

Cultural Responsiveness Assessment Tool

Implementation Guide for Primary Care Service Providers



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Acknowledgements

North Western Melbourne PHN acknowledges the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present. We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.

N20 00048 v1



The design of this Tool is based upon a project commissioned by North Western Melbourne Primary Health Network (NWMPHN) and undertaken between June 2020 and April 2021 by the Ethnic Communities' Council of Victoria (ECCV) and Community-Owned Primary Health Enterprises (COPHE). ECCV and COPHE were asked to identify ways that primary health care providers can build upon their cultural responsiveness to improve access to primary health care services for people from CALD communities living within the NWMPHN catchment. During the course of this project, ECCV and COPHE undertook a review of the existing literature and resources supporting cultural responsiveness in the primary health care sector, and conducted an extensive consultation process with primary health care service providers, general practices and community members from CALD backgrounds living within the NWMPHN catchment. This tool was developed by Dr Martin Plowman (ECCV) and Lis de Vries (COPHE) on behalf of NWMPHN.

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Who is the Cultural Responsiveness Assessment Tool for?

The Cultural Responsiveness Assessment Tool (or “Tool”) has been developed for use by primary health care providers commissioned by North Western Melbourne Primary Health Network.

The Tool has been developed to support NWMPHN’s commissioned services to provide culturally responsive and accessible primary health care services and to improve equity and cultural safety for consumers from culturally and linguistically diverse (CALD) backgrounds. CALD communities experience inequities in service access and health outcomes due to a range of factors including language barriers, discrimination, and cultural and structural differences that may impact on the experiences of people accessing programs and services.

A photograph of three people in a conversation. On the left, a woman with dark hair and a patterned scarf is speaking. In the center, a man with grey hair and a light blue shirt is listening and gesturing with his hands. On the right, a woman with dark hair is partially visible, also engaged in the conversation. The background is a simple indoor setting with a window.

How the Cultural Responsiveness Assessment Tool will help improve cultural responsiveness

The Cultural Responsiveness Assessment Tool is intended to be used by teams or by individuals working within primary health care services that have been commissioned by NWMPHN.

NWMPHN understands that each service has its own unique capacity, organisational structure and client demographics, and that developing cultural responsiveness is an ongoing process that takes a quality improvement approach.

This Tool is intended to be a starting point to improve cultural responsiveness. Using this Tool will help primary health care providers assess their current level of cultural responsiveness, identify areas of existing strength, as well as areas for improvement.

By using the Tool, service providers will gain a detailed representation of their current levels of cultural responsiveness across three key Activity Areas containing ten Indicators. Once service providers have used the Tool they can then develop an Action Plan that will guide their work in building a more culturally responsive health service.

How to use the Cultural Responsiveness Assessment Tool

Step-by-step guidelines on how to use the Cultural Responsiveness Assessment Tool.



Step 1: Reviewing CALD population health data

Step 2: Getting your service ready to use the Tool

Step 3: Planning the workshop

Step 4: Running the workshop

Step 5: Developing an Action Plan

Step 6: Implementing and monitoring the Action Plan

Step 7: Keeping the momentum going

Step 1 Reviewing CALD population health data

Before using the Tool, it is important that you consider and reflect upon CALD population health data as it relates to your service.

Collect and review the following information and/or data:

- Does your service or organisation already collect CALD usage data? If so, are you able to access this data?
- Who are the CALD communities who live in your service's catchment area?
- Who is using your service? i.e. what are the cultural and language backgrounds of people using your service?

Once you have access to this information and data, you can compare population data from your catchment area against CALD usage data from your service to get a better understanding of your community. For example, there might be particular CALD community groups living in your service's catchment who are not using your service as much as other communities. This will help you to identify culturally responsive Actions that will help to improve the access and quality of your service for people from CALD backgrounds.

If your service does not already record CALD population health data or demographic data, you can make this a high priority Action to complete in your Action Plan (see Step 5 below). You may access this information and data from the Victorian State Government publication, ["Population Diversity in Victoria: 2016 Census Local Government Areas,"](#) which includes a comprehensive summary of population data for all local government areas in Victoria for country of birth, ancestry, language spoken and religion.

