mandatory actions for Local Health Districts (LHDs) are to:

- Maintain and continue to improve the capacity of the NSW Health system to effectively identify and meet the specific needs of all culturally, religiously and linguistically diverse groups in NSW
- Identify and effectively address the high prevalence of behavioural risk factors and disease types amongst specific ethnic groups
- Identify the factors contributing to increased vulnerability in some groups so that actions can be developed to bring individual health outcomes to at least the level of their own communities and then to an optimal standard.



2.2 NSW Refugee Health Plan 2011-2016

The *NSW Refugee Health Plan 2011-2016* mandated that Local Health Districts (LHDs) implement a number of strategic actions, under eight strategic priorities. These priorities are:

1. To develop health policies and plans which prioritise and are inclusive of refugee health
2. To ensure, in collaboration with General Practitioners and other partners, universal access to health assessment and assertive follow-up for all newly arrived refugees and humanitarian entrants
3. To promote refugee health and wellbeing
4. To provide high quality specialised refugee health services
5. To develop specific targeted responses to refugee need with mainstream services
6. To foster the provision of high quality mainstream care to refugees
7. To foster research and evaluation relevant to the health of refugees
8. To monitor and evaluate the NSW Refugee Health Plan 2011-2016.

The plan includes a best practice model for refugee healthcare.

This plan affirms the principles outlined in the NSW Refugee Health Plan 2011-2016, which are:

1. To affirm a strong commitment to human rights, gender equity and social justice
2. To value and respect refugee resilience, survival and hope for the future
3. To value cultural, religious and linguistic diversity and recognise the significant cultural, social and economic contribution of refugees to NSW
4. To affirm the right of refugees as consumers to participate in health service policy, planning and care delivery, to be treated with dignity and respect and to have their privacy respected
5. To recognise the importance of refugee empowerment and control over their own health and wellbeing
6. To recognise the right to high quality, accessible, culturally respectful, linguistically appropriate, affordable healthcare services including comprehensive health assessment on arrival, ongoing primary health care and secondary and tertiary services
7. To emphasise the importance of prevention, health promotion, community development and partnerships as critical for the protection, sustainability and enhancement of refugee health and well-being.

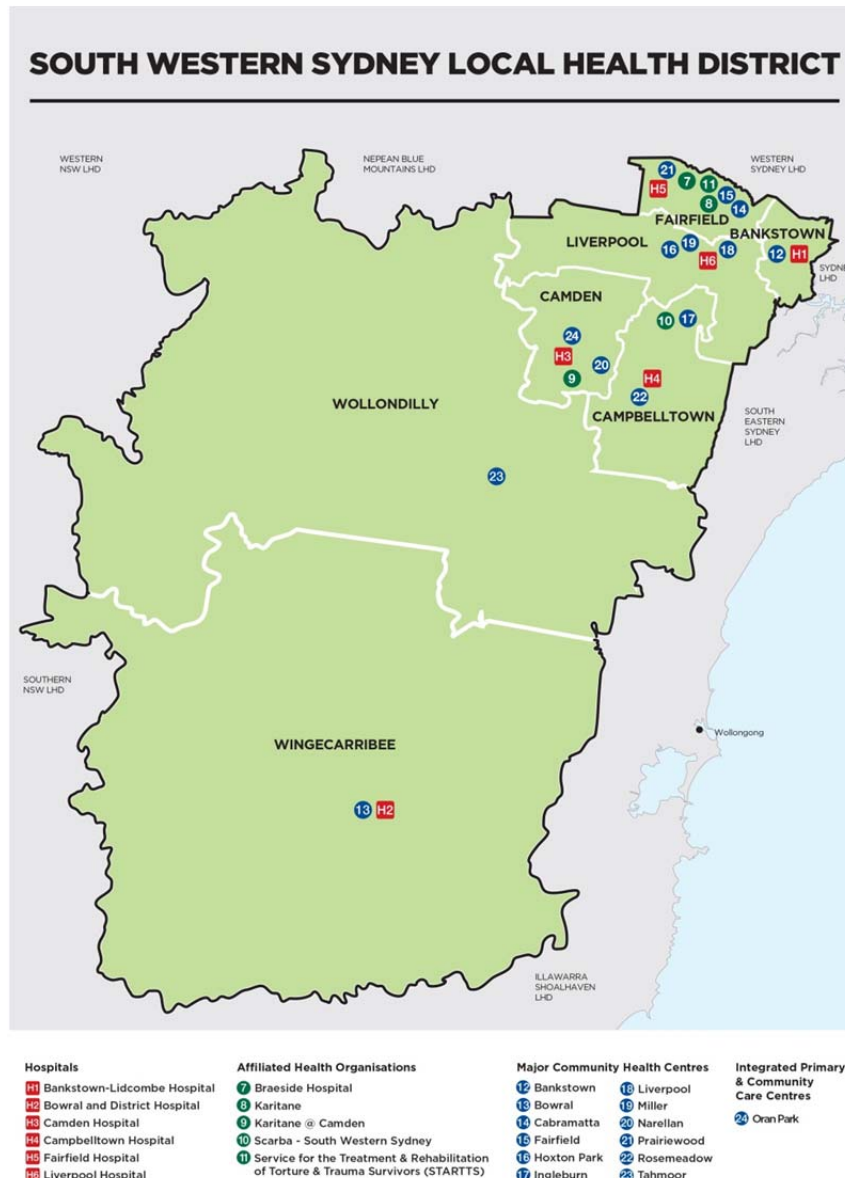


3. Demographic Profile of SWSLHD

South Western Sydney Local Health District covers the south western suburbs of metropolitan Sydney and extends south to the Southern Highlands i.e. 6,243 square kilometres. It includes the seven local government areas (LGAs) of Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly.

The LGA's of Bankstown, Fairfield, Liverpool and Campbelltown combine low and medium density housing with pockets of commercial and industrial areas, and rural areas to the north and west. Camden LGA is still predominantly rural although new housing developments are changing this profile. Wollondilly and Wingecarribee LGAs combine rural towns and villages, agricultural lands and bush.

Figure 1: Map of South Western Sydney Local Health District





An estimated 921,718 residents or 12 per cent of the NSW population live in south western Sydney.³ The distribution of residents is not evenly spread with the majority of residents (83%) living in Fairfield, Bankstown, Liverpool and Campbelltown LGAs.

South western Sydney communities are culturally and linguistically diverse, with a high proportion of residents who migrated from non-English speaking countries. A high proportion of NSW humanitarian entrants and refugees have settled in the area.

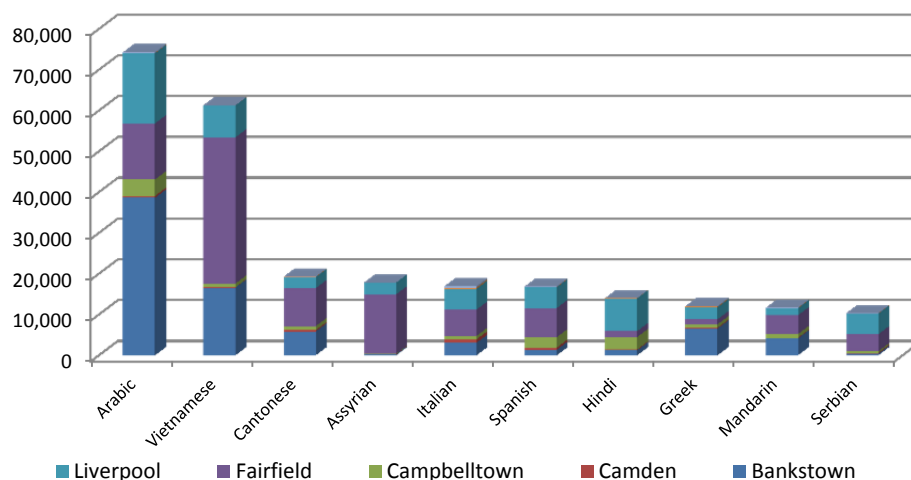
3.1 Culturally and Linguistically Diverse (CALD) Communities

Key aspects of cultural diversity in SWSLHD (derived from the 2011 Australian Bureau of Statistics Census) include:

- 36% of residents were born overseas (compared with 26% for NSW). While 53% of people in Fairfield were born in another country, less than 16% in Camden, 12% in Wollondilly and 15% in Wingecarribee LGAs were born overseas
- 51% of local families speak English only at home (compared with 73% for NSW) and since 2006, an increasing proportion of families speak another language at home
- Over 70% of families in Fairfield (131,162 people) speak a language other than English (LOTE) at home, whereas in Wollondilly and Wingecarribee the figure is less than 10%
- Arabic is the most commonly spoken language other than English (spoken by over 74,000 people from 25 different countries), followed by Vietnamese (spoken by over 61,000 people) and Cantonese (spoken by over 19,000 people). 40% of Arabic speaking people in NSW reside in south western Sydney.
- English language proficiency varies e.g. 17.4% of Fairfield residents and 8.7% of Bankstown residents report they “speak English not well or not at all”
- Pacific communities are a large and growing group in SWSLHD. There is a large Samoan community in Campbelltown LGA (2% compared with 0.2% for NSW)⁴.

