



Most WRHC services and interventions were planned at the program level, and some programs took more account of cultural factors than others. Most documents relating to assessment and screening make no reference to collecting information on religion, language spoken or interpreter requirements.

WRHC recommendations

Policies and procedures

- Strengthen existing policy and procedures documents by making reference to government policy statements on cultural diversity in the *Cultural Diversity Policy and Procedures*
- Listing relevant documents relating to cultural competence in other organisational policies and procedures
- Implement processes for embedding policies, procedures and values relating to cultural competence
- Develop a formal policy on the use of bilingual staff, including clear definitions and guidelines
- Review and clarify language services policies and current arrangements to ensure consistent use and quality of these services
- Implement feedback mechanisms on cultural competence into the Individual Development Review (IDR) process

Data

- Mandatory data requirements regarding clients' cultural diversity
- Use collected data to inform strategic and operational planning
- Collect information on the linguistic skills and cultural knowledge of staff members

Planning, monitoring and reporting

- Further improve reporting requirements on planning, monitoring and evaluation in relation to CALD communities
- Strengthen and embed CALD stakeholder input into planning, monitoring and evaluation processes
- Include CALD needs into the specific planning process of each program area
- Increase resource allocation in all program areas to focus on cultural competence
- Establish formal peer supervision groups to promote culturally competent and critically reflective practice by direct service staff

Training

- Include cultural competence orientation for new Board members
- Include cultural competence orientation for new staff
- Promote cultural competence training and reflective practice training in staff work plans
- Offer all staff two levels of training on working with interpreters: introductory training and further training 6-18 months later

Communication

- Develop a strategy to identify documents and/or resources that need to be translated
- Identify through data key languages for translation
- Advocate with key stakeholders for the development of a communication strategy for new and emerging languages

Resources

- Strengthen partnerships with external organisations in relation to CALD communities
- Strengthen systems for referring clients to ethnic and multicultural services
- Create appropriate and sufficient space to facilitate service delivery and minimise overcrowding
- Develop a centralised system of cultural competence related resources

Where to from here

Over the coming months the WRHC Cultural Competency Advisory Committee will be considering the recommendations and planning strategies for implementation in 2010-2011.

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CULTURAL COMPETENCY REPORT



The Western Region Health Centre wishes to thank and acknowledge the contribution to this research report. In particular:

Management and staff from WRHC who participated in interviews and focus groups

The community members who participated in interviews and focus groups

The Cultural Competency Advisory group

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Introduction

In 2008, **Western Region Health Centre (WRHC)** and **Western Health Hospital Risk Admission Program (HARP)** contracted the **Centre for Culture, Ethnicity & Health (CEH)** to:

- Review the capacity of WRHC and Western HARP to deliver culturally competent services
- Develop recommendations to support culturally competent planning and service delivery

Western Region Health Centre is a leading provider of integrated primary health services to diverse communities in Melbourne's western suburbs. WRHC provides an extensive range of services including medical, mental health, nursing, counselling, allied health, oral health and outreach community support services. WRHC also has a number of specialist programs which includes MACNI - a multiple and complex needs initiative, refugee health, healthworks (primary health for IDU), victims' assistance and counselling, and integrated family violence.

The Hospital Risk Admission Program (HARP) is part of a Victorian Government strategy to reduce demand on emergency departments and avoidable hospital admissions.

WRHC has a long standing reputation in the community health sector for appropriate and responsive service delivery to individuals and communities from migrant and refugee backgrounds. The Centre wished to 'test' this reputation whilst Western HARP sought a snapshot of its current practices to use as a starting point for further service improvements.

Cultural Competence

For this project, **cultural competence** was defined as: "... 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 professionals to work effectively in cross-cultural situations" (Cross, 1989).

Methodology

CEH identified and adopted an organisational cultural competence assessment profile that has been specifically developed for the community health sector by the US Department of Health and Human Services – Health Resources and Services Administration.