For the purpose of using this Tool, the key demographic data to collect are:

- Country of birth
- Language spoken at home
- Need for an interpreter

Step 2 Getting your service ready to use the Tool

Your service will need to set aside sufficient resources and time to support the assessment process. Some of the key things that you can have ready before using the Tool are:

- 1 Find a sponsor or champion from your service to take part in or to promote the assessment process. If possible, aim to recruit a sponsor from your leadership group. Getting support from leaders goes a long way to ensuring long-term success from using the Tool.
- 2 Select a person from your service who will coordinate the assessment process. Ideally this facilitator will be placed at a level within your organisation with sufficient responsibility to guide the assessment process through to its conclusion.
- 3 The facilitator should familiarise themselves with the documents included in the Cultural Responsiveness Assessment Tool suite of resources. These include:
 - **Implementation Guide for Primary Health Care Service Providers:** the document you are reading now. It includes step-by-step instructions on how to complete the assessment process, as well as a description of the ten Indicators and links to other resources.
 - **Cultural Responsiveness Assessment Tool:** the document that you will use to assess and record your service's current levels of cultural responsiveness.
 - **Action Plan Template:** a template for developing your service's cultural responsiveness Action Plan. You can use the template provided in the resource suite.
 - **Cultural Responsiveness Review Template:** a template for reviewing your service's quality improvement process in cultural responsiveness. You can use the template provided in the resource suite.
- 4 Set aside dedicated staff time for the people in your service who will take part in the workshop and the subsequent steps.
- 5 Let the whole organisation know that you will be using the Tool. Consider promoting through staff meetings, internal newsletters or other communications strategies.

Step 3 Planning the workshop

The steps needed to plan for the workshop are detailed below:

- 1 Recruit a group of people from your service to take part in the workshop. Consider recruiting group members who include:
 - **Leaders:** as noted above, bringing leadership on board for the assessment process is crucial.
 - **Staff from different parts of the organisation:** if your organisation is large, with multiple departments or programs, including people in the group who do different kinds of work will help you build a more detailed and comprehensive picture of your organisation's overall cultural responsiveness.
 - **Staff from CALD backgrounds:** where possible, it is preferable that staff from CALD backgrounds are involved in the assessment process at all stages. However, it is important that all participants are equally engaged and invested in the assessment and that employees with CALD backgrounds are not disproportionately burdened with providing input for this assessment.
 - **Consumer Reference Group:** if your organisation has a Consumer Reference Group or similar, it would be useful to have their input to gain a better understanding of consumers' experiences using your service.
 - **CALD community representatives:** if your organisation does not have a Consumer Reference Group, consider recruiting CALD community representatives to take part in the workshop. To do this you would need to select community representatives with the relevant lived experience and skills to participate in organisational planning. You should also make sure that consumers' participation in the assessment process is culturally safe and accessible, and that participants receive acknowledgment and where possible reimbursement for their contributions, such as gift vouchers or payment for their work.

- 2 Circulate the [Tool](#) among the group before the workshop, along with this Implementation Guide, the population data for your region or catchment, and a summary of your organisation's service usage data. Doing this will give everyone time to familiarise themselves with the Tool so that they are prepared for the workshop. Please note that the Implementation Guide also includes an explanation of the ten Indicators against which you will assess your service's cultural responsiveness, as well as Best Practice Examples and links to Resources for more information.



- 3** The amount of time needed to complete the Tool will vary with the size of your service and the number of people attending the workshop. For a small organisation with only one person completing the Tool, you might only need 1–2 hours. For a group workshop we recommend booking a meeting time for at least 2–3 hours, or alternatively holding the workshop over two or more sessions.

For a 3-hour workshop, we recommend breaking down the workshop into blocks of time to cover the different parts of the Tool. Your workshop schedule could look like this:

1 Welcome and Introductions

Workshop participants introduce themselves.	5 minutes
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2 Briefing on the Tool

The facilitator explains the purpose of the workshop and how the Tool works.	10 minutes
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3 Running the Tool

The coordinator leads the group through the Tool.	
Activity Area: Participation and Engagement	45 minutes
Activity Area: Access and Equity	45 minutes
Activity Area: Culture and Capacity	45 minutes

4 Prioritising Actions

The group prioritises the Actions identified in the Tool.	20 minutes
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5 Next steps

The group discusses developing the Action Plan.	10 minutes
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Total	3 hours
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If you plan to meet face to face, make sure the room is accessible for everyone. If you plan to meet online ensure that the digital platform is accessible to all participants. Think about ways to enable participants in the workshop to feel safe enough to be able to engage and offer their suggestions and input.