Figure 2: Main Languages Spoken in South Western Sydney*

Source: ABS Census 2011





* *Wollondilly and Wingecarribee LGAs have been excluded due to small numbers of people who speak a language other than English at home.*

Across NSW, people from culturally and linguistically diverse communities generally have a better health profile than the Australian born population. This phenomenon has been explained by the 'healthy migrant effect', with health requirements and eligibility criteria ensuring that generally only those in good health migrate to Australia. However, there are some notable statistics of relevance to local communities. The *NSW Chief Health Officer's Report 2010*⁵ indicates higher health risks for specific populations, including:

- **smoking** (notably in people born in Lebanon)
- **overweight and obesity** (males born in Lebanon; females born in Italy, Lebanon and Greece)
- **diabetes** (people born in Italy, Greece, Germany and Lebanon)
- **coronary heart disease hospitalisations** (Fiji, Lebanon, Iraq and Sri Lanka)
- **late presentation to antenatal services** (mothers born in Lebanon, New Zealand, Fiji, Iraq, Pakistan, Korea, China, Indonesia, Vietnam and the Philippines).

In some migrants and refugees from Africa, Asia and the Middle East, inherited red cell disorders such as thalassaemia trait, thalassaemia major and sickle cell disease may be found. These conditions may require medical review by a haematologist, and in some cases screening and genetic counselling for couples.⁶

The *NSW Women's Health Framework (2013)* recognises that women from CALD communities, migrant and refugee women experience greater prevalence of health risks, poorer engagement with healthcare and poorer health outcomes.⁷

The patterns of risk require closer investigation. Cultural practices, beliefs and behaviours may also have profound impacts on both physical and psychological health and wellbeing.

Some migrant and refugee women originating from the African and Middle Eastern countries are affected by female genital mutilation (FGM) which is widely practised in some of these countries.⁸ Women affected by FGM often require special care antenatally, during child birth and in the postnatal period.

Health literacy is therefore an important issue to consider. **Health literacy** is defined as the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions.⁹ People from CALD and refugee backgrounds often have low levels of health literacy which can lead to overall poorer health outcomes on:

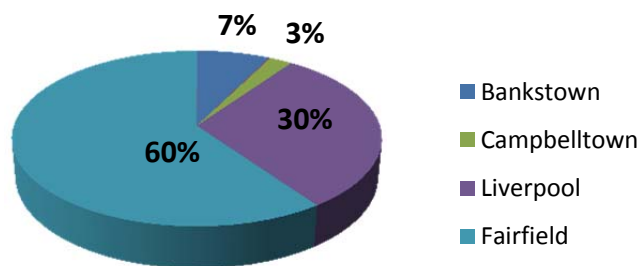
- access to and use of health care: *knowledge and understanding of health services, missing appointments, attending referral, following treatment plan*
- patient-provider communication: *understanding information/education, asking questions, engaging in decisions*
- self-care: *self-managing chronic conditions, adhering to treatment including medications.*



3.2 Refugee Communities

The annual number of new arrivals entering Australia under the Humanitarian Program has fluctuated over time but has mostly remained within the range of 10,000 to 15,000 people since the mid-1980s. People entering Australia under the Humanitarian Program 2010-2014 accounted for about 7% of NSW's migration (22,441 people) compared to (338,761 people) under Family and Skilled Migration Stream. The state received similar proportion of Humanitarian settlers in the previous four years 2006-2010 (20,494). About 32% of all new settlers to Australia under the Humanitarian Stream have settled in NSW. Of recent NSW settlers, about 41% have settled in the District with the majority residing in Fairfield (5,503) and Liverpool LGAs (2,779).

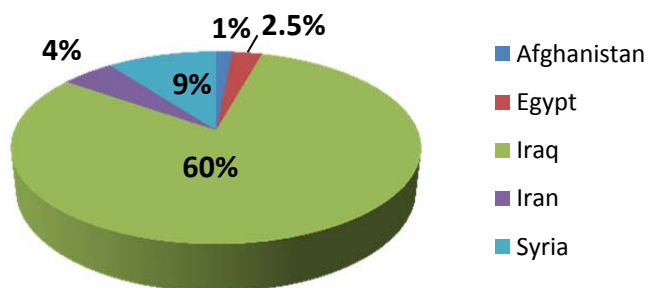
Figure 3: Place of residence of Humanitarian Stream settlers (n= 9,208) in south western Sydney, 2010-2014



Source: Department of Immigration and Border Protection Settlement Database

Humanitarian arrivals come from numerous countries of origin, often reflecting conflict patterns around the world. Over the five years between 2006-2007 and 2010-2011, the majority of visas granted nationally have been to persons born in Burma (21%), Iraq (20%), Afghanistan (11%), Sudan (9%), and Bhutan (6%).¹⁰ The top three countries have remained relatively consistent over the period. In the period 2010-2014 the number of people from Iraq who settled in south western Sydney was overwhelmingly the highest (6,630 people or almost three quarters of humanitarian entrants). Other countries of origin included Syria, Iran, Egypt, Afghanistan, Burma and Pakistan.

Figure 4: Top 5 Country of Birth (COB) for Humanitarian Stream settlers (n= 9,208) in south western Sydney, 2010-2014

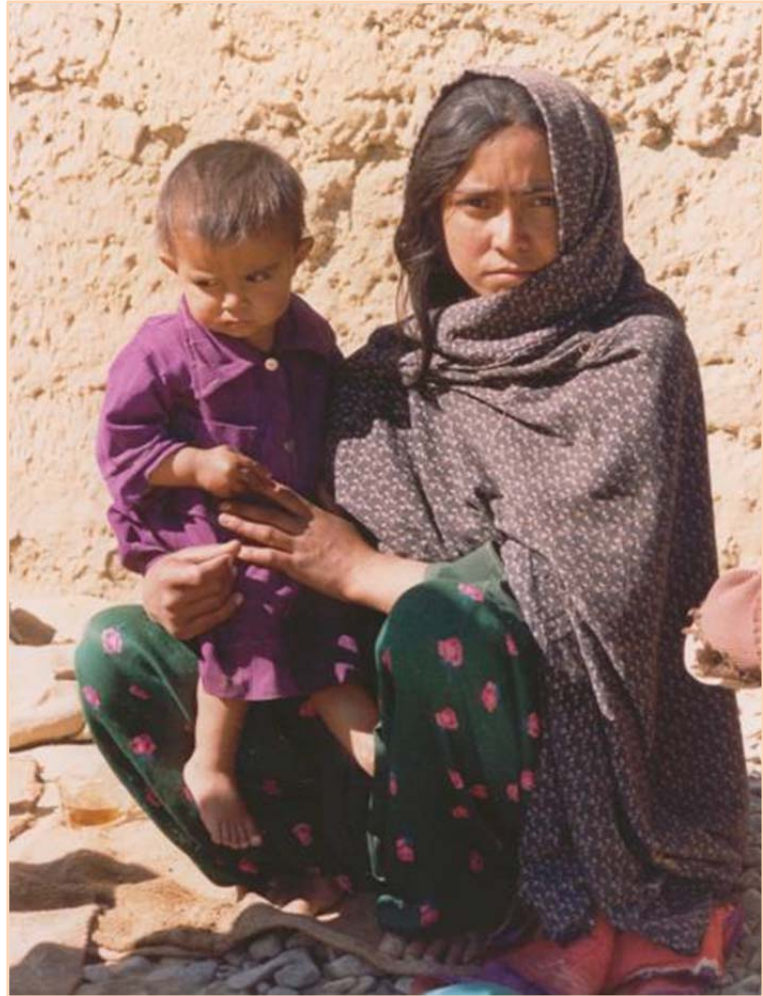


Source: Department of Immigration and Border Protection Settlement Database

As a response to the recent refugee crisis in Syria, Australia will be permanently resettling an additional 12,000 people from Syria and Iraq in 2015-2016 through the Australian Humanitarian Program. A significant number of refugees will be resettled in NSW and in south western Sydney which might have an impact on provision of health services in the area.



Unlike other migrant groups, many refugees and asylum seekers have multiple chronic and complex mental and physical health problems requiring comprehensive assessment, primary and specialist care and ongoing management. Although refugees are not a homogenous group, health needs which have commonly been identified after arrival in Australia, include psychological issues and psychosocial morbidity, nutritional deficiencies, infectious diseases, under-immunisation, poor oral health, higher rates of preventable conditions, poorly managed chronic conditions, delayed growth and development in children and the physical consequences of torture and other forms of violence such as rape.



Reproductive and sexual health may be significant issues for adult refugee men, women and young people. Many refugee women may not be familiar with the options for antenatal care, child birth and postnatal care available in Australia.

More recently, due to less restricted entry requirements, developmental and other disabilities and co-morbid chronic health conditions appear to be emerging issues in newly arriving refugee families.

Service eligibility of refugees and asylum seekers and their families varies depending on their mode of arrival to Australia and their visa status. Eligibility for and access to services including health services can change for people seeking asylum while their refugee status is being determined. Some asylum seekers who had eligibility for Medicare may lose this right during the refugee status determination process. From 2009, the NSW Health system has applied fee waivers for specified public health services to community based asylum seekers who are Medicare ineligible (NSW Health PD 2009).



