



SWSLHD Multicultural Services Implementation Plan 2021-2024

Content

1. Introduction	3
2. Plan on a page – VISION	4
3. Demographic Profile of SWSLHD.....	5
3.1. Overview of Cultural and Linguistic Diversity in South Western Sydney	6
4. The Health of Culturally and Linguistically Diverse Communities	7
5. Planning Process	9
5.1. Review of Multicultural Health Services in SWSLHD.....	9
6. Multicultural Services and Associated Programs in SWSLHD.....	10
6.1. NSW Health Multicultural Programs and Services.....	11
6.2. Other Services and Organisations.....	12
7. Issues and Challenges in the Current Health and Support System in SWSLHD	13
8. Implementation Plan	14
9. Implementation and Monitoring	29
10. Appendix	29
11. Glossary of Terms	32
12. References	33



Abbreviations

CALD	Culturally and Linguistically Diverse
CCP	Consumer and Community Participation
COB	Country of Birth
DPIE	Department of Planning, Infrastructure and Environment
FGM	Female Genital Mutilation
GP	General Practitioner
HLS	Health Language Services
KPI	Key Performance Indicator
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NSQHS	National Safety and Quality Health Service
MEM	My Experience Matters
MHS	Multicultural Health Service
MoH	Ministry of Health
MoC	Model of Care
MPS	Multicultural Policies and Services
PHN	Primary Health Network
RHS	Refugee Health Service
STARTTS	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
SWSLHD	South Western Sydney Local Health District
TMHC	Transcultural Mental Health Centre
TYE	Transforming your experience

1. Introduction

The South Western Sydney Local Health District (SWSLHD Plan) Multicultural Services Implementation Plan 2021- 2024 (SWSLHD Plan) has been developed as a local response to the NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023 (State Plan). The SWSLHD Plan complements the NSW Refugee Health Plan (to be released in 2022), which addresses the health and wellbeing of people with refugee and refugee-like experiences who have settled in NSW.

The SWSLHD Plan aligns to:

- **The State Plan** with similar principles and priorities acknowledging the broader policy, planning and legislative content and current District policies and plans relating to multicultural health

The State Plan aims to ensure people of culturally and linguistically diverse backgrounds have equitable access to health care services that are culturally responsive, safe and high quality. The State Plan aligns the commitment of NSW Health to the principles of the Multicultural NSW Act 2000 in particular respecting and making provision for the culture and language of others.

The vision of the state Plan is an equitable health system that ensures that cultural and linguistic diversity is in the focus of service planning and service delivery by mainstream services; and is reflected in this local implementation plan and actions.

- **Transforming Your Experience (TYE)**, SWSLHD's key strategy to positively transform how our patients, consumers, staff and communities experience our organisation and services.

The TYE vision is that our care is always safe, high quality and personalised and all our staff are supported and empowered to achieve their full potential.

The TYE strategy provides SWSLHD with a clear direction for working together to deliver this care and build the health of our communities – now and into the future.

- **National Safety and Quality Health Service (NSQHS)** - to ensure the needs of consumers are considered and addressed in a clinical and non-clinical settings

- **Standards** in order to protect consumers from harm and improve the quality of health care.

The SWSLHD Plan uses the term Culturally and Linguistically Diverse (CALD) 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.

2. SWSLHD Plan on a Page

<p>Our Vision</p>	<p>People from culturally and linguistically diverse backgrounds in SWSLHD can access safe, high-quality and person centred healthcare where cultural and linguistic needs are recognised and addressed in policy development, service planning and delivery.</p>	
<p>Our Outcomes</p>	<p>1. Our organisation has strategies in place to improve access and quality of care for all people from CALD backgrounds, particularly people with vulnerabilities</p>	<p>2. Our organisation supports people from CALD backgrounds to build their health literacy so they can be actively involved in decisions about their health</p>
<p>Our Priority Development Activities between 2021 and 2023 (see section 8 Implementation plan for detailed list of actions)</p>	<ul style="list-style-type: none"> • Develop partnerships with NGOs and key community organisations. • Provide support to LHD staff to link with community leaders and organisations. • Ensure cultural appropriateness and accessibility are considered in Models of Care and planning documents. • Work with clinical services to review service utilisation data and incorporate them in service planning and development. • Develop a community awareness campaign to promote services to CALD people. • Consult with CALD communities on barriers to utilisation of NDIS and other support services and adequately address them. • Support clinical services to increase CALD access to services using virtual technologies. • Audit service specific information to assess availability of translated resources and accessibility. • Ensure discussions relating to Advance Care Planning (ACP) is approached in a culturally sensitive manner, with interpreters engaged as appropriate. • Identify demand for interpreters including new and emerging languages and unmet needs 	<ul style="list-style-type: none"> • Develop language specific health promotion and community education programs. • Develop accessible services for CALD pregnant women; e.g. bilingual antenatal and parent education programs • Support SWS Domestic violence Alliance to develop and disseminate domestic and family violence resources in priority languages for community engagement • Raise awareness among older people from CALD backgrounds about elder abuse. • Work with the health promotion service, facilities and clinical services to develop health literacy action plan. • Seek input from CALD consumers and community members to design and pilot test information in a range of formats. • Review existing BCE programs to expand community reach and availability. • Provide support to interpreters and health professionals to access training and equipment required for telehealth. • Develop and evaluate a guide for health professional outlining recommended mode of interpreting for different settings
<p>Our Outcomes</p>	<p>3. Our organisation is responsive to people’s individual needs, language and culture</p>	<p>4. Our organisation understands the needs, experiences and identities of our CALD communities</p>
<p>Our Priority Development Activities between 2021 and 2023 (see section 8 Implementation plan for detailed list of actions)</p>	<ul style="list-style-type: none"> • Provide a six monthly progress report of implementation plan to the multicultural health committee. • Support facilities and services with accreditation. • Organise promotional campaigns to increase awareness of available online cultural competency training modules. • Review content of the existing cultural competency program and delivery approach. • Develop program outline, content and outcome measures and roll out face to face cultural competency module. • Support TYE and CCP staff to encourage CALD consumers to complete MEM surveys. • Clinical services to seek support from Multicultural Health staff to complete patient journeys of CALD consumers. 	<ul style="list-style-type: none"> • Develop a report on demographic and population health indicators – based on the clinical audit • Complete a needs assessment for at least one CALD community. • Increase community awareness and participation in healthy lifestyle programs • Design and support research studies specifically focused on CALD groups • Promote inclusion of CALD participants and provide support to researchers wishing to include CALD participants in their research • Facilitate collaborative engagement amongst health, education and research organisations with a focus on meeting health needs of the CALD communities.
<p>Our Overall Goals: Provision of culturally responsive care, Accessible and high quality care for all consumers, Improved health literacy for consumers and health care staff, Improved understanding of and response to consumer health needs</p>		

3. Demographic Profile of SWSLHD

South Western Sydney covers an area of 6,243 square kilometres across the Local Government Areas (LGAs) of the former Bankstown (now part of Canterbury-Bankstown), Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly.