Step 4 Running the workshop

General tips on how to run the workshop:

- 1 Nominate one member from the group to act as facilitator during the workshop. Where possible this person should be the staff member who has been selected to coordinate the assessment process, unless there is a good reason to nominate someone else to be the facilitator.
- 2 Nominate another member of the group to be the scribe for the workshop. This person's job will be to:
 - Record the level of cultural responsiveness for each Indicator as agreed upon by the group.
 - Record the Actions that will improve the level of cultural responsiveness for each Indicator as agreed upon by the group.
 - Keep track of any other important information discussed during the workshop.
- 3 The facilitator will then give a briefing on the purpose of the Tool and how it will be used to improve your service's cultural responsiveness. Allow some time for questions from the group.
- 4 Led by the facilitator, work through each of the ten Indicators in the Tool. Use CALD demographic, service usage data or other CALD specific data to inform your self-assessment against each Indicator.

There are 10 Indicators in total:

- 1 Co-production with community
- 2 Workforce mutuality
- 3 Consumer feedback
- 4 Culturally responsive digital access
- 5 Interpreter Engagement
- 6 Culturally responsive communications
- 7 Culturally responsive referrals and partnerships
- 8 Culturally responsive leadership and organisational culture
- 9 Culturally responsive data
- 10 Cultural responsiveness training

Detailed descriptions of each Indicator are provided in the Indicators, Best Practice Examples and Resources table included below in this guide.

- 5 For each Indicator, identify one thing that your service is currently doing that is helping to meet the needs of consumers from CALD backgrounds. The scribe will write this down in the column “What we are currently doing.”

Next, decide on your current level of cultural responsiveness for each Indicator – i.e. Establishing, Advancing or Excelling. Refer to your service data and the regional population health data, as well as the other tools or resources referenced in this guide, to inform your discussion. The scribe will record these results for each Indicator in the Tool template provided. Instructions on how to assess your level of cultural responsiveness are provided in the table “Levels of Cultural Responsiveness”.

- 6 For each Indicator, decide on at least one quality improvement Action your service could do to improve its cultural responsiveness in that area. If you think of more than one Action, feel free to record these as well. Refer to the evidence-based resources included in this guide as a starting point. Write down these Actions in the “What we can do to improve” column.

We recommend using SMART goals to help decide on your Actions. SMART stands for Specific, Measurable, Achievable, Realistic and Time-related, as described below:

Specific: Be clear about what you are aiming for. Your Action should include specifics such as “who, where, when, why and what”.

Measurable: Set Actions that you can measure. Your Action should include a quantity such as “number of ____” or “percentage of ____” etc.

Achievable: Set Actions that are actually achievable for your service or organisation.

Realistic: Set Actions that are relevant and make sense for the type of work that your service or organisation provides.

Time-related: Set a timeframe and have a deadline by when you want the Action to be completed.

There are 3 levels of cultural responsiveness used to rate a primary health care service provider in a particular area or activity. In ascending order, the three levels of cultural responsiveness are: Establishing, Advancing and Excelling. Use the definitions and criteria described on the next page to assess your current level of cultural responsiveness for each Indicator.

Levels of Cultural Responsiveness

Establishing

Establishing means that you are aware that cultural responsiveness work needs to be done for a particular Indicator and are exploring options, or have taken the first steps needed to make this happen. Establishing work is the starting point for all further cultural responsiveness improvements you will make. For your service to have achieved an Establishing level for a particular Indicator, you will need to satisfy **at least one** of these criteria:

- You have identified a gap, limitation or area of improvement for cultural responsiveness in your service;
- You are currently or are about to start or have started scoping, researching or consulting on best practice for cultural responsiveness for this Indicator;
- You are exploring options or making plans to take action to improve your cultural responsiveness for this Indicator.

Advancing

Advancing means that you have made progress in implementing cultural responsiveness into a particular aspect of your service that relates to the Indicator, and are tracking the impact it makes. For your service to have achieved an Advancing level for a particular Indicator, you will need to satisfy **both** of these criteria:

- You are taking action to improve the cultural responsiveness of an aspect of your service that relates to this Indicator;
- You have a way to measure the outcome(s) of the Action you are taking to improve your cultural responsiveness for this Indicator.