4. Multicultural and Refugee Health Services and Associated Programs in SWSLHD

Health and related services provided across the District include health promotion, early intervention, emergency care and acute and sub-acute care. These services are provided in hospitals, community health centres and other settings.

SWSLHD strives to ensure frontline health service provision, research, policy, planning, learning and development, clinical governance, and community engagement strategies take into account the needs of people from culturally and linguistically diverse backgrounds and refugees. The SWSLHD has a strong commitment to working in partnership with many other government and non-government organisations to deliver better health outcomes for CALD communities. Dedicated staff within services such as the Health Promotion Service and NSW Refugee Health Service provide specific programs to meet the needs of people from culturally and linguistically diverse backgrounds and refugees.

4.1 Multicultural Health Programs

Multicultural Health staff within the SWSLHD Health Promotion Service facilitate equitable access to health services for people from culturally and linguistically diverse communities across the District. Multicultural Health staff work to:

- develop, implement and evaluate community-based programs that improve and maintain population health and reduce inequalities in health outcomes for culturally and linguistically diverse communities. Programs focus on lifestyle-related causes of ill health and creating physical and social environments that promote health and well-being
- support local SWSLHD services to meet the needs of culturally and linguistically diverse consumers and communities
- raise awareness in local communities of risk factors and health issues, and how to access appropriate services.

Services provided by multicultural health staff take a holistic approach to address the social determinants of health¹¹ with a focus on social and economic circumstances, early childhood, social exclusion and social support, employment status, gender, alcohol and other drugs use, food security and access to transport.

In 2013-2014 SWSLHD employed 23.76 full time equivalent (FTE) multicultural health staff including:

- 20.36 Multicultural health promotion staff
 - 1 FTE Drug Health
 - 2.4 FTE Mental Health
- These staff provided:
- 15,843 clinical multicultural health non-admitted patient occasions of service (NAPOOS)
 - 41,320 nonclinical OOS
- (Source: Multicultural Policies and Services Program (MPSP) Report 2013-2014).*



A number of clinical services target specific communities and employ **bilingual staff** to improve access to services. These include maternity, mental health, aged care and drug health services.

Multicultural health staff work on health promotion programs designed in a linguistically and culturally appropriate way for communities with a high risk of specific health conditions or diseases. These programs include falls prevention, smoking cessation, early intervention and prevention of chronic diseases, nutrition and oral health hygiene.

4.2 Refugee Health Services and Programs

The **NSW Refugee Health Service (RHS)** is a unit of SWSLHD Population Health with a statewide brief. The NSW Refugee Health Service aims to protect and promote the health of refugees and people of refugee-like backgrounds living in NSW by:

- providing early health assessments by refugee health nurses for newly arrived refugees
- educating health service providers on refugee health and related issues
- acting as a link between agencies working with refugees and health services
- providing targeted health promotion programs for refugees using a Bilingual Community Educator (BCE) model
- providing medical assessments and referrals through General Practitioner (GP) clinics, particularly for asylum seekers without Medicare
- facilitating and conducting research in refugee health
- advocating for health policies and appropriate services for refugees.

In 2011-2012, the NSW Government allocated \$1.5 million dollars annually to expand the **Refugee Health Nurse Program (RHNP)** across NSW. Refugee Health Nurses (RHNs) act as the first point of contact with the healthcare system for newly arrived refugees (see Figure 5).

Figure 5: Model of the Refugee Health Nurse Program



Refugee Nurse clinics in SWSLHD are provided in Liverpool (RHS premises), Cabramatta (Early Childhood Health Centre), Bankstown (Community Health Centre) and Fairfield (Family Planning NSW). Nurse outreach goes to the Intensive English Centre at Fairfield High School.

A refugee paediatric clinic is run fortnightly by SWSLHD Community Paediatrics, offering a comprehensive assessment for newly arrived children of refugee background in south west Sydney aged 0-12 years.



On arrival in NSW, the majority of humanitarian entrants receive information on the NSW healthcare system through the **RHS Community Education Program** which is based on a Bilingual Community Educator (BCE) model. The Community Education Program has been expanded into health promotion programs targeting oral health, nutrition and smoking cessation. In 2013-2014 the Community Education Program conducted 214 information sessions attended by 3,702 participants.

Multilingual fact sheets have been developed and/or translated into current refugee languages in response to the high prevalence of conditions or issues among refugee communities, including oral health, mineral and vitamin deficiencies and sexual health.

In addition, RHS has designed an Online Translated Appointment Reminder Tool which allows health professionals to book seven types of health appointments (general health, child health, maternity, dental, eye care, imaging and women's health) in 23 different languages. The tool facilitates refugee access to healthcare.

4.3 SWSLHD Health Language Services

Health Language Services (HLS) is a District wide service and one of the key enabling services in SWSLHD. It provides a 24 hour interpreting and translation service to all public health facilities in the District. The service provides free interpreting in over 75 languages including Auslan, and translations directly related to patient care. Other translations are chargeable. The service facilitates communication between health care providers and patients and clients of non-English speaking backgrounds and people with a hearing impairment. Services are provided on demand and are prioritised according to need.

It is NSW Government Policy that professional health care interpreters are used to facilitate communication with people who are not fluent in English. The use of professional interpreters allows health professionals to fulfil their duty of care, including obtaining valid consent.

SWSLHD Health Language Services employs around 49 staff and engages approximately 250 contractors who are accredited by National Accreditation Authority for Translators and Interpreters (NAATI) and trained in medical terminology (*Source: HLS 2015*).

Until July 2014, HLS provided interpreting and translation services to all public health facilities in South Western Sydney, Sydney and South Eastern Sydney Local Health Districts, and to Sydney Children's Hospital, the Department of Forensic Medicine and St Vincent's Hospital. In 2013-2014, Health Language Services provided approximately 239,288 OOS to these hospitals. The highest users of the health care interpreter service were hospital outpatients (71%), hospital inpatients (16%), community health (5.5%) and early childhood services (3%).

During the 2013-2014 financial year HLS provided 100,244 OOS across SWSLHD hospitals. The data displayed in Figure 6 show OOS provided by HLS for SWSLHD hospitals, and Figures 7-12 show the top five languages for each of the SWSLHD hospitals.



Figure 6: HLS OOS for SWSLHD Hospitals (Resource: HLS Report 2013-2014)

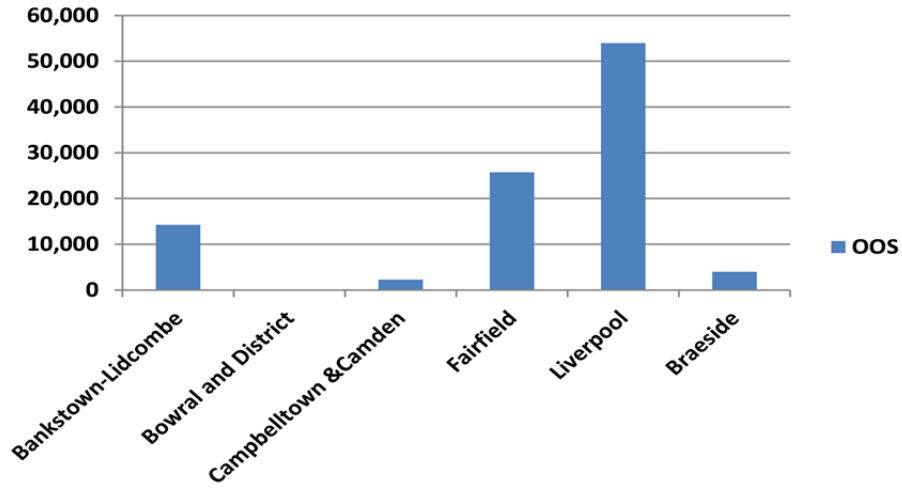
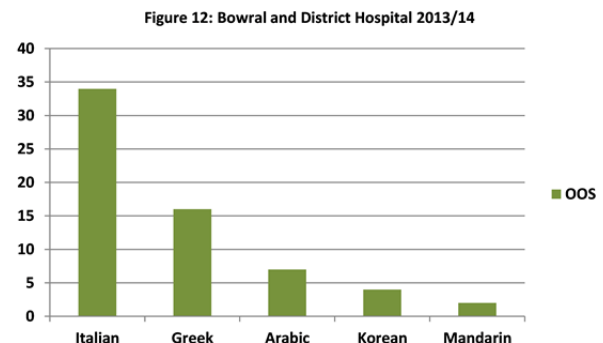
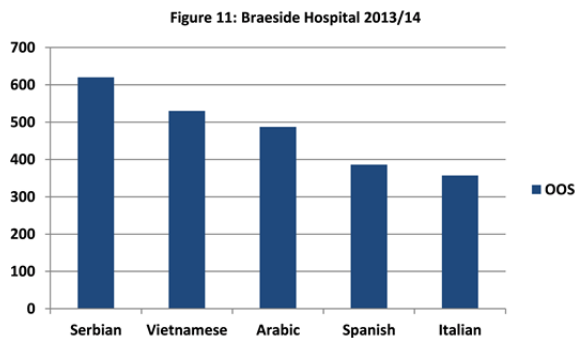
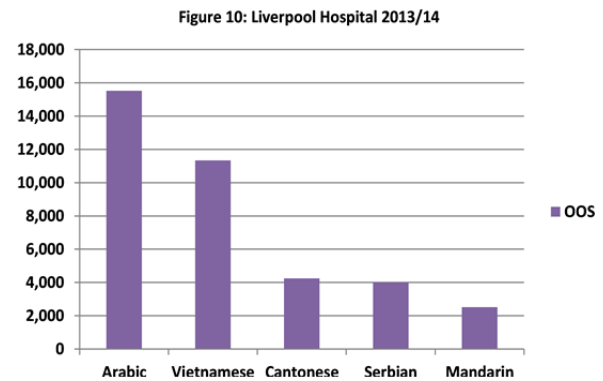
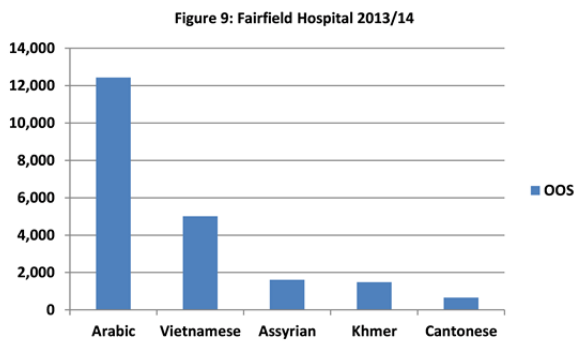
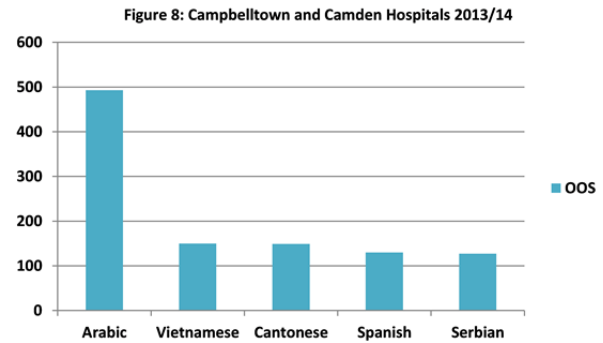
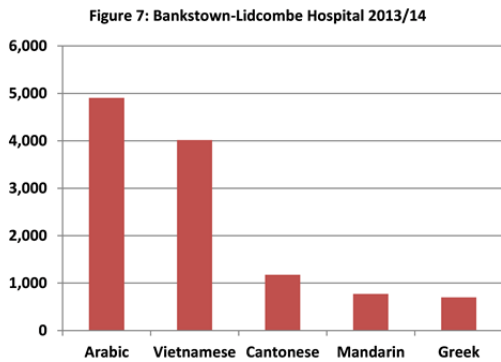