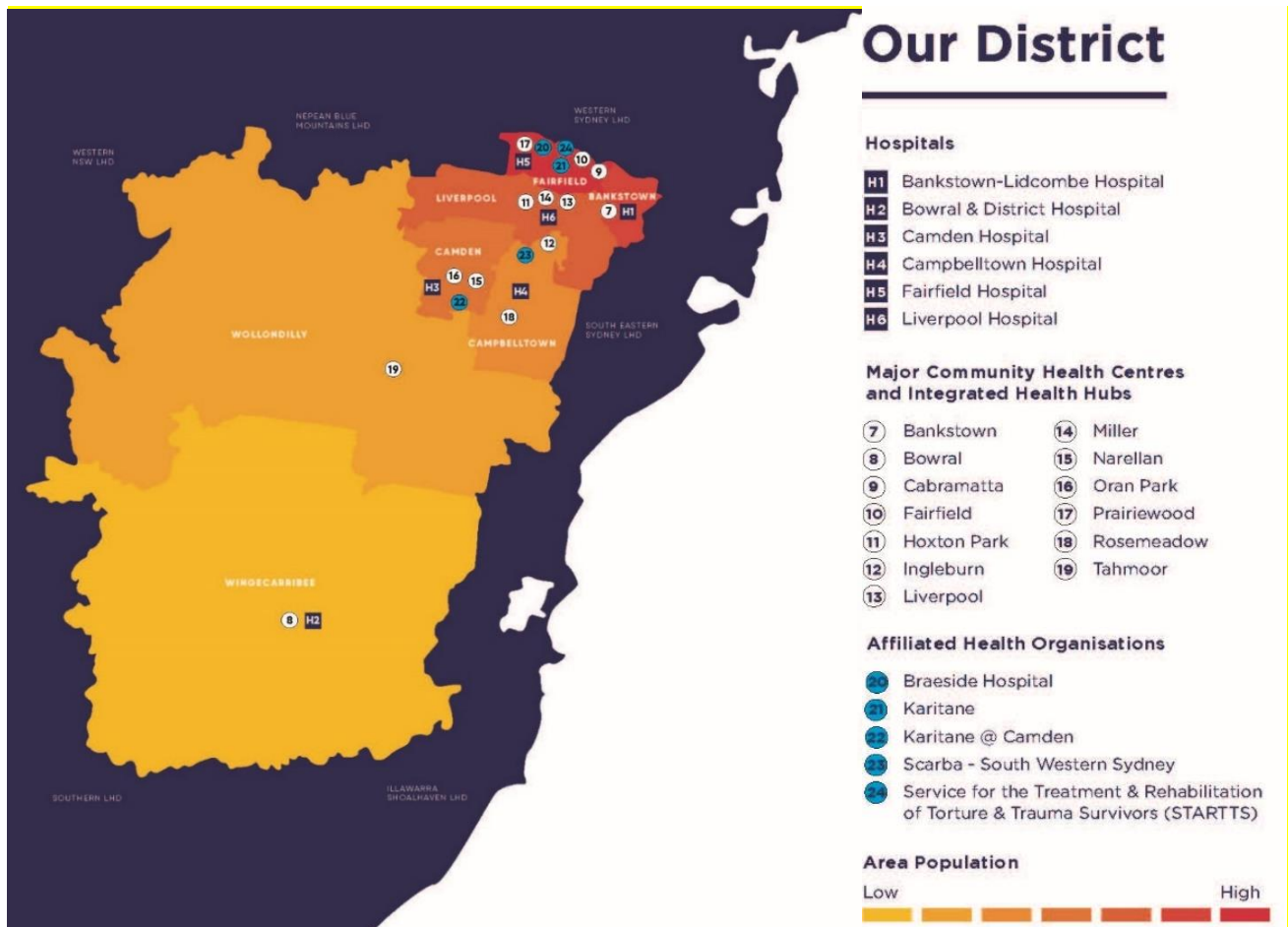


Figure 1: Map of South Western Sydney Local Health District

In 2021, there are approximately 1,092,498 people living in South Western Sydney, making up 12% of the NSW population. Over the next fifteen (15) years the population is expected to increase by 225,474 people, meaning that over 1.3 million people will call South West Sydney home. This rapid population growth is due mainly to new housing developments in the South West Priority Growth Areas. Growth is expected to be highest in the Camden and Liverpool LGAs and in the older population (aged 65 years or older) which is expected to increase substantially (80%) by 2031.

A majority of the South Western Sydney population lives in LGAs with higher than average levels of socioeconomic disadvantage compared to NSW. Fairfield LGA was the most disadvantaged LGA in the Sydney metropolitan region and the fourth most disadvantaged in NSW in 2016. There is strong evidence of an association between socioeconomic disadvantage and increased risk of worse health and significantly less use of preventive health services.

Further information about the demographic profile is available in the South Western Sydney Needs Assessment - South West Sydney: Our Health in brief (link included in appendix – section 10).