Excelling

Excelling means that you are doing culturally responsive work that can legitimately be called best practice for this Indicator. You will know that this is happening when other services come to you to find out "How did you do it?" For your service to have achieved an Excelling level for a particular Indicator, you will need to satisfy **all** of these criteria:

- The Action has become embedded in the cultural responsiveness of your service so that it is considered "business as usual". There can be different ways to measure this, which will vary across different types of organisations and service providers. To give some examples, the Action could be a continuing program; it could be the establishment of a dedicated cultural diversity coordinator role; or it could be a commitment to maintaining a workforce with at least 25% of employees from CALD backgrounds.
- The Action is subject to a regular evaluation and review process that is part of a quality improvement cycle;
- The health outcomes of CALD consumers have been demonstrably improved by this Action. This can be measured in a number of different ways such as improved consumer satisfaction feedback, reduced unnecessary visits or improved clinical outcomes.

- 7 For each Action that you have identified, write a short description of how you will measure the success of this Action in the "How we will know we have achieved this" column. Try to think of straightforward and easily quantifiable ways to measure success, such as "We will employ 2 new bilingual workers within the next financial year."
"Our website has a link to translated health resources."
"We will include cultural responsiveness in our next business plan."
- 8 Next, assign priority levels to your Actions. This will help in setting goals for your Action Plan. For each Action identified in the "What we can do to improve" column, decide upon the level of Effort it would take to implement this Action in your service. Choose between low, medium and high and write this down in the "Effort" column of the Tool.
- 9 Decide upon the level of Impact this activity will have if it is implemented. Rank the Impact as Low, Medium or High and write this in the Impact column of the Tool.
- 10 Complete this process for each of your Actions. Once you are done, you will see that each Action can be described by their combined Effort-Impact level. For example, an Action that would take a Low level of Effort to implement but would have a High Impact can be described as "Low-High," while another Action that would have a High Impact but would take a lot of work to do (i.e. its level of Effort is High) would be described as High-High. Based on the Effort-Impact level for each Activity, assign an overall Priority level for each Action, choosing again from Low, Medium or High. Write this down in the Priority Level column of the Tool.
- 11 You have now completed the Tool. At the end of the workshop, set aside time for the development of the Action Plan and identify the team or the person who will be responsible for developing the Plan. You may draw upon the participants of the workshop, or you might decide that other staff members would be more suitable to do this work.

Example of using the Tool

In the example below, a community health service is using the Cultural Responsiveness Assessment Tool. The workshop group has filled out their responses for Indicator 1: "Co-production with community," as shown below:

Indicator 1: Co-production with community

What we are currently doing	Levels of Cultural Responsiveness (Establishing, Advancing or Excelling)	What we can do to improve (Action)	How we will know we have achieved this	Effort	Impact	Priority
We consult with consumers from CALD backgrounds when possible on the design of new health promotion programs.	Advancing	Establish a permanent CALD Consumer Reference Group that will take part in co-production of all new health promotion programs. (Measurement)	<ul style="list-style-type: none"> CALD Consumer Reference Group is established within 6 months CALD Consumer Reference Group members are trained & briefed to participate in co-production The CALD Consumer Reference Group is involved in co-production of all new health promotion programs 	Medium	High	High

Step 5 Developing an Action Plan

Use the [Action Plan](#) template provided. Instructions on how to develop the Action Plan are provided in the key to the template. When you start to develop your Action Plan, use the completed Tool to identify the quality improvement activities to be undertaken.

Following the completion of the Action Plan, you can promote the results of the Tool or the development of the Action Plan via your organisation's internal or external communications channels.



Step 6 Implementing and monitoring the Action Plan

Your service can now begin implementing your quality improvement activities as recorded in the Action Plan. How you implement your Action Plan will vary with the size and type of your service. We recommend using the PDSA model, which stands for “Plan, Do, Study, Act.” This is a four-step process to implementing change.

The four steps of the PDSA model are described below:

Plan

Describe the idea behind the Action. What is it trying to do? Who will be involved in its implementation? Where will it be implemented within your service? Make some predictions of what you expect to happen during the implementation of the Action, including potential risks, challenges and desired outcomes. Finally identify the key data to be collected during the implementation of the Action, in particular any data that will help you measure how successful the Action has been.