Figure 7: Top Five Language Groups by OOS for SWSLHD Hospitals (Resource: HLS Report 2013-2014)





4.4 The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) is a state - wide affiliated health organisation funded by the NSW Ministry of Health. It aims to assist refugees and people from refugee-like backgrounds to recover from their experiences of torture and/or trauma and build a new life in Australia. The service provides counselling; group therapy and activities; camps and groups for children and young people; community development and health promotion; training for health professionals working with refugees and research. The STARTTS main office is located at Carramar, with a secondary office in Liverpool, while a range of services is available across NSW.

4.5 Other Services

South Western Sydney PHN (previously South Western Sydney Medicare Local)

The South Western Sydney PHN works with general practitioners (GPs), other primary health care providers, secondary care providers and hospitals aiming to increase the efficiency and effectiveness of medical services for patients at risk of poor health outcomes and improve the coordination of care.

GPs, especially bilingual GPs, are primary medical care providers to people from non-English speaking background including refugees. The model of best practice in refugee health assumes a strong relationship with GPs as they provide comprehensive medical assessments to refugees and humanitarian entrants, and ongoing care.

The South Western Sydney HealthPathways, an initiative between the SWSLHD and the South Western Sydney PHN, will provide an opportunity for the development of more refugee specific healthpathways and an inclusion of the cross-cultural perspective in other healthpathways.

Non-government Organisations

A number of non-government organisations, community organisations and other agencies are involved in or provide health and settlement related services targeting migrant and refugee communities. These include Promoting Healthy Outcomes for Refugees (PHOR), Settlement Services International, Migrant Resource Centres, Anglicare and various ethno-specific organisations.

In addition, non-government organisations such as Family Planning NSW Fairfield and Immigrant Women's Health Service provide specialist services for women from CALD and refugee backgrounds including a range of clinical and non-clinical support services in the domain of reproductive and sexual health and wellbeing.



5. Issues and Challenges in the Current Health and Support System in SWSLHD

A range of issues and challenges have an impact on the capacity of health services to meet the future needs of local communities. They include:

- **Significant population growth** including an influx of people arriving or granted protection as part of the Humanitarian Program.
- **Many older people** from CALD backgrounds face different outcomes based on their individual experiences and have higher levels of disadvantage and other risks factors that may affect their ageing experience. Some specific issues include poor understanding of dementia, higher risk of mental health issues and greater reliance on family support.¹²
- **Lifestyle behaviours** with lower levels of exercise, lower consumption of healthy foods, higher rates of smoking and lower rates of antenatal visit in the first 20 weeks of gestation. These impact on morbidity and demand for health care.
- **Sufficient health facility and equipment infrastructure** to meet inpatient and outpatient and community demands in the context of the growing population trends.
- **Partnerships and collaborations** with other government and non-government agencies, which need to be developed to ensure that the needs of individuals, families and communities with complex health and social problems are addressed holistically.¹³

People from culturally and linguistically diverse backgrounds are not a homogeneous group, and their health and health needs are related to the complexity of migration experience. For refugees, these challenges may be additionally compounded by the ongoing psychological impacts of having experienced trauma, and often sudden and dramatic circumstances associated with their journey to Australia. A sense of disempowerment, and issues related to service access and equity are commonly described aspects of the migrant and refugee experience.

CALD and refugee communities may experience difficulties in accessing health services due to:

- Lack of awareness of services and understanding of how the health system works
- Lack of understanding of the importance of preventive health practices (such as cancer screening)
- Sorting out health issues when there are so many life priorities
- Learning about lifestyle choices that keep you healthy, and being able to take those up
- Adjusting to different role interpretations in a western country (e.g. the rights of women)
- Understanding the non-government sector (e.g. disability services)
- Language barriers
- Social isolation
- Low health literacy
- Experience of racism, discrimination and alienation.



In navigating the health service system, CALD and refugee communities have difficulty with:

- Finding doctors (GPs & specialists) who will use a qualified interpreter
- Getting equitable access to services that are in high demand (oral, mental health and others)
- Accessing care that will not cost a lot – including dental care
- Accessing services for domestic and family violence.

Health services may experience difficulty with:

- Provision of culturally appropriate and sensitive care
- Provision of health education and information in community languages
- Making services accessible and equitable
- Recognition of the impact of the social determinants of health including employment and underemployment, lack of recognition of qualifications and financial stress.

Specific issues for **refugees** include:

- Experience of torture and refugee trauma
- Dealing with past and current psychological stressors
- Learning to trust healthcare providers with their stories and sensitive health issues.

In navigating the health service system, refugees may have difficulty with:

- Finding health care that meets their needs, including knowledge of exotic conditions, and catch-up for neglected health care over decades (e.g. immunisation, disability and chronic disease).

The Plan addresses the great majority of health needs pertaining to the CALD and refugee communities in south west Sydney, however it does not cover all issues. Some of these issues will be further considered and guided by the proposed SWSLHD Multicultural Health Committee.



6. Action Plan for SWSLHD

The following section of this Plan describes how the SWSLHD Healthy Culturally Diverse Communities and Refugee Health Implementation Plan 2016 will be developed to meet requirements of the two State Plans. An action plan identifies strategies, key performance indicators, responsibilities, partnerships, and the time frame for implementation.

Projects and programs that have been implemented in SWSLHD since the release of the State plans, i.e. over 2012-2014, are included in the Appendix. The Action Plan builds on some of these projects and programs and includes new strategies and actions in priority areas. All the strategies and actions identified are linked to the two State Plans. Some strategies apply equally to CALD and refugee communities e.g. strategies pertaining to mental health, aged care, hepatitis B, Female Genital Mutilation (FGM) and access to maternity services and interpreters.

Many of the strategies require collaboration between internal and external stakeholders. Strong leadership and collaboration will be required to implement this plan as well as regular monitoring and reporting on actions and outcomes.

Abbreviations used in the following sections are described in full in Table 1.