3.1. Overview of Cultural and Linguistic Diversity in South Western Sydney

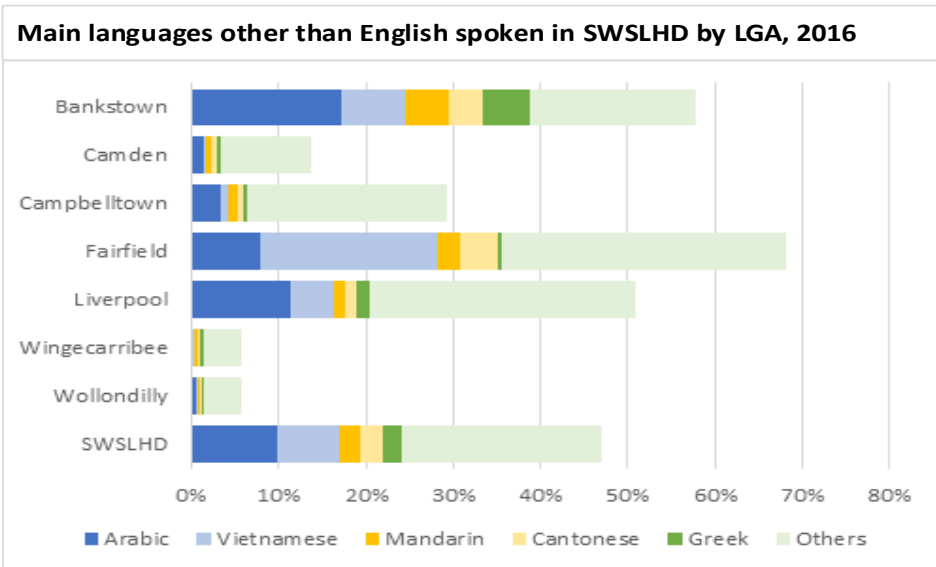
SNAPSHOT OF CULTURAL AND LINGUISTIC DIVERSITY IN SWSLHD

In 2016 SWSLHD had a population of **962,877**

49% stated to speak a language other than English at home. **70.7%** of population in Fairfield stated to speak a language other than English at home compared to **5.7%** in Wingecarribee and Wollondilly

The most commonly spoken languages in the home other than English were:

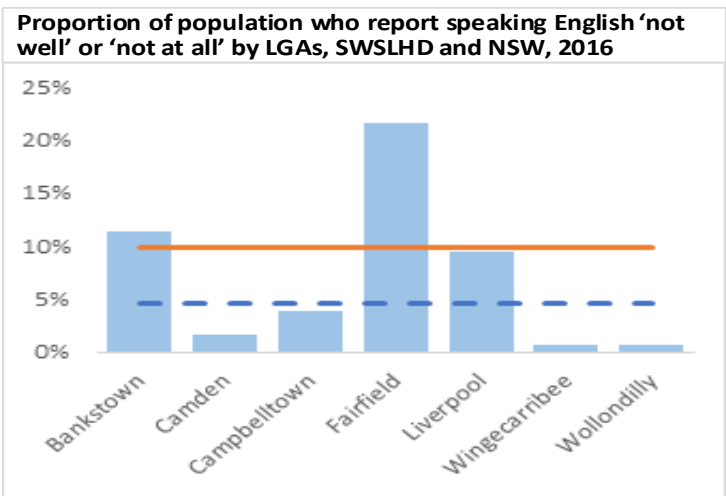
- Arabic 9.7%
- Vietnamese 7.1%
- Mandarin 2.5%
- Cantonese 2.5%
- Greek 2.2%



More than 2,500 refugees settle in SWSLHD every year, mostly from Iraq, Syria, Afghanistan and Burma

The largest proportion of refugees settles in Fairfield and Liverpool LGAs

10% of population have limited English proficiency and self-reported of speaking English 'not well or not at all' and **20%** of people who are aged 65 years or older



Pacific Island communities are a large and growing group in SWS. There is a large Samoan community in Campbelltown LGA (2.2 % of the population) compared with (0.2% for NSW).

Source: ABS Census 2016 and NSW DPIE NSW Area Population Projections 2019.

4. The Health of Culturally and Linguistically Diverse Communities

Migrants generally enjoy better health than Australia-born persons do, if measured by such health indicators as mortality and hospitalisation rates and the prevalence of lifestyle-related health risk factors. This phenomenon has been explained by the 'healthy migrant effect'. However, with acculturation this 'healthy migrant effect' can diminish over time and their health profile changes to reflect national and state mortality and health morbidity rates.

According to *NSW Population Health Survey data for 2014 –17*, when compared to all NSW residents, people born in some countries have higher rates of:

- Daily or occasional smoking (NSW residents 15%; Iraq 27%, Lebanon 25%)
- Overweight or obesity (NSW residents 53%; Lebanon 75%; Italy 72%; Iraq 66%)
- Diabetes or high blood glucose (NSW residents 9%; Italy 23%; Lebanon 17%; Vietnam 14%; United Kingdom 12%)
- Inadequate physical activity (NSW residents 42%; Lebanon 60%; Italy 58%; Vietnam 55%; Iraq 55%).

There is very limited availability of relevant data and research on the health of migrant communities which presents a significant challenge to the development and implementation of evidence-based health interventions targeting communities from a CALD background.

Some consumers from culturally and linguistically diverse communities within certain settings can be particularly vulnerable to poor health outcomes or poor access to health services. These consumers include, but are not limited to, those who are:

- Carers
- Living with complex chronic conditions including mental illness
- People with disability
- Older, including people from refugee and refugee like backgrounds
- Lesbian, gay, bisexual, transsexual, intersex or queer
- In and on release from custody.

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. Women affected by FGM often require special antenatal care, during child birth and in the postnatal period.

Health literacy is a major issue for people from CALD backgrounds and refers to "how people understand information about health and health care and how they apply that information in their lives, use it to make decisions and act on it".

According to the Australian Bureau of Statistics, Adult Literacy and Life Skills Survey, 2006, about 59% of Australians have low health literacy, of which 75% are born overseas.

Low levels of health literacy can lead to overall poorer health outcomes on:

- Access to and use of health care: knowledge and understanding of health services, missing appointments, actioning referrals, following treatment plans
- Patient–provider communication: understanding information/education, asking questions, engaging in decisions
- Self–care: self-managing chronic conditions, adhering to treatment including medications.



5. Planning Process

5.1. Review of Multicultural Health Services in SWSLHD

The review of Multicultural Health Services was undertaken over 2018 and 2019 under the guidance of Multicultural Health Committee. The 'Leading the Way' Report was produced with ten recommendations pertaining to the delivery of health services to people from CALD backgrounds in SWSLHD.

These recommendations include:

- Increasing leadership and visibility to delivering culturally responsive services
- Commitment to research and building the evidence base to improve service delivery
- Improved coordination and promotion of research and evidence base
- Commitment to community capacity building
- Increased promotion, support and appropriate use of health care interpreters
- Supporting training and professional development of Health Language Services
- Support cultural and language diversity of the LHD workforce
- Dedicated unit to advance the health of CALD communities within the LHD
- Increase the cultural competence of client - staff facing
- Review and improve workplace and human resources practices that are supportive of cultural diversity.