Do

Carry out the plan. Make notes along the way of challenges, risks or ideas for improvement. Record key data for use in the next step.



Study

Once the Action is completed, analyse the data collected and compare your results to your predictions. Summarise these results and reflect on the lessons learnt that can be used to improve this Action the next time you do it, or how these results can influence the development of new Actions for your next Action Plan.



Act

What will you do next? If your Action was successful, you might want to implement the change as part of the continuing work your service provides. Alternatively, you might want to try something new. What ideas will you test next are covered in more detail in the next step, “Keeping the momentum going.”




For more information on how to use the PDSA model in your service, please refer to the NWMPHN’s publication, [Quality Improvement Guide & Tools for General Practice](#).

Step 7 Keeping the momentum going

It is important that progress towards achieving the quality improvement activities identified in the Action Plan are reviewed on a regular basis. Once you have completed the Action Plan, set a date to review it and follow these steps:

- 1 Using the [Cultural Responsiveness Review template](#), write down in the column labelled “Action undertaken” all the Actions that were included in your previous Action Plan. Beside each Action write down the corresponding Indicator number in the “Indicator” column.
- 2 Next, write down the level of cultural responsiveness you recorded for each of these Actions in your previous Action Plan. This is the level of cultural responsiveness that you recorded **before** you implemented the Action. Choose from the three levels of cultural responsiveness described above, Establishing, Advancing and Excelling.
- 3 Now, assess your current level of cultural responsiveness for each Action and Indicator by referring to the “How to assess your level of Cultural Responsiveness” table above. Refer to CALD demographic data, CALD service usage data or other specific CALD health data to reflect on your how effective your Actions have been.
- 4 Finally, write down the current Status of the Action. You can choose from three different stages of completion: Not started, Started and Completed.

Compare your current levels of cultural responsiveness against your previous levels and reflect on how much progress you have made since implementing the previous Action Plan. To gain a more detailed representation of your service’s cultural responsiveness, it is recommended that you re-complete the Cultural Responsiveness Assessment Tool at a later stage.



Indicators, Practice Examples and Resources

Levels of cultural responsiveness

There are three levels of cultural responsiveness used to rate a primary health care service provider in a particular area or activity:

Establishing

Establishing means that you are aware that cultural responsiveness work needs to be done for a particular Indicator and are exploring options, or have taken the first steps needed to make this happen.

Advancing

Advancing means that you have made progress in implementing cultural responsiveness into a particular aspect of your service that relates to the Indicator, and are tracking the impact it makes.

Excelling

Excelling means that you are doing culturally responsive work that can legitimately be called best practice for this Indicator.

See criteria in Levels of Cultural Responsiveness Table on page 13 and examples on the next page for how your service can achieve these levels.

Activity Area: Participation and engagement

Indicator 1: Example only

INDICATOR 1	Co-production with community
	<p>It is important that health services are designed and delivered in collaboration with members of the communities that they are intended for. This is called the principle of co-production. We provide the opportunity for co-production with consumers from migrant and refugee backgrounds to ensure that our services are culturally responsive. Co-production when done right includes the full cycle starting with co-design of the service, co-decision making in the allocation of resources, co-delivery of the service and co-evaluation of the service going forwards.</p>
	<p>Establishing</p> <p>We have contacted people from the community whom we can consult with as part of the design and implementation of our health services.</p> <p>We are exploring ways that coproduction could be introduced into our service.</p>
	<p>Advancing</p> <p>We consulted with migrant and refugee community members on the layout of our waiting room.</p> <p>We ran a CALD focus group to find out if our online presence is accessible.</p>
	<p>Excelling</p> <p>All our programs and services include co-production people from migrant and refugee backgrounds throughout the full cycle.</p> <p>We have a permanent migrant and refugee community reference group who provide feedback and input into our services and programs.</p>
	<p>Resources and ideas</p> <p>Social Care Institute for Excellence, “Co-production in social care: What it is and how to do it.”</p> <p>Mental Health in Multicultural Australia, Consumer and carer participation.</p>

Indicator 2: Example only

INDICATOR

2

Workforce mutuality

Our staff members reflect the diversity of the community we work within and provide services for. Our staff is culturally and linguistically diverse at all levels, including volunteers, practice staff, clinicians, managers and Board members. This kind of diversity is called “workforce mutuality,” which goes beyond tokenistic inclusion of a workforce made up of “diverse” individuals to instead build services and workplaces that represent the community of people who use them. In building our workforce mutuality, we seek to address avoidable inequities relating to disadvantage, discrimination and under-representation.