Table 1: Departments/Services with Responsibility for Implementing Strategies

Abbrev.	Department/Service	Abbrev.	Department/Service
AC&R	Aged Care and Rehabilitation	CC&IM	Complex Care & Internal Medicine
CH	Community Health	CS	Cancer Services
CEWD	Centre for Education, Workforce and Development	CE	Chief Executive
CG	Clinical Governance	CI	Clinical Information
CVS	Cardiovascular Services	G&L	Gastroenterology and Liver
GMS	General Managers of SWSLHD Hospitals	HLS	Health Language Services
HPS	Health Promotion Service	IM&TD	Information Management and Technology Division
MHS	Mental Health Services	OHS	Oral Health Service
PH	Population Health	PHU	Public Health Unit
P&N	Paediatrics & Neonatology	PU	Planning Unit
R&E	Research and Ethics	RHS	NSW Refugee Health Service
RHSA	NSW Refugee Health Service Action	STARTTS	NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
SWSPHN	South Western Sydney PHN	TMHC	Transcultural Mental Health Centre
WH	Women's Health		



HEALTHY CULTURALLY DIVERSE COMMUNITIES

Key Priority Area 1: Enabling Priorities

	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
1.1 Improve the collection, analysis and dissemination of data and evidence about the health of culturally, religiously and linguistically diverse groups					
1.1.1	Include on the SWSLHD IMTD Work Plan a project to have an <i>'Interpreter Required'</i> field displayed in the PowerChart part of the eMR	<ul style="list-style-type: none"> The project completed 	District CI Manager	April 2016	1.1.1
1.1.2	Review recording practices of COB, interpreter assistance required and language spoken across clinical patient databases	<ul style="list-style-type: none"> Review completed and recommendations implemented 	District CI Manager	December 2016	1.1.2
1.1.3	Include <i>'interpreter needed'</i> flag in existing routine medical record audits to identify rates of patients who requested an interpreter that received one	<ul style="list-style-type: none"> <i>'Interpreter needed'</i> flag included in routine clinical audits Rates identified 	GMs	December 2016	1.1.3
1.1.4	Identify and establish a compliance benchmark for the rate of interpreters provided when requested	<ul style="list-style-type: none"> Benchmark established 	Director HLS	December 2016	1.1.3 1.1.4
1.2 Increase effective health promotion, prevention, and early intervention to reduce the likelihood of poorer health outcomes for culturally, religiously and linguistically diverse community groups					
1.2.1	Develop community awareness campaigns in consultation with CALD communities and stakeholders e.g. Hepatitis B, Healthy Weight and Breast Screening	<ul style="list-style-type: none"> Campaigns developed Increased community awareness 	Director HPS Director RHS	December 2016	1.2.1
1.2.2	Implement and evaluate food policies with CALD community organisations to guide provision of healthy food and drinks within their organisation and to clients	<ul style="list-style-type: none"> Policies implemented and evaluated with FECAP and FMI 	Director HPS	December 2016	1.2.1
1.2.3	Undertake comprehensive health and social needs assessment in CALD communities based on local data and existing gaps in provision of population health services	<ul style="list-style-type: none"> Needs assessment completed in at least one CALD community 	Director HPS	December 2016	1.2.1



	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
1.2.4	Seek input from key organisations, interagencies and community forums in CALD program development	<ul style="list-style-type: none"> Community input received 	Director HPS	December 2016	1.2.1
1.2.5	Continue promoting the <i>Get Healthy Information and Coaching Program</i> to CALD populations that have a high risk of chronic diseases	<ul style="list-style-type: none"> Program promoted 	Director HPS Director RHS	December 2016	1.2.2
1.2.6	Integrate a translated <i>Australian Guide to Healthy Eating</i> into existing health promotion programs	<ul style="list-style-type: none"> Translated Guide available 	Director HPS	December 2016	1.2.3
1.2.7	Engage CALD community members in school breakfast programs which promote healthy food activities and skills development	<ul style="list-style-type: none"> No. of parents engaged in programs 	Director HPS	December 2016	1.2.4
1.2.8	Distribute health information about sexually transmitted infections, safe sex and sexual health services to CALD sex workers	<ul style="list-style-type: none"> No. of wallet cards distributed to CALD sex workers 	Director HPS	December 2016	1.2.3
1.3 Improve clinical governance, safety and quality of health services delivered to culturally, religiously and linguistically diverse communities					
1.3.1	Support SWSLHD clinical services to develop new service models, guidelines and protocols to deliver culturally appropriate services e.g. HealthPathways	<ul style="list-style-type: none"> No. of requests received and responded to 	Director HPS	December 2016	1.3.1
1.3.2	Include <i>interpreter use</i> in regular audits of 'consent of surgery and /or procedure' to ensure that interpreters are used when required	<ul style="list-style-type: none"> <i>Interpreter use</i> included in regular audits 	GMs	December 2016	1.3.2
1.3.3	Identify strategies for the <i>SWSLHD Rights and Responsibilities brochure</i> to be easily accessible to CALD consumers	<ul style="list-style-type: none"> Strategies identified 	Director CG	April 2016	1.3.5
1.3.4	Implement strategies to support Multicultural Health Week	<ul style="list-style-type: none"> Strategies implemented 	Director HPS	March 2016	1.3.5
1.3.5	Liaise with the Bureau of Health Information to identify strategies to improve participation of CALD clients in the NSW Patient Satisfaction Survey	<ul style="list-style-type: none"> Strategies identified 	Director CG	December 2016	1.3.5



	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
1.3.6	Establish a SWSLHD Multicultural Health Committee	<ul style="list-style-type: none"> SWSLHD Multicultural Health Committee established 	SWSLHD CE	April 2016	
1.3.7	<p>Strengthen identification and management of older CALD clients with a gradual loss of English language skills accessing Aged Care and Rehabilitation Services via:</p> <ul style="list-style-type: none"> Seeking NSW MoH funding for interpreter services to ensure elderly clients are seen- Priority 2 (within 14 days) and Priority 3 (within 35 days) as per KPI Australian Government Department of Social Services Aligning with the Commonwealth Home Support Program (CHSP) requirements for the provision of patient centred care Providing relevant information in older people's first language 	<ul style="list-style-type: none"> NSW MoH funding confirmed Quality Indicators and outcomes as identified in CHSP contracts Language specific information developed 	Clinical Director AC&R	December 2016	
1.3.8	<p>Improve access and care coordination for clients from CALD and refugee backgrounds accessing Mental Health Services via:</p> <ul style="list-style-type: none"> Delivering cultural and refugee specific competency training for mental health staff Developing mental health staff capacity to undertake culturally informed outcomes assessment and care planning Developing and implementing evidence-based models of care to support clients from CALD backgrounds with a mental health issue and their families Expanding the range of innovative multimedia approaches to deliver information about mental health and local mental health services 	<ul style="list-style-type: none"> No. of training sessions and staff attended Capacity of Mental Health staff developed Increased access to services by CALD/refugee communities Evidence - based models of care implemented No. of multimedia campaigns developed 	Director MHS GMs	December 2016	RHSA 20



	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
1.3.8	<p>(Continue)</p> <ul style="list-style-type: none"> Delivering mental health awareness initiatives to people from CALD and refugee backgrounds through partnerships with TMHC, STARTTS, RHS and community managed organisations to reduce stigma and increase mental health literacy Developing HealthPathways in partnership with GPs and the community managed organisations 	<ul style="list-style-type: none"> No. of collaborative projects and initiatives implemented HealthPathways developed 	Director MHS	December 2016	RHSA 20
1.3.9	<p>Strengthen access and care coordination for CALD and refugee clients accessing the Cancer Service via:</p> <ul style="list-style-type: none"> Continuing engagement with Can Revive- a Chinese cancer support group and volunteers Reinvigorating Vietnamese support groups Adding relevant links to the Cancer CALD resource tab Developing a tailored education program on cultural competency based on results from the Nursing Survey 	<ul style="list-style-type: none"> Enrolment and support groups' attendance Evidence of access to the Cancer CALD resources tab Education program developed Improved cultural awareness evident on re-survey 	Clinical Director CS	Ongoing June 2016	
1.3.10	<p>Improve self-management of chronic and complex conditions in CALD and refugee clients via:</p> <ul style="list-style-type: none"> Engaging further CALD and refugee clients with poor management of chronic disease in the <i>Telehealth Pilot Project</i> at Bankstown - Lidcombe Hospital and subsequent projects 	<ul style="list-style-type: none"> Report on engagement Improved health outcomes of CALD clients 	Clinical Director CC&IM	Ongoing	
1.3.11	<p>Improve self-management of chronic and complex conditions in CALD and refugee clients via:</p> <ul style="list-style-type: none"> Continuing with engagement of Arabic speaking clients in the <i>RACE Program</i> at Liverpool Hospital Commencing the <i>RACE Program</i> for Arabic speaking clients in Bankstown - Lidcombe Hospital 	<ul style="list-style-type: none"> Attendance and completion of the Program Commencement of <i>RACE Program</i> for Arabic speaking clients in Bankstown - Lidcombe Hospital 	Clinical Director CVS	Ongoing	