Guidance from the NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023 and recommendations from the Report have been considered in developing the Multicultural Health Service Model of Care (MoC) and a local response to the state plan.

The SWSLHD Multicultural Health Committee supported and guided the planning process to develop an implementation plan. As part of the planning process input was sought from local services about:

- Update on progress made on priorities from the NSW Plan
- Actions that SWSLHD should take to progress the NSW Plan

Extensive consultations were held with executive teams and senior staff across SWSLHD facilities, clinical streams and services to map existing services, identify gaps and barriers and identify opportunities to support service provision to consumers from CALD background and their families.

This Implementation Plan has been developed under guidance of a Multicultural Committee and within the context of a number District plans and polices as listed in the Appendix.

6. Multicultural Services and Associated Programs in SWSLHD

The SWSLHD through local Multicultural Services ensures that frontline health service provision; research; policy and planning; learning and development; clinical governance, and community engagement strategies take into account the needs of people from culturally and linguistically diverse backgrounds.

The Multicultural Services Unit consists of three pillars:

Health Language Service is a District wide service which provides a 24 hour interpreting and translation services to all public health facilities in the District. 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. The service also participates in the delivery of health promotion and education activities to the community and in providing information on the Health Language Services to interagency or community groups. HLS supports research activities aimed at improving access to health services for people from CALD backgrounds.

Multicultural Health Services are provided by a combination of language-specific, generalist and sessional health workers to allow flexibility to meet the needs of culturally and linguistically diverse communities. Workforce is structured to reflect the diversity of the hospitals and facilities (e.g. matching bilingual staff with local language profiles wherever possible).

Health Literacy Program aims for safe, high quality and personalised care for CALD communities and that all staff are skilled and supported to deliver culturally responsive services.

The service delivery model for the Multicultural Services is guided by following principles:

- Access and Equity
- Enhance Communication
- Cultural Recognition and Respect
- Collaboration
- Targeted Services
- Participation
- Community Capacity Building
- Professional Development
- Health Literacy
- Research and Evaluation
- Social View of Health
- Evidence-based Practice

6.1. NSW Health Multicultural Programs and Services

A number of multicultural state-wide services develop and implement initiatives and assist to increase the capacity of the NSW Health in providing local policy advice, assessment, treatment and training for mainstream health staff.

Existing state-wide services and programs include: [NSW Multicultural Health Communication Service](#); [Multicultural HIV/AIDS and Hepatitis C Service](#), [NSW Transcultural Mental Health Service](#) and [NSW Education Program on Female Genital Mutilation](#).

Two state-wide refugee specific services located within SWSLHD are [NSW Refugee Health Service \(RHS\)](#) and an affiliated health organisation [Service for the Treatment and Rehabilitation of Torture and Trauma Survivors \(STARTTS\)](#).



6.2. Other Services and Organisations

South Western Sydney PHN

SWSPHN plays an important role in improving the coordination and integration of primary health care in local communities and addressing service gaps in navigating local health care system. GPs, especially bilingual GPs are primary care providers to people from non-English speaking background including refugees. GPs are a trusted source of information and have a particularly key role to play in helping to provide information to CALD communities.

Non - government Organisations

A number of non-government organisations (NGOs), community organisations and other agencies are involved in providing support and education related services targeting CALD and refugee communities and at risk groups, including The Drug and Alcohol Multicultural Education Centre, Settlement Services International, Migrant Resource Centres, carer support groups and ethno-specific organisations.

Local Government

Seven councils in South Western Sydney work with SWSLHD in collaborative strategic planning, public health initiatives and support Healthy Communities initiatives e.g. smoke free initiatives and sport and recreational infrastructure.

Health Alliances

SWSLHD has a number of formal Alliances which include Council, Population Health, PHN and Primary and Community Health) and Partnerships between Council and Population Health. These are Fairfield Health Partnership, Fairfield Health Alliance, Wollondilly Health Alliance, Campbelltown Health Partnership, Liverpool Health Partnership and Western Sydney City Deal Health Alliance. They all work on creating new opportunities for service delivery and achieving better health outcomes for their respective communities.

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

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 all commonly described aspects of the migrant and refugee experience.

<p>Issues that are common for CALD and refugee communities when accessing health services</p>	<ul style="list-style-type: none"> • Language barriers • Low health literacy • Lack of awareness of services and understanding of how the health system works • Lack of understanding the government and non-government sector (including services such as NDIS, Residential Aged Care Facilities, Aged Care and End of Life) • Lack of understanding and importance of preventive health practices (such as cancer screening) • Social isolation • Experience of racism, discrimination and alienation.
<p>Health Services experience difficulty with</p>	<ul style="list-style-type: none"> • Provision of culturally appropriate and sensitive care • Provision of tailored 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.
<p>In navigating the health service system, CALD communities and refugees have difficulty with</p>	<ul style="list-style-type: none"> • Finding doctors(GPs and specialists) and other allied health professionals who will use a qualified interpreter • Getting equitable access to services in high demand (oral, mental health and others) • Accessing specialist care and out-of-pocket costs.



8. Implementation Plan

The goals of the SWSLHD Multicultural Services Implementation plan are:

- Provision of culturally responsive care
- Accessible and high quality care for all consumers
- Improved health literacy for consumers and health care staff
- Improved understanding of and response to consumer health needs

The Implementation Plan includes the following:

Outcomes: As per the NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023

Strategic Aim: As per NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023

SWSLHD Focus: The District approach to addressing the aim

Priority Development Activities: The activities required to address the aim

SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 1: SWSLHD has strategies in place to improve access and quality of care for all people from culturally and linguistically diverse backgrounds, particularly people with vulnerabilities

Strategic Aim 1.1 Our organisation routinely considers the health needs of CALD consumers, their carers and their families in the development and review of strategic plans, clinical and non-clinical service plans and relevant policies

SWSLHD Focus: Effective engagement with key organisations and interagency and broad diversity of consumer engagement.