Establishing

We have targets or goals for employing people from migrant and refugee backgrounds.

Advancing

We conducted a pilot for a local community connector program in order to employ more people within our AOD service with lived experience.

Excelling

Our employee profile at all levels including our leadership, executive and board members reflects the cultural diversity of the community.

We employ community connectors or community advocates as permanent staff in our service.

Resources and ideas

HealthWest Partnership, [Workforce Mutuality Toolkit](#).

Inner North West Primary health care Partnership, [Supporting Aboriginal Workers](#).

cohealth, [Bi-cultural workers hub](#).

We need to know if our service is providing the same level of health outcomes for everyone in the community. To make sure that people from migrant and refugee backgrounds are not being inequitably disadvantaged, we collect consumer feedback on our service's cultural responsiveness in a culturally safe and participatory manner for use in our service planning, implementation and evaluation processes.

Establishing

We are scoping best practice options for including a question in our consumer feedback surveys about language spoken at home.

We are looking at options to translate our consumer feedback survey questions into 2 community languages.

Advancing

Our consumer feedback surveys are translated into the main community languages spoken in our catchment.

Our culturally responsive consumer experience surveys look at health outcomes across different contexts, including consumer experience and consumer trust in the service.

Excelling

We collect migrant and refugee consumer feedback in a range of participatory and culturally safe ways, such as focus groups conducted in-language or with interpreters present.

Consumers have the option to give feedback in a language of their choice.

We have made sure that our consumer feedback processes do not inadvertently disadvantage consumers who respond to them.

Resources and ideas

Centre for Cultural Diversity in Ageing, ["Practice Guide – Culturally Inclusive Feedback."](#)

Activity Area: Access and equity

Indicator 4: Example only

INDICATOR

4

Culturally responsive digital access

Culturally responsive digital access to telehealth, online booking, referral options and other service information is a key component in making sure that everyone in the community can access our service when they need it. Our goal is to make sure that all avoidable barriers to digital access that may impact consumers from migrant and refugee backgrounds have been removed.

Establishing

We have researched the different types of digital access platforms we can use in our service, and have identified those that would be more culturally responsive to our consumers' needs. We will develop an option for consumers to choose to have appointment reminders sent to them as text messages in a number of community languages by the end of this financial year.

Advancing

Key content on our website is translated into community languages.
Our website provides links to databases of translated health information.
Culturally responsive information on our website is informed by evidence-based practice.
"Language services are available" appears on our website in a number of community languages.

Excelling

We consult with consumers from migrant and refugee backgrounds to identify culturally appropriate digital platforms for presenting information about our service.
Our online booking system gives consumers the opportunity to choose their preferred practitioner on the basis of language spoken, gender etc.

Resources and ideas

UX Collective, ["How to write inclusive, accessible digital products."](#)
Victorian State Government, ["Make content accessible – digital guide."](#)

Indicator 5: Example only

INDICATOR

5

Interpreter engagement

All people in the community have the right to access professional interpreters so that they may communicate freely with primary health care providers in the language of their choice. Having access to and being able to engage interpreters is a normal and everyday part of our service.

Establishing

We are developing a set of guidelines on when and how to engage interpreters.

We are applying for funding to have a permanent budget line for interpreters in our business plan.

Advancing

Our staff receive training and education on best practice for engaging with interpreters.

Our service promotes engaging with interpreters to both our practice staff and consumers.

Our staff do not use family members to interpret for patients because unlike professional interpreters family members are not required to maintain confidentiality, and relay the message in an impartial, risk-free way.

Excelling

Interpreters are engaged to work with consumers and staff whenever they are needed.

Our booking system records consumers who want to engage an interpreter when consumers first sign up.

We collect interpreter usage data for use in planning our services.

All our practitioners have signed up for TIS National or another interpreting service.

Resources and ideas[Translating and Interpreting Service \(TIS\) National](#)

Department of Health and Human Services, ["How to work with interpreters and translators: A guide to effectively using language services."](#)

Our service is skilled in the use of culturally responsive communications so that we can reach people from all backgrounds in the community. We use health literacy, translated materials and culturally relevant media platforms to make sure people from migrant and refugee backgrounds know what our service has to offer and that it is available to everyone.