	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
1.3.12	<p>Provide accessible and appropriate gastroenterology and liver services to clients from CALD and refugee backgrounds via:</p> <ul style="list-style-type: none"> • Creating a Hepatitis B CNC position to coordinate care for HBV patients • Developing HealthPathways suitable for clients from CALD and refugee backgrounds 	<ul style="list-style-type: none"> • Hepatitis B CNC position created • HealthPathways developed 	Clinical Director G&L GMs	December 2016	RHSA 26
1.3.13	<p>Promote accessible and appropriate services to pregnant women from CALD and refugee backgrounds via:</p> <ul style="list-style-type: none"> • Conducting bilingual antenatal clinics • Screening for psychosocial vulnerabilities prenatally • Referral in accordance with the Safe Start guideline for women from CALD and refugee backgrounds screened for psychosocial vulnerabilities 	<ul style="list-style-type: none"> • No. of women attending antenatal clinics • Early identification and treatment • No. of referrals 	Clinical Director WH GMs	Ongoing	RHSA 26
1.3.14	<p>Address issues associated with the care and treatment of women from CALD and refugee backgrounds affected by FGM via:</p> <ul style="list-style-type: none"> • Analysing data reports to ascertain number and location of women positively identifying to FGM • Partnering with the NSW Education Centre on FGM and the Family Planning NSW to provide appropriate education and support to communities who practise FGM • Supporting women affected by FGM in accessing Women's Health services • Promoting specialised training on FGM provided by the Australian College of Midwives (ACM) and the NSW College of Nursing • Investigating the creation of experienced FGM maternity team /facility in the LHD once data reports are available 	<ul style="list-style-type: none"> • Data reports analysed • Partnership established and education strategies discussed • No. of staff attended training • Increased awareness of the staff • Data analysed and report produced 	Clinical Director WH GMs	December 2016	RHSA 25



	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
1.4 Ensure strong leadership to improve multicultural health					
1.4.1	Facilitate participation of SWSLHD facilities and clinical streams in completing annual MPSP reports	<ul style="list-style-type: none"> • MPSP Report submitted • Number of services completing MPSP report 	SWSLHD Multicultural Committee	December 2016	1.4.1
1.4.2	Contribute to the state-wide Multicultural Health Implementation Plan Committee and Workforce Training and Education in Cultural Competency Working Group	<ul style="list-style-type: none"> • Inputs provided to MoH 	Director HPS	December 2016	1.4.1
1.4.3	Actively explore CALD representation on District committees consistent with diversity principles outlined in the <i>NSW Public Service Commission Appointment Standards Boards and Committees in the NSW Public Sector (July 2013)</i>	<ul style="list-style-type: none"> • SWSLHD Committees include members from CALD background 	SWSLHD Executive Unit	Ongoing	1.4.5
1.5 Further develop the health workforce to assist delivery of health services to those of culturally, religiously and linguistically diverse backgrounds					
1.5.1	Increase cultural competency of the health workforce by: <ul style="list-style-type: none"> • Delivering nationally accredited cultural diversity face to face training • Exploring inclusion of the Cultural Awareness e-module on the LHD mandatory training schedule 	<ul style="list-style-type: none"> • <i>HLTHIR 403B</i> offered at least 4 times per annum • No. of staff attended • SWSLHD target completion rate of 85% 	Director CEWD Director HPS	December 2016	1.5.2 1.5.3
1.5.2	Develop a manual to help clinical services assess and implement strategies to increase their cultural appropriateness	<ul style="list-style-type: none"> • Manual developed 	Director HPS Director CEWD	December 2016	



Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan	
1.6 Ensure that communication capacity and quality continues to develop to improve the health literacy and wellbeing of culturally, religiously and linguistically diverse communities					
1.6.1	Improve access to interpreters via: <ul style="list-style-type: none"> • Implementing a telephone interpreter project in 3 highest demand language groups • Trialling video interpreting • Implementing an inpatient interpreter project for urgent and unexpected requests across all health services at major hospitals in the two highest demand languages • Conducting a HLS promotional campaign targeting SWSLHD staff 	<ul style="list-style-type: none"> • No. of consumers used telephone and video interpreting • Feedback received • Inpatient interpreter project implemented • No. of promotional campaigns and staff targeted 	Director HLS	December 2016	1.6.1
1.6.2	Develop strategies to engage with vulnerable groups to communicate health messages	<ul style="list-style-type: none"> • Strategies developed 	Director HPS	December 2016	1.6.1
1.6.3	Identify issues and develop appropriate strategies to reduce elder abuse	<ul style="list-style-type: none"> • Strategies developed 	Director HPS	December 2016	
1.6.4	Support development of language specific community education strategies	<ul style="list-style-type: none"> • Strategies developed • Translation of the <i>Planning for your Future Program</i> resources in Arabic, Croatian and Macedonian completed 	Director HPS Director HLS	December 2016	1.6.2 RHSA 14



Key Priority Area 2: Priority Health Issues

	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
2.1	Identify and effectively address the high prevalence of risk factors and disease types amongst specific ethnic groups				
2.1.1	Develop a report on demographic and population health indicators by country of birth and/or language spoken for local communities, as appropriate	<ul style="list-style-type: none"> Report developed 	Director PH	December 2016	2.1
2.1.2	Develop and implement a comprehensive social marketing campaign to promote physical activity and healthy eating in high risk communities	<ul style="list-style-type: none"> Campaigns developed and implemented in one cultural group 	Director HPS	December 2016	2.2
2.1.3	Develop specific strategies to increase participation of CALD communities in state-wide and local health promotion programs i.e. <i>Healthy Children Initiative – Go4Fun and Quit</i> programs	<ul style="list-style-type: none"> Strategies developed and implemented Increased referrals from CALD communities 	Director HPS	December 2016	2.2
2.1.4	Develop, implement and evaluate strategies to improve health literacy focussing on healthy lifestyle choices and access to health services	<ul style="list-style-type: none"> Strategies developed, implemented and evaluated 	Director HPS	December 2016	2.2
2.1.5	Develop and implement programs to increase available options for walking and physical activity for CALD communities across SWSLHD	<ul style="list-style-type: none"> Increased number of walking groups and physical activity programs 	Director HPS	December 2016	2.2
2.1.6	Develop and implement a tobacco control program for a CALD community with a high smoking rate	<ul style="list-style-type: none"> Tobacco control program implemented 	Director HPS	December 2016	2.2
2.1.7	Scope and trial mental health promotion and suicide prevention awareness for 2nd and 3rd generation young people, their families and communities	<ul style="list-style-type: none"> Project scoped and trialled in two cultural groups 	Director HPS Director MHS	December 2016	2.2
2.1.8	Maintain bilingual community education (BCE) healthy lifestyle and gender specific programs across the LHD targeting priority issues in identified communities	<ul style="list-style-type: none"> No. of BCE programs delivered 	Director HPS	December 2016	2.2



	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
2.1.9	Raise awareness of chronic hepatitis B and liver cancer including testing, treatment and access to services for Arabic, Assyrian and Vietnamese communities	<ul style="list-style-type: none"> No. of initiatives and strategies identified 	Director HPS Clinical Director G&L	December 2016	2.3 RHSA 26
2.1.10	Undertake qualitative research with CALD communities with a high risk of chronic diseases	<ul style="list-style-type: none"> Research completed 	Director HPS	December 2016	2.3
2.1.11	Plan and implement culturally appropriate health promotion strategies to reduce the risk and increase self-management of chronic diseases in high risk CALD communities	<ul style="list-style-type: none"> Strategies implemented 	Director HPS	December 2016	2.3
2.1.12	Further develop existing strategies around utilising National Diabetes Services Scheme (NDSS), the Multicultural Diabetes Portal and Diabetes Australia translated resources	<ul style="list-style-type: none"> Strategies developed Increased cultural awareness of the staff 	Clinical Director CC&IM GMs	December 2016	2.3





Key Priority Area 3: Priority Groups

	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
3.1 Identify contributing factors to increased vulnerability of particular groups					
3.1.1	<p>Increase CALD community interest and participation in research via:</p> <ul style="list-style-type: none"> • Designing and supporting research studies specifically focused on CALD groups • Promoting inclusion of CALD participants in general research (clinical and non-clinical) across SWSLHD • Providing training and education on use of interpreters to researchers • Providing support and advice to researchers wishing to include CALD in their research • Facilitating collaborative engagement amongst health, education and research organisations with a focus on meeting health needs of the CALD communities 	<ul style="list-style-type: none"> • No. of studies specifically focused on CALD groups • No. of studies inclusive of CALD participants • Education and support provided to researchers • Participation in SWS Health Research Hub 	Director R&E SWS Research Hub	December 2016	3.4
3.1.2	Undertake health research of CALD communities on priority health issues and incorporate findings to ensure programs are evidence based	<ul style="list-style-type: none"> • One research project completed 	Director HPS in partnership	December 2016	3.4
3.1.3	Support specific clinical services in developing strategies to increase access of high risk CALD populations	<ul style="list-style-type: none"> • One service integrates strategies to increase access 	Director HPS in partnership	December 2016	3.8



REFUGEE COMMUNITIES

	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
4	Key Priority Area 4: Develop health policies and plans which prioritise and are inclusive of refugee health				
4.1	Consider the special needs of refugee groups when devising health care plans and policies	<ul style="list-style-type: none"> Plans and policies (District/facility/clinical stream/ /service) specifically recognise and plan services for refugee health needs 	SWSLHD PU Director RHS	Ongoing	Strategic Action 3
5	Key Priority Area 5: Implement the Best Practice Model of Refugee Health Care				
5.1	Continue to provide refugee nurse health assessments to newly arrived refugees	<ul style="list-style-type: none"> 90% of referrals seen 	Director RHS	December 2016	Strategic Action 6
5.2	Investigate opportunities to fund interpreters for the refugee nurse led clinics	<ul style="list-style-type: none"> Investigation completed Funding provided 	Director RHS	December 2016	Strategic Action 8
5.3	Investigate strategies to fund nurse led health screening of refugee students enrolled in Intensive English Centres in SWS	<ul style="list-style-type: none"> Investigation completed Funding provided 	Director RHS	December 2016	Strategic Action 8
5.4	Investigate strategies to establish a refugee specific Dietetics Clinic	<ul style="list-style-type: none"> Investigation completed Clinic established 	Director RHS	December 2016	Strategic Action 8
5.5	Establish linkages with the SWSPHN to ensure services meet the needs of refugees	<ul style="list-style-type: none"> Linkages established through provision of information on settlement data, health issues and referral pathways 	Director RHS	June 2016	Strategic Action 9
5.6	In partnership with SWSPHN: <ul style="list-style-type: none"> Provide cultural and refugee health competency training for GPs Include refugee resources and links in HealthPathways 	<ul style="list-style-type: none"> No. of training events No. of GPs trained in refugee health Resources and links included 	Director RHS	December 2016	Strategic Action 9