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
1.1.1. Develop partnerships with NGOs and key community organisations	Ensure that 100% of Partnerships developed have established action plans with expected objectives.	Manager, NGO Partnerships	December 2022 with ongoing compliance	1.1 and 1.3 (LTW)
1.1.2. Provide support to LHD staff to link with community leaders and organisations	Development of contact list of community leaders and organisations Organise 2 x Annual meeting between LHD staff, community leaders and organisations	Director, Multicultural Services	December 2022 with staged implementation post	1.13 and 1.15 (NSQHS)
1.1.3. Ensure cultural appropriateness and accessibility are considered in MoC and planning documents	100% of all new MoC to have the required cultural appropriateness references.	Manager, Planning Unit	July 2022	
1.1.4. Establish pathways to receive feedback from CALD communities and consumers	Pathways established Number of documents sent out for feedback e.g. draft plans, in-language resources etc. Establish a reference point to improve service awareness of contact points for NGOs, CALD specific organisations etc.	Director, Multicultural Services Manager, CCP Unit	July 2022 Annual report June 2023	

SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 1: SWSLHD has strategies in place to improve access and quality of care for all people from culturally and linguistically diverse backgrounds, particularly people with vulnerabilities

Strategic Aim 1. 2 Our organisation has systems and processes in place to support assessment, care planning, care delivery and transfer of care that meet the cultural and linguistic needs of consumers

SWSLHD focus: Culturally appropriate models of care, guidelines and protocols, ready access for high risk cultural groups, broad utilisation of NDIS, technological approaches that support access and availability of high quality health service related information.

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
1.2.1. Review facility and service models of care and guidelines to assess cultural responsiveness to CALD communities	Number of services supported and feedback provided	GMs, Directors Clinical steams, Director, Multicultural Services	Staged approach across the LHD July 2021-June 2024	1.2 (LTW)
1.2.2. Work with clinical services to review service utilisation data and incorporate it in service planning and development. Consider collection of additional variables	Report developed Report on service utilisation data provided to facility/ Service ELTs/ Clinical Councils	Director, Clinical Governance Unit	July 2022 December 2023 and ongoing	1.15, 2.8 and 6.3 (NSQHS)
1.2.3. Ensure discussions relating to Advance Care Planning (ACP) approached in a culturally sensitive manner, with interpreters engaged as appropriate.	Number of ACP discussion supported by interpreters increased across timeline	Director Palliative Care	Reports July 2022-June 2024	
1.2.4. Develop a community awareness campaign to promote services to CALD people	Community awareness campaigns developed and implemented in alignment with facility/ Service needs Campaigns reviewed and evaluated with reports provided to Facility/ Service ELTs	Director, Multicultural Services Director Health Promotion Service	July 2021-June 2024	
1.2.5. Consult CALD communities on NDIS and other support service providers to address access barriers	Consultations held with findings collated and disseminated appropriately Strategies to address identified barriers developed	District Manager Disability and NDIS Director Multicultural Services	June 2023	
1.2.6. Support clinical services to increase CALD access to services using virtual technologies (initial focus will include	Evidence of support Report on pilot program	Director Multicultural Services	July 2021-June 2024 July 2022	

SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 1: SWSLHD has strategies in place to improve access and quality of care for all people from culturally and linguistically diverse backgrounds, particularly people with vulnerabilities

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SWSLHD focus: Culturally appropriate models of care, guidelines and protocols, ready access for high risk cultural groups, broad utilisation of NDIS, technological approaches that support access and availability of high quality health service related information.

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
the Pain clinic at Liverpool and the Diabetes clinic at Fairfield)	Dissemination of resources developed across LHD		As developed	
1.2.7. Explore implementation of Bilingual telehealth support program at all facilities (involving support to clients in the pre-consultation phase)	Bilingual telehealth support program developed. Annual percent change in usage.	Director Multicultural Services GMs	December 2022	
1.2.8. Audit service specific information to assess availability of translated resources and accessibility	Number of audits completed	GMs Director Multicultural Services Manager CCP	July 2021-June 2024	
1.2.9. Develop translated service information as per need and in consultation with local libraries (if required).	Number of service information brochures developed (and hits on website once webpage is available)	GMs Director Multicultural Services Manager CCP	December 2023	

SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 1: SWSLHD has strategies in place to improve access and quality of care for all people from culturally and linguistically diverse backgrounds, particularly people with vulnerabilities

Strategic Aim 1.3 SWSLHD uses clinical record systems to track and monitor professional interpreter need and use

SWSLHD Focus: Availability of interpreter support in all required circumstances

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
1.3.1. Review data regularly to identify: <ul style="list-style-type: none"> - demand for interpreter services - unmet needs - need for new and emerging languages - need to recruit staff/sessional interpreters 	Review data on a monthly bases and monitor activity. Needs assessment report completed and recommendations implemented Facility/ Service data shared on agreed basis with ELT/ Clinical Council	Director Multicultural Services	July 2021-June 2024	5.1, 5.4, 5.6 and 9.1 (LTW) 1.8, 1.16 and 2.4 (NSQHS)
1.3.2. Medical Record audits, with particular emphasis on consent	Audit completed and results disseminated Science improvement activities undertaken as required to improve compliance.	Manager, Clinical Information Director Multicultural Services	December 2023 Ongoing	
1.3.3. Science Improvement projects undertaken in each relevant facility/ service to improve staff awareness of need for interpreters, compliance with seeking and skill in utilisation of interpreters to provide safe clinical care.	Targeted Science Improvement activities completed Improved compliance with use of interpreters as appropriate			

SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 2: SWSLHD supports people from culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health

Strategic Aim 2.1 Our organisation routinely includes culturally and linguistically diverse consumers, their carers and their families when developing, implementing and evaluating programs, projects and resources

SWSLHD Focus: High participation in CALD self-management, antenatal and parenting programs, ready access to cancer care coordination, effective support for women and commitment to health literacy initiatives

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
2.1.1. Develop language specific health promotion and community education programs	Evidence of increased participation to self-care and self-management programs	Clinical Director, Chronic and Complex Care and Internal Medicine, Clinical Director, Cancer Services	June 2024	4.1 and 4.4 (LTW) 2.9 and 2.11 (NSQHS)
2.1.2. Develop accessible services for CALD pregnant women – e.g. bilingual antenatal and parent education programs, maternity ward virtual tours	Evidence of increased participation in antenatal care of women from CALD background	Clinical Director, Women's Health GM Primary and Community Health	June 2023	
2.1.3. Screening for psychosocial vulnerabilities prenatally	Percentage of CALD clients screened consistent with fellow consumers	Clinical Director, Women's Health GM Primary and Community Health	June 2023	
2.1.4. Support SWS Domestic Violence Alliance to develop and disseminate domestic and family violence resources in priority languages for community engagement	Number of resources translated Number of activities engaging CALD community members	Director Primary & Community Health Director Multicultural Services	Annual review	
2.1.5. Raise awareness among older people from CALD backgrounds about elder abuse.	Active involvement in Elder Abuse Alliance Deliver information sessions to 6-8 CALD community groups.	Director Multicultural services Aged Care and Rehabilitation Clinical Stream Manager	December 2023	