Establishing

We are developing guidelines for translating health information.

We are consulting with multicultural organisations to understand how we can make our communications more culturally responsive.

Advancing

Our service uses health literacy techniques in our public communications.

We source best practice culturally responsive health promotion materials.

We have undertaken health literacy training for staff in our organisation.

Excelling

We have processes in place for measuring the impact of our culturally responsive communications.

We use a variety of media to convey our culturally responsive messaging, such as videos, animations, storyboards and infographics.

Resources and ideas

[Health Translations](#)

Centre for Culture Ethnicity and Health, [Resource Hub](#).

SBS, [Cultural Atlas](#).

Culturally responsive referrals and partnerships

We recognise that one organisation and/or service cannot meet all the complex needs of consumers. We therefore provide consumers with referral pathways to a diverse range of services, and explore opportunities to work in partnership with ethno-specific and multicultural organisations.

Establishing

We will explore at least two potential opportunities to collaborate with a multicultural organisation in order to improve the cultural responsiveness of our service.

Our practice staff identify where patients are receiving complementary health care, and we find ways to work effectively alongside their complementary health providers.

We provide contact information for after hours primary health care services.

Advancing

We provide information for clients to support access to culturally appropriate non-medical activities and services that will support their health needs, from health and fitness programs to traditional medicines.

Our alcohol and other drug service consults with Muslim faith leaders to deliver culturally responsive support services.

We provide consumers with advice on how to navigate the after hours primary health care system.

Excelling

We ensure that our after hours primary health care services are subject to the same cultural responsiveness guidelines that we use for our in-hours services.

We are developing a culturally responsive mental health service delivery model in co-production with complementary primary health care providers and consumers from migrant and refugee backgrounds.

Resources and ideas

National Health and Medical Research Council, [“Cultural competency in health: A guide for policy, partnerships and participation.”](#)

Mental Health in Multicultural Australia, [“Recovery and cultural diversity.”](#)

Activity Area: Culture and capacity

Indicator 8: Example only

INDICATOR

8

Culturally responsive leadership and organisational culture

Having the support of leadership is crucial to embedding cultural responsiveness as part of “business as usual” across all aspects of our service and programs. It is equally important that our service’s commitment to cultural responsiveness is embedded in the way we work and behave in our organisation. We demonstrate this commitment in many ways.

Establishing

We are developing an annual schedule to celebrate cultural events and festivals such as Harmony Week, Ramadan, Diwali or Christmas.

We are working on policies that cover some aspects of cultural responsiveness e.g. guidelines on translations.

Advancing

Our leadership publicly promotes cultural responsiveness as a key value and activity of the organisation.

Our organisation’s vision, values and/or mission statement is informed by the primary health care needs of migrant and refugee communities.

The achievements of culturally responsive “practice champions” from among our staff are celebrated.

Excelling

Cultural responsiveness is embedded as key deliverable in our service’s business plan.

We have a whole-of-organisation approach that is led by thinking on the primary health care needs of migrant and refugee communities.

We have a comprehensive cultural diversity strategy that is co-produced with consumers from migrant and refugee backgrounds.

Our leaders participate in professional development to increase their cultural responsiveness.

Resources and ideas

Victorian Transcultural Mental Health, [“Frameworks that inform cultural responsiveness principles & practices.”](#)

Department of Health, [Designing for Diversity.](#)

Mental Health in Multicultural Australia, [“Culturally responsive practice.”](#)

Embrace Multicultural Mental Health, [“Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery.”](#)

Indicator 9: Example only

INDICATOR

9

Culturally responsive data

To understand the needs of our consumers and to ensure we are reaching members of the community most in need, we collect and/or access culturally responsive data and research in a culturally safe and appropriate way for use in our planning and implementation processes.

Establishing

We are conducting a review of the CALD data we collect to evaluate its effectiveness in helping us deliver a culturally responsive service.

We have consulted with a multicultural health organisation on what types of CALD data are most relevant to collect.

Advancing

We ask consumers to fill in a "language spoken at home" question in their contact information when they first use our service, and use this information to plan for engaging with interpreters at our service.