Proposed actions		KPI	Responsibility	Timeframe	Link to NSW Plan
5.7	Provide cultural and refugee health competency training to relevant mainstream staff involved in on - arrival assessment and ongoing care of refugees	<ul style="list-style-type: none"> No. of tailored training programs No. of staff attended Increased staff capacity to recognise, assess and respond to the needs of refugees 	Director RHS	December 2016	Strategic Action 10
6 Key Priority Area 6: Promote refugee health and wellbeing					
6.1	Implement the <i>NSW Refugee Health Promotion Guidance Document</i>	<ul style="list-style-type: none"> Refugee specific health promotion strategies included in HPS strategic plan as per Guidance document 	Director RHS Director HPS	December 2016	Strategic Action 12
6.2	Identify and plan inter-sectoral collaborative projects that help to address key social issues affecting those of refugee background	<ul style="list-style-type: none"> No. of potential inter- sectoral collaborative projects identified 	Director RHS in partnership	December 2016	Strategic Action 13
6.3	Implement early intervention health promotion and illness prevention strategies via: <ul style="list-style-type: none"> Providing information session on Orientation to the Health System in NSW, Oral Health, Smoking Cessation, Nutrition and Women’s Health Identifying refugee communities needs for health information Partnering with relevant health services in expanding health topics included in information session 	<ul style="list-style-type: none"> No. of information sessions and range of methods in delivery No. of health topics identified Education strategies developed in partnership 	Director RHS	December 2016	Strategic Action 14
6.4	Work with PHOR to continue the Fairfield Refugee Nutrition 8-session group program and training in food security to community organisations working with refugee groups	<ul style="list-style-type: none"> Number of sessions and refugee groups engaged 	Director RHS	Ongoing	Strategic Action 16



Proposed actions		KPI	Responsibility	Timeframe	Link to NSW Plan
7.6	<p>Improve the immunisation status of refugee children and youth via:</p> <ul style="list-style-type: none"> • Providing catch-up immunisations to refugee children and young people • Supporting GPs to provide catch-up immunisations to refugee children and young people • Providing immunisation program at Intensive English Centres in SWS 	<ul style="list-style-type: none"> • Percentage of children fully immunised at 1, 2 and 4 years of age • Number of immunisation doses given at Intensive English Centres visits 	<p>Director PHU Director RHS</p>	Ongoing	Strategic Action 23
7.7	<p>Address the oral health needs of refugees and asylum seekers via:</p> <ul style="list-style-type: none"> • Introducing targeted prevention like <i>topical fluoride applications</i> as part of child recall program • Recruiting a consumer from CALD/refugee background into the OHCCC • Contributing to Refugee Oral Health plans at a state level • Promoting awareness about ECOHP to GPs and other health professionals addressing perception about long waiting times • Enhancing partnerships with RHS to develop specific access to dental care for refugee children • Further developing the OHP program in consultation with refugee consumers 	<ul style="list-style-type: none"> • Interpreter usage as an indirect measure • Patient satisfaction surveys • Consumer from CALD/refugee background recruited • Participation in the state wide refugee oral health planning • Increase in child NAPOOS • Increased uptake of ECOH referrals reported on ISOH • Patient and stakeholder feedback • Interpreters booking • OHP sessions reported in monthly • Board KPI report • Evaluation report from questionnaire from OHP sessions 	<p>Director OHS</p>	December 2016	Strategic Action 24



	Proposed actions	KPI	Responsibility	Timeframe	Link to NSW Plan
8	Key Priority Area 8: Foster research and evaluation relevant to the health of refugees				
8.1	Improve quality of data via: <ul style="list-style-type: none"> • Ensuring that RHS Database continues to meet reporting requirements • Collecting monthly data on refugees' activity • Exploring strategies around refugee identification in health services data sets 	<ul style="list-style-type: none"> • Common data set devised • Data collected, collated and reported • Strategies developed 	Director RHS	December 2016	Strategic Action 28
8.2	Facilitate collaborative engagement amongst health, education and research organisations with a focus on identifying and meeting health needs of the refugee community	<ul style="list-style-type: none"> • Refugee health groups included in the SWS Health Research Hub • No. of refugee research projects 	Director R&E	December 2016	Strategic Action 29





Appendix

Progress on strategies 2012-2014 for SWSLHD CALD and refugee communities

Progress on strategies targeting CALD communities 2012-2014

Policy, programs and campaigns will be developed in consultation with CALD communities and key stakeholders

- Focus groups with Pacific communities leaders and community members to identify culturally appropriate ways to promote healthy eating and physical activity; and to identify and address barriers to the late antenatal presentation among pregnant women
- Consultations conducted with Multicultural Health staff to identify culturally appropriate strategies to promote *Donate Life* Program, and using culturally appropriate strategies education was provided to 12 community groups
- A resource '*Enhancing the Lives of Older Refugees*' developed and training with the staff conducted
- A Bilingual Community Education Program Manual for the '*Planning for your Future*' Program piloted and resources in 6 community languages developed. 14 Multicultural Health staff and Bilingual Community Educators completed a Train-the-Trainer program and over 150 community members attended.
- Focus groups with young Muslim women conducted to identify their health and social needs and any gaps in service delivery
- A Spanish Speaking Health Interagency established to advocate for the needs of Spanish speaking communities and facilitate resource sharing
- MHS staff assisted Families NSW in consulting with Vietnamese and Arabic communities around seeking information on parenting and use of social media
- Healthy eating and cooking programs developed for Mandaean and Vietnamese communities based on the needs assessment
- A partnership formed with the *Elder Abuse Help Line* to identify needs and issues with CALD communities and develop strategies
- *Get Healthy Information and Coaching* Program promoted to two men's groups in Campbelltown and to GPs in the community

Translate key health promotion/ early intervention resources into relevant community languages

- '*Planning for your Future*' Program resources translated in 6 languages
- Alzheimer's Australia and MHS developed a DVD on Dementia in Khmer, Spanish and Assyrian

Develop new and innovative approaches to engaging and communicating health messages for CALD communities

- Tai Chi for health and relaxation for older Polish people
- Participation in the Bankstown City Council Multicultural Healthy Children Project on educating Arabic and African communities about the value of nutrition and healthy eating
- *Spanish Speaking Choir* project focused on improving health through music and information



Progress on strategies targeting CALD communities 2012-2014

Improve clinical governance, safety and quality of health services delivered to culturally, religiously and linguistically diverse communities

- SWSLHD Clinical Governance revised the *Rights and Responsibilities* brochure and have commenced translation in top ten languages other than English spoken by consumers.

Ensure strong leadership to improve multicultural health

- Annual mandatory reporting on MPSP
- SWSLHD Multicultural Health representation on the state-wide Multicultural Health Plan Implementation Group and on working parties focusing on: improving access to and use of interpreters, CALD data collection and related systems, improving workforce training and education in cultural competency and communication campaigns
- CALD representation on the SWSLHD Board and the Consumer and Community Council (CCC)

Further develop the health workforce to assist delivery of health services to those culturally, religiously and linguistically diverse backgrounds

- Orientation session on MHS developed as a e-learning module
- Session on cultural awareness included in the new staff orientation at Fairfield Hospital
- NSW Health funded partnership between HLS and MHS for the *Dementia Training for Health Care Interpreters* project
- Palliative Care Volunteer's training
- In-service on cultural competence for NSW Genetic counsellors

Ensure health promotion address the high prevalence of risk factors with support of Multicultural Health Units

- Healthy eating and physical activity program for Pacific communities
- *'Crush the Cigarette Before it Crushes You'* - anti-smoking campaign using ethnic media and community forums to target Chinese, Vietnamese, Assyrian and Arabic speaking communities

Chronic disease services with support of multicultural health units to address the higher prevalence of certain disease types for specific cultural groups

- SWSLHD Diabetes Services utilise National Diabetes Services Scheme (NDSS), Multicultural Diabetes Portal and Diabetes Australia translated resources
- Ongoing research on the health issues of Filipino migrants who have high prevalence of type 2 diabetes and hypertension
- Healthy Eating & Active Lifestyle (HEAL) program in partnership with SWSML targeting Vietnamese, Khmer, Laotian, Spanish, Arabic, Assyrian and Croatian speaking clients diagnosed with type 2 diabetes
- *'Table for One'* program to reduce nutrition vulnerability of CALD elderly communities implemented in Arabic, Polish and Macedonian speaking communities
- Cardiac Rehabilitation conducted RACE program with Spanish speaking patients post a cardiac event
- Arabic Cancer Survivorship and Wellness session in partnership with the Oncology Department, Bankstown - Lidcombe Hospital



Progress on strategies targeting CALD communities 2012-2014

Review processes for accurate ongoing identification and management of older CALD patients/clients, particularly with regard to gradual loss of English language skill

- In 2013-2014 1,926 aged care assessments conducted with elderly people of a CALD background in conjunction with the SWSLHD HLS
- MHS participated in National Cross Cultural Dementia Network and the Advisory Committee Dementia Collaborative Research Centre
- A research project investigated a pilot intervention '*Coping with Care Giving*' for Chinese and Spanish speaking carers of people living with dementia. Research published in the American Journal of Alzheimer's Disease & Other Dementias 2014 and presented at a number of conferences.