SWSLHD Multicultural Services Implementation Plan 2021-2024

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Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
2.1.6. Work with health promotion service, facilities and clinical services to review and develop health literacy action plan	Evidence of implementation	Director Multicultural services	December 2022	

SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 2: SWSLHD supports people from culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health

Strategic Aim 2.2 Our organisation communicates effectively with consumers of culturally and linguistically diverse backgrounds using a range of appropriate formats, media and communication channels

SWSLHD Focus: CALD consumer consultation during the development of resources, improved navigability of electronic platforms and strengthening of the Bilingual Community Educator program

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
2.2.1. Seek input from CALD consumers and community members to design and pilot test resources (Actions from Health Literacy Roadmap)	100% of health and service information and resources developed by the District undergo consumer and/or carer review prior to publication.	Director Strategic Communications and Media Director Multicultural Services	July 2021-June 2024	4.2, 4.5 and 4.6 (LTW) 2.8, 2.10 and 6.3 (NSQHS)
2.2.2. Review LHD electronic platforms (website, social media) to promote navigability (Actions from Health Literacy Roadmap)	Review completed and recommendations developed and implemented	Director Strategic Communications and Media Director Multicultural Services	June 2024	
2.2.3. Review existing BCE programs to expand community reach and availability to address chronic and complex health issues	Review completed and recommendations developed and incorporated in Facility/ Service Action Plans	Director Multicultural Services	December 2022	

SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 2: SWSLHD supports people from culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health

Strategic Aim 2.3 Our organisation seeks to ensure that consumers, their carers and their families can access professional interpreters when required and that infrastructure is in place to support efficient provision of services

SWSLHD Focus: Ready access to interpreter support and appropriate selection and use of interpreting modalities

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
2.3.1. Promote Interpreter Service	Number of targeted educational activities conducted across facilities/ services	Director Multicultural Services	Annual report	5.2, 5.4 and 9.1 (LTW) 2.10 (NSQHS)
2.3.2. Conduct interpreter training at orientation days, staff development days and on-demand	Number of training and in-services conducted Decreased adverse events where lack of use of interpreter noted	Director Multicultural Services	Annual report	
2.3.3. Provide support to interpreters and health professionals to access training and equipment required for telehealth	Percentage of appropriate interpreting assignments completed via telehealth	Director Multicultural Services Director ICT	Quarterly reports	
2.3.4. Conduct research to identify the most appropriate mode of interpreting that is appropriate and acceptable for interpreters and end users	Improved facilities available for Interpreting Staff to provide quality telehealth services Complete research and utilise finding for service development	Director Multicultural Services	December 2022 July 2023	
2.3.5. Develop and evaluate a guide for health professional outlining recommended mode of interpreting for different settings	Self-administered survey to be used to monitor use of guide	Director Multicultural Services	December 2023	
2.3.6. To pilot the CALD Assist App to support staff to provide culturally responsive care through improving	Pilot trailed at Bankstown Hospital and recommendations made regarding future scaling of use	Director TYE, Director Multicultural Services, Bankstown	December 2022	

SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 2: SWSLHD supports people from culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health

Strategic Aim 2.3 Our organisation seeks to ensure that consumers, their carers and their families can access professional interpreters when required and that infrastructure is in place to support efficient provision of services

SWSLHD Focus: Ready access to interpreter support and appropriate selection and use of interpreting modalities

non clinical communication 'in language'				
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SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 3: SWSLHD is responsive to people's individual needs, language and culture

Strategic Aim 3.1 Our organisation leaders promote and improve cultural responsiveness

SWSLHD Focus: Robust implementation and monitoring through involvement of senior executives, CALD representation on LHD committees and quality reporting on the MPSP

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
3.1.1. Nominate executive sponsor for SWSLHD Multicultural Health committee	Executive sponsor nominated	SWSLHD Executive Support Unit	January 2021	(LTW) 1.1 (NSQHS)
3.1.2. Provide a six monthly progress report to multicultural health committee on implementation of plan	Progress reviewed, analysed and reported	Director Multicultural Services	Ongoing	
3.1.3. Support facilities and services with accreditation to prepare evidence for Standard 2. – Partnering with consumers	Evidence of support provided. Facility/ Service reports provided. Facility/ Service Action plans developed and implemented. Science Improvement Activities conducted collaboratively	Manager Director Multicultural Services Manager CCP District Quality	Ongoing	
3.1.4. Develop promotional campaigns using multimedia strategies	Evidence of promotion and evaluation	Director Multicultural Services Manager CCP	July 2021-June 2024	
3.1.5. Organise in-services and trainings to support clinical staff to complete MPSP activities and documentation	Number of in-services and trainings held	Director Multicultural Services	December 2022	

SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 3: SWSLHD is responsive to people's individual needs, language and culture

Strategic Aim 3.2 Our organisation assesses the cultural responsiveness of our staff and addresses gaps. We embed cultural responsiveness into our wider training activities and our approach to providing services

SWSLHD Focus: Appropriate training opportunities with high participation and increased CALD consumer contributions to patient experience information

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
3.2.1. Organise promotional campaigns to increase awareness of available online cultural competency training modules	Number of staff completing online modules Monthly completion rates reviewed	Director People and Culture Director Multicultural Services	July 2021-June 2024	1.2, 8.1, 8.3 and 8.4 (LTW) 1.20 and 2.14 (NSQHS)
3.2.2. Review content of existing face to face cultural competency program	Review completed	Director People and Culture Director Multicultural Services	February 2022	
3.2.3. Develop program outline, content and outcome measures for face to face training	Program and evaluation plan developed	Director People and Culture Director Multicultural Services	March 2022	
3.2.4. Roll out face to face cultural competency module	Implementation rolled out with ongoing monitoring of compliance	Director People and Culture Director Multicultural Services	April 2022	
3.2.5. Support TYE and CCP staff to encourage CALD consumers to complete MEM surveys	Number of MEM surveys completed Poor Experiences reviewed for improvement opportunities	Director TYE Director Multicultural Services Manager CCP	Annual	
3.2.6. Clinical services to seek support from Multicultural Health staff to complete patient journeys of CALD consumers	Number of patient journey surveys completed	GMs Director Multicultural Services	Six monthly review	