Excelling

We use Australian Bureau of Statistics data sets on patterns of migration and settlement to inform the design and development of all our programs.

Evidence based research is used to inform the design and delivery of our service.

We have policies and protocols that ensure all consumer data we collect is culturally safe, relevant for planning purposes and safe for sharing.

Resources and ideas

Department of Premier and Cabinet, ["Population Diversity in Victoria: 2016 Census Local Government Areas."](#)

Federation of Ethnic Communities' Councils of Australia, ["If We Don't Count It ... It Doesn't Count! Towards consistent national data collection and reporting on cultural, ethnic and linguistic diversity."](#)

Department of Immigration and Multicultural Affairs, ["A Guide: Implementing Standards for Statistics on Cultural and Language Diversity."](#)

Indicator 10: Example only

<div>INDICATOR</div> <div>10</div>	<div>Cultural responsiveness training</div>
	<p>Our people are the core of our service. We support their capacity to provide the same level of primary health care to all members of the community by providing our people with cultural responsiveness training and professional development.</p>
	<div>Establishing</div>
	<p>We have identified the need for training on bias in our service.</p> <p>We will engage a cultural responsiveness training provider to deliver training to our staff.</p>
	<div>Advancing</div>
	<p>We offer cultural responsiveness training to staff who work mostly with people from migrant and refugee backgrounds.</p> <p>We provide our staff with training opportunities to address bias and privilege.</p>
	<div>Excelling</div>
	<p>Our staff practise in a culturally competent manner and attend relevant training as required.</p> <p>Our managers and/or leadership undertake regular training in cultural safety and humility.</p> <p>Cultural responsiveness training is part of the induction process for all new staff.</p> <p>Our team regularly takes part in reflective practice and conversations with regards to our cultural responsiveness.</p>
	<div>Resources and ideas</div>
	<p>Centre for Culture Ethnicity and Health</p> <p>Victorian Transcultural Mental Health</p> <p>Foundation House</p>

Other cultural responsiveness tools and frameworks

These are some of the key published tools and frameworks we drew upon to develop the Cultural Responsiveness Assessment Tool:

- 🔗 Embrace Multicultural Mental Health. [“Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery.”](#) Canberra: 2020.
- 🔗 GLHV@ARCSHS, La Trobe University. [The Rainbow Tick Guide to LGBTI-inclusive practice](#). Prepared by Pamela Kennedy; Melbourne: La Trobe University, 2016.
- 🔗 HealthWest Partnership. [Workforce Mutuality Toolkit](#), HealthWest Partnership: Footscray, Victoria: 2020.
- 🔗 Inner North West Primary health care Partnership and The Long Walk. [From Symbols to Systems: Strengthening Aboriginal and Torres Strait Islander Cultural Security in Mainstream Organisations – Cultural Security Templates](#). Melbourne: 2019.
- 🔗 Inner North West Primary health care Partnership and The Long Walk. [Supporting Aboriginal Workers](#).
- 🔗 Migrant & Refugee Women’s Health Partnership. [Culturally responsive clinical practice: Working with people from migrant and refugee backgrounds](#). Canberra: 2019.
- 🔗 National Health and Medical Research Council, [“Cultural competency in health: A guide for policy, partnerships and participation.”](#)
- 🔗 North Western Melbourne Primary Health Network. [Quality Improvement Guide & Tools for General Practice \(Edition 2\)](#). Parkville, Victoria: 2018.
- 🔗 Victorian State Government. [Designing for Diversity: Rapid Review \(Service reform and design\)](#). Melbourne: Department of Health and Human Services, 2016.

Mental Health and CALD communities

- 🔗 Embrace Multicultural Mental Health. ["Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery."](#) Canberra: 2020.
- 🔗 Mental Health in Multicultural Australia Key Concepts, [Consumer and Carer Participation](#)
- 🔗 Mental Health in Multicultural Australia Key Concepts, [Cultural Responsiveness](#)
- 🔗 Mental Health in Multicultural Australia Key Concepts, [Culturally Responsive Practice](#)
- 🔗 Mental Health in Multicultural Australia Key Concepts, [Recovery and Cultural Diversity](#)
- 🔗 Mental Health in Multicultural Australia Key Concepts, [Risk and Protective Factors](#)
- 🔗 Victorian Transcultural Mental Health [online training](#)