Promote inclusion of CALD diverse samples in health research and support research projects to build the evidence base and support the implementation of best practice models of care

- Funding allocated for use of interpreters in research
- SWSLHD HLS and MHS consulted on development of the SWSLHD Research Plan with specific strategies identified in the Research Strategy for SWSLHD 2012-2021
- Two papers published on the acculturative stress of Filipino migrants
- Evaluation of the diabetes education program delivered to CALD communities at Campbelltown and Liverpool Hospital Diabetes Clinics
- Ethics application submitted for research on the use of kava by the Fijian men in partnership between Multicultural Health Promotion and the Drug Health Services and UNSW

Implement the actions of the review of the Multicultural Mental Health Plan

- SWSLHD Mental Health Multicultural Promotion and Diversity Committee established to review, plan and develop mental health services for the multicultural and refugee population

Better engage people from CALD backgrounds with chronic and complex conditions in programs to assist and improve self- management

- Engagement with Can Revive- a Chinese Cancer Support group who deliver support information in both Cantonese and Mandarin onsite at Liverpool Hospital
- Volunteers onsite with the Cancer Services several days per week
- SWSLHD CALD Cancer support groups and information reviewed 2014 to assess current availability of resources
- CALD resources tab added to the SWSLHD Cancer webpage
- Survey developed to assess level of cultural awareness of the nursing staff working with the Cancer Service

Promote better health for CALD communities through promoting involvement in healthy lifestyle programs

- The *Get Healthy Information and Coaching* Program delivered to Filipino men to reduce risks of chronic diseases
- Three sustainable multicultural groups established in Fairfield LGA
- Four volunteer group leaders trained as walk leaders/organisers.



Progress on strategies targeting refugee communities 2012-2014

Develop health policies and plans which prioritise and are inclusive of refugee health

- The SWSLHD Strategic and Healthcare Services Plan and the SWSLHD Corporate Plan, identified the needs of people from CALD and refugee backgrounds and developed strategies to address their needs
- NSW Refugee Health Service consulted in development of the palliative care and children and youth plans

Implement the Best Practice Model of Refugee Health Care

- Refugee Health Nurse (RHN) clinics in Cabramatta and Fairfield provided health assessment to newly arrived refugees

Provide cultural and refugee health competency training and improvement opportunities for GPs and other providers involved in on-arrival assessment and ongoing care

- Grand Rounds lectures on refugee health topics conducted at Bankstown - Lidcombe, Liverpool and Campbelltown Hospitals
- RHS delivered 10 lectures to over 600 UWS, UNSW and USyd medical, nursing, social work and dietetics students and had 10 medical, 1 social work and 2 nursing students on placement
- RHS staff presented almost 100 conference papers at local, state and national health conferences

Develop an operational plan for the provision of specialist refugee health assessment clinics

- Refugee Paediatrics and Youth clinics conducted fortnightly

Promote refugee health and wellbeing

- NSW Refugee Health Promotion Plan Guidance document developed
- The Fairfield Refugee Nutrition 8-session group program provided education on healthy eating to refugee communities and training in food security to community organisations working with refugee groups
- RHS developed and translated a number of health resources in response to the high prevalence of issues including oral health hygiene, iron, calcium and vitamin D deficiencies
- RHS Community Education Program provided 214 information sessions on the following topics: Orientation to NSW Health system, Oral Health and Quit Smoking

Develop specific targeted responses to refugee need within healthcare services

- RHN clinics ensured that all newly arrived refugee children receive a health assessment
- RHS developed and promoted Online Translated Appointment Reminder Tool which allows health professionals to book seven types of health appointments (general health, child health, maternity, dental, eye care, imaging and women's health) in 23 different languages

Undertake additional actions to improve the immunisation status of refugees

- SWSLHD Public Health Unit immunisation team supported local GPs to provide catch-up immunisations (apart from HPV only for 12–13 year olds and meningococcal free over 11 years of age)
- School immunisation program delivered to 11–18 year olds at five Intensive English Centres in SWS once a school term.



Progress on strategies targeting refugee communities 2012- 2014

Develop strategies to address the oral health needs of refugees and asylum seekers

- SWSLHD Oral Health Promotion team promoted oral health messages and access to services to refugee and asylum seeker groups
- SWSLHD Oral Health Service started working with RHS on priority pathways for refugee children
- Oral Health clinic tours for refugee groups
- Promoted access to child oral health services via community sessions and Facebook
- Information on access to oral health clinics made available in many languages
- Multilingual DVD 'Healthy Mouth Something to Smile About' developed in collaboration between SWSLHD Oral Health Services and RHS (SWSLHD's Quality Award)

Develop strategies to address issues associated with FGM in refugee communities

- All women screened at the antenatal booking for FGM in accordance with the new MoH guideline GL2014_016 Maternity-Pregnancy and Birthing Care for Women Affected by Female Genital Mutilation/Cutting

Foster the provision of high quality, accessible mainstream care to refugees

- RHS developed and conducted a training module '*Helping Make Strong and Capable Mothers-Improving Maternal Health Care for Refugee Women*'
- Bilingual midwifery antenatal clinics run in Fairfield and Bankstown - Lidcombe Hospitals
- All women at antenatal booking screened for psychosocial vulnerabilities in accordance with the Safe Start Guideline and referred to CALD and migrant specific NGO's.





Abbreviations

CALD	Culturally and Linguistically Diverse
COB	Country of Birth
COHS	NSW Centre for Oral Health Strategy
ECOH	Early Childhood Oral Health
FECAP	Fairfield Emerging Communities Action Partnership
FGM	Female Genital Mutilation
FMI	Fairfield Migrant Interagency
GP	General Practitioner
HLS	Health Language Services
KPI	Key Performance Indicator
NAATI	National Accreditation Authority for Translators and Interpreters
NGO	Non-Government Organisation
MHS	Multicultural Health Service
MoH	Ministry of Health
MPS	Multicultural Policies and Services
OHP	Oral Health Promotion
OOS	Occasions of Service
PHOR	Promoting Healthy Outcomes for Refugees
PHN	Primary Health Network
RACE	Recovery After Cardiac Event
RHN	Refugee Health Nurse
RHS	NSW Refugee Health Service
STARTTS	NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
SWSLHD	South Western Sydney Local Health District
TMHC	Transcultural Mental Health Centre
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organisation



Glossary of Terms

Asylum Seeker is a person who has applied for protection from within Australia as a refugee but has not yet received a determination about their status. In Australia, asylum seekers reside in the community on bridging visas, in community detention or are held in immigration detention facilities in Australia (including Christmas Island) or offshore in Nauru or on Manus Island. According to the UNHCR, an asylum seeker is an individual who is seeking international protection. 'Not every asylum seeker will ultimately be recognised as a refugee, but every refugee is initially an asylum seeker' (UNHCR 2006).²

Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations. Cultural competence is much more than awareness of cultural differences, as it focuses, for example, on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services.¹

Cultural and linguistic diversity refers to the wide range of cultural groups that make up the Australian population and Australian communities. The term acknowledges that groups and individuals differ according to religion and spirituality, racial backgrounds and ethnicity as well as language. The term 'culturally and linguistically diverse background' is used to reflect intergenerational and contextual issues, not just the migrant experience. The term culturally and linguistically diverse is used in its broadest, most inclusive sense and it acknowledges the role that background, experience, length of stay, inter- and transgenerational issues and diversity within and between communities play, along with language and culture, informing diversity.¹

Female Genital Mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. Increasingly, however, FGM is being performed by health care providers. FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death."⁸

Humanitarian Entrant is a person who migrates to Australia under one of three migration programs:

- the Refugee Program;
- the Special Humanitarian Program (SHP): people who are outside their country of origin and have been identified as having experienced, or fear, gross discrimination amounting to a substantial violation of their human rights may be granted a Class 202 Visa;
- the Special Assistance Category: groups with close family or community links to Australia who are in particularly vulnerable situations overseas and who do not meet the criteria for the other categories.²

Refugee is any person who has a well-founded fear of being persecuted for reasons of religion, nationality, membership of a particular social group or political opinion; is outside their own country; is unable or unwilling to return to that country because of fear of persecution; and is not a war criminal or person who has committed a serious non-political crime.²

Refugee Competency is a term which has been developed for the purposes of NSW Refugee Health Plan and describes the particular skills and competencies associated with providing and negotiating appropriate and accessible health care for people who have had refugee-like experiences.²



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