SWSLHD Multicultural Services Implementation Plan 2021-2024

	Patient journeys reviewed for lessons learnt and exemplar experiences		
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OUTCOME 3: SWSLHD is responsive to people's individual needs, language and culture

Strategic Aim 3.3 Our organisation provides services and has designated clinical and non-clinical positions to work with and respond to the needs of priority culturally and linguistically diverse communities, including people from refugee backgrounds

SWSLHD Focus: Continue to enhance workforce strategies that support a diverse workplace

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
3.3.1. Employment strategies reviewed and further enhanced to attract, support and retain people from culturally and linguistically diverse groups	Recruitment of people from CALD background in appropriate roles Identified supports created and implemented for people of CALD backgrounds entering the workforce	Director People and Culture	June 2024	6.2, 6.3, 7.1, 7.3, 7.4, 10.1 and 10.2 (LTW) 1.15 (NSQHS)

SWSLHD Multicultural Services Implementation Plan 2021-2024

OUTCOME 4: SWSLHD understands the needs, experiences and identities of our culturally and linguistically diverse communities

Strategic Aim 4.1 Our organisation collects accurate language, country-of-birth and need-for-interpreter data in our clinical record systems

SWSLHD Focus: Availability of robust data on COB, language and interpreter requirement for CALD consumers

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
4.1.1. Audits – Clinical information records to develop a report of demographic and population health indicators by Country of Birth, language spoken and use of interpreters	Audits completed, analysed and acted upon to improve compliance	District Manager Clinical Information	June 2024	2.1 (LTW) 1.16 and 6.11 (NSQHS)

Strategic Aim 4.2 Our organisation and services can access clinical, population health, public health and demographic data on culturally and linguistically diverse consumers to:

- develop our understanding of consumer service access and use, and patient journeys
- identify priority health issues and groups of consumers who are at higher risk of poorer health outcomes
- respond to the needs of these consumers, including small and emerging communities

SWSLHD Focus: Availability of quality information about CALD consumers engaging with SWSLHD health services

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
4.2.1. Complete needs assessment for at least two CALD communities in SWS	Needs assessment completed and recommendations developed and disseminated	Director Population Health, Director Multicultural Health Services	December 2023	1.2 and 3.3 (LTW) 1.15 (NSQHS)
4.2.2. Increase community awareness and participation in healthy lifestyle programs	Number of health promotion projects developed, implemented and evaluated	Director Population Health, Director Multicultural Health Services	Ongoing	

OUTCOME 4: SWSLHD understands the needs, experiences and identities of our culturally and linguistically diverse communities

Strategic Aim 4.3 Our organisation initiates or encourages research projects to understand evidence gaps for culturally and linguistically diverse consumers and communities

SWSLHD Focus: Rates of CALD consumer participation in research reflect community composition

Priority Development Activities	KPI	Responsibility	Timeframe	Link to LTW and NSQHS actions
4.3.1. Design and support research studies specifically focused on CALD groups	No. of studies specifically focused on CALD groups	Director R&E SWS Research Hub	July 2021-June 2024	2.1, 2.2, 2.3, 3.4 and 3.5 (LTW) 2.11 (NSQHS)
4.3.2. Promote inclusion of CALD participants and provide support to researchers wishing to include CALD participants in their research	No. of studies inclusive of CALD participants	Director Multicultural Services	July 2021-June 2024	
4.3.3. Facilitate collaborative engagement amongst health, education and research organisations with a focus on meeting health needs of the CALD communities	Participation in SWS Health Research Hub	Director R&E SWS Research Hub	June 2024	



9. Implementation and Monitoring

To implement the priority actions of the SWSLHD Multicultural Services Implementation Plan as per state Plan, the Multicultural Services will work closely with SWSLHD clinical and support services. The implementation plan identifies strategies, key performance indicators, responsibilities and partnerships, and time frames for the implementation.

This Plan will be implemented over a three year period, from 2021 to 2023. Responsibility for implementing the SWSLHD Multicultural Services Implementation Plan 2021-2023 is shared across SWSLHD. The implementation will be led by the SWSLHD Multicultural Services under the leadership of the SWSLHD Director of Allied Health and Community Services. The SWSLHD Multicultural Health Committee will report on the progress of the implementation to the Clinical and Quality Council.

The SWSLHD Multicultural Health Committee will oversee and monitor implementation of the plan and progress will be reported every six months (June and December). Reporting information will be sourced from Facility and Service Operational Plan reports (available from CAMMS Cycle) and from narrative updates which will be requested from action owners. The reporting information will address the performance measures that are outlined throughout the plan for each action.

The reporting information for the SWSLHD Multicultural Services Implementation Plan 2021-2023 will be used to address the reporting requirements of the Multicultural Policies and Services Program (MPSP).

10. Appendix

A number of local health plans have been developed to improve the health of the community and address specific health problems and access issues. The plans that remain current are listed below. These plans can be viewed at <https://www.swslhd.health.nsw.gov.au/publications.html>

SWSLHD Strategic Plan 2018 – 2021

Facilities and Services Strategies- Operational Plans 2020-2022

[Transforming Your Experience](#)

[SWSLHD Health Literacy Roadmap 2019-2021](#)

[SWSLHD Diabetes Framework to 2026](#)

[SWSLHD Equity Framework to 2025](#)

[Disability and Carers Strategy 2017–2022](#)

[Mental Health Strategic Plan 2015-2024](#)

[SWSLHD Regional Mental Health and Suicide Prevention Plan to 2025](#)

[Research Strategy 2019-2023](#)

[Cancer Plan 2018-2023](#)

[South West Sydney: Our Health - In Brief](#)

[Consumer and Community Participation Framework to 2024](#)

SWSLHD Multicultural Services Implementation Plan 2021-2024

Language	Bankstown	Camden	Campbelltown	Fairfield	Liverpool	Wingecarribee	Wollondilly	SWSLHD
English	34.1%	81.1%	63.8%	24.8%	41.4%	88.3%	89.1%	46.3%
Arabic	17.2%	1.4%	3.4%	7.9%	11.4%	0.1%	0.6%	9.7%
Vietnamese	7.2%	0.3%	0.7%	20.4%	4.9%	0.1%	0.1%	7.1%
Mandarin	5.0%	0.6%	1.1%	2.5%	1.3%	0.5%	0.2%	2.5%
Cantonese	3.9%	0.5%	0.7%	4.3%	1.3%	0.2%	0.2%	2.5%
Greek	5.4%	0.5%	0.6%	0.5%	1.5%	0.4%	0.3%	2.2%
Spanish	0.9%	1.3%	1.7%	3.1%	2.5%	0.3%	0.4%	1.7%
Italian	1.7%	1.3%	0.5%	2.6%	2.2%	0.6%	0.7%	1.7%
Assyrian Neo-Aramaic	0.1%	0.3%	0.1%	6.7%	1.7%	0.0%	0.0%	1.6%
Hindi	0.8%	0.9%	2.4%	0.7%	4.0%	0.1%	0.0%	1.5%
Bengali	2.5%	0.1%	3.0%	0.0%	0.5%	0.0%	0.0%	1.3%
Urdu	1.9%	0.3%	0.9%	0.2%	1.0%	0.0%	0.0%	1.0%
Serbian	0.2%	0.5%	0.2%	1.9%	2.4%	0.1%	0.2%	0.9%
Khmer	0.1%	0.1%	0.4%	3.6%	1.0%	0.0%	0.0%	0.9%
Samoan	0.4%	0.3%	2.2%	1.0%	1.0%	0.0%	0.0%	0.8%
Tagalog	0.7%	0.3%	1.5%	0.7%	1.2%	0.1%	0.1%	0.8%
Chaldean Neo-Aramaic	0.0%	0.1%	0.0%	3.3%	0.7%	0.0%	0.0%	0.8%
Macedonian	1.0%	0.2%	0.2%	0.6%	1.0%	0.1%	0.1%	0.7%
Croatian	0.3%	0.5%	0.4%	1.3%	0.8%	0.1%	0.3%	0.6%
Indonesian	1.2%	0.1%	0.4%	0.2%	0.4%	0.0%	0.0%	0.6%
Nepali	0.9%	0.1%	0.8%	0.0%	0.3%	0.3%	0.0%	0.5%
Korean	1.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.4%
Lao	0.0%	0.1%	0.6%	1.0%	0.7%	0.0%	0.0%	0.4%
Turkish	0.4%	0.1%	0.1%	0.6%	0.8%	0.0%	0.1%	0.4%
Filipino	0.3%	0.2%	0.7%	0.3%	0.5%	0.1%	0.1%	0.4%
Portuguese	0.8%	0.1%	0.2%	0.1%	0.3%	0.1%	0.0%	0.4%
Punjabi	0.4%	0.3%	0.7%	0.1%	0.5%	0.1%	0.0%	0.3%
Tongan	0.4%	0.1%	0.5%	0.4%	0.2%	0.0%	0.0%	0.3%
Thai	0.3%	0.2%	0.3%	0.5%	0.3%	0.1%	0.1%	0.3%
Min Nan	0.1%	0.0%	0.1%	1.2%	0.1%	0.0%	0.0%	0.3%
Polish	0.2%	0.2%	0.3%	0.3%	0.4%	0.1%	0.1%	0.3%
Other	3.6%	2.1%	4.1%	3.1%	4.5%	1.5%	1.2%	3.4%
Not stated	5.8%	4.4%	5.8%	4.4%	6.7%	6.1%	5.2%	5.6%
Total	100%	100%	100%	100%	100%	100%	100%	100%



Guiding principles:

Access and Equity: Services will work to identify access barriers and improve access to services, health information and outcomes for people from culturally and linguistically diverse backgrounds.

Cultural Recognition and Respect: Services respect and make provision for the culture, language and religion of communities within SWSLHD and recognise the linguistic and cultural assets in the population of SWSLHD as a valuable resource.

Targeted Services: Services focus on preventative, population based programs for identified priority health issues. Services analyse community needs based on research and data analysis including consultations with CALD communities, facilities and clinical services.

Participation: Services encourage and support the participation and contribution of people from culturally and linguistically diverse backgrounds in the development and implementation of programs and activities.

Community Capacity Building: Services are committed to community capacity building and empowerment to establish reciprocal relationships and strengthen community's capacity to support its members.

Evidence-based Practice: Services and programs reflect current evidence and better practice. Service priorities will be determined through review of available evidence and consultation with key stakeholders, including our client base.

Collaboration: Collaborative planning and service provision in partnership with relevant SWSLHD services, non-government and community based organisations, other government agencies, general practice and others.

Research and Evaluation: Culturally inclusive research and community consultations to identify needs, inform policy and planning and design of services. Services regularly examine the quality, relevance and results of service provision using appropriate evaluation methods.

Social View of Health: Services provide a client-centred, holistic approach to address the social determinants of health including social and economic circumstances, early childhood, social exclusion, employment status, social support, alcohol and other drug use, food security, access to transport

Professional Development: Appropriate, adequate and ongoing professional development is provided to build the capacity of the SWSLHD workforce to better respond to the health needs of culturally and linguistically diverse communities.

11. Glossary of Terms

Carer: anyone who provides ongoing unpaid support to family or friends who need help because they have a disability, have a chronic, terminal or mental illness, or are frail and aged.

Consumer: a current or potential user of a health service.

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 Mutilation (FGM) 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." WHO Fact Sheet, 2010.

The MPSP Framework is outcome-focused and consists of four focus areas and nine outcomes. The focus areas are Service Delivery, Planning, Leadership and Engagement.

<https://multicultural.nsw.gov.au>

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.

12. References

1. NSW Health Plan for Healthy Culturally Diverse Communities 2019- 2023.NSW Ministry of Health 2019
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4. The Health of the People of New South Wales-Report of the Chief Health Officer 2010. NSW Department of Health: Sydney 2012
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6. Berkman ND, Sheridan SL, Donahue KE, Halpern DJ, Crotty K. Low health literacy and health outcomes: an updated systematic review. *Annals of Internal Medicine*. 2011 Jul 19;155 (2):97-107. PubMed PMID: 21768583