The project utilised a combination of qualitative and quantitative methods to ascertain the quality, appropriateness and restrictions of the current planning and practices of WRHC for clients and communities from refugee and migrant backgrounds.

An extensive review of 61 current WRHC documents (including policies, procedures, plans and assessment tools) was undertaken.

Two hundred and fifty WRHC staff received an online survey through an email inviting them to complete it. One hundred and forty seven staff responded to the survey- a return rate of 56%.

Interviews were conducted with 26 WRHC staff and clients as well as 4 staff and 1 client focus groups.

Key findings

It was evident that the staff, management and board of WRHC valued cultural diversity and aim to provide culturally competent services. The feedback from clients in relation to these services was highly positive.

The review identified strengths and weaknesses in regards to cultural competence across various parts of the organisation. This is consistent with the notion that cultural competence is an ongoing process (rather than a definable end) and that it encompasses systems and processes as well as individual behaviour.

In particular the review uncovered some discrepancies in the ways that management and staff approach cultural competence. These are in the areas of planning, monitoring and evaluation of services provided to CALD communities.

An overview of the findings relating to the specific domains used in the review are listed below.

Organisational values

Relevant WRHC policies, procedures and plans reflect an organisational commitment to cultural competence. The breadth and diversity of the Centre's programs also demonstrate its willingness to respond to the changing demographics of its target area.



The majority of staff identified the regular use of interpreters, employment of bilingual workers and the use of translated materials as evidence of organisational commitment to cultural competence. Several WRHC policies specifically refer to cultural diversity, however they can be strengthened. For example, the *Cultural Diversity Policy and Procedure (January 2009)* covers interpreters and language services, data collection, advocacy, training and staff recruitment. However, there is no governance policy that addresses cultural competency in the governance of the Centre. In addition whilst the *Community Participation Policy and Procedure* requires programs to actively engage consumers, it does not specify participation from CALD consumers.

Another example where the inclusion of cultural competence needs to be strengthened is the Centre's *Interpreter Guidelines Policy and Procedures January 2009*. This policy covers booking and using interpreters, a code of ethics for interpreters, and the requirement for staff to use interpreters when needed. It outlines when and how to use professional translating services, but does not mandate the translation of any specific documents. Not all staff are aware of the above policies, and their implementation is not uniform.

Governance

The organisation has made an effort to be as inclusive as possible in its formal governance structure. The Board currently has members from Vietnamese and Ethiopian backgrounds. These two members are workers in the local community services sector; they were recruited for their known commitment and previous work in the community service sector. There are ten people on the Board.

Planning, monitoring and evaluation

Ongoing and formal stakeholder input is sought through the Board and a Community Consultative Committee. There is no consistent approach to seeking regular stakeholder input across the various programs and services. Staff believed that input from clients was obtained via contact with workers highlighting a discrepancy between management and staff perceptions on stakeholder input.

The *HACC/WRHC Cultural Action Plan 2008-2009* addresses cultural competence issues. Actions in the plan include staff development, a cultural audit, consultations with ethno-specific organisations and newly-arrived communities, and support for bilingual workers. The organisation wide application of this plan highlights the importance placed on planning for the needs of migrant and refugee communities by the organisation.

WRHC Trakcare data system revealed considerably fewer records of data related to cultural competence (eg country of birth, ethnicity, languages spoken at home, need for an interpreter) than staff reportedly collected. Less than half the staff who responded had recorded data on interpreter usage, and more than half were unsure if the organisation collected such data.

Communication

WRHC staff demonstrated a commitment to meeting their clients' communication needs. Methods used to meet these needs included using interpreters; communicating with and through bilingual workers; and speaking slowly and clearly.

Most staff cited challenges such as differing perceptions of time; conflicting beliefs about health; the availability and quality of interpreters; and lack of clarity on when and how to use bilingual workers.

There was no requirement for specific documents to be translated. For example, standard appointment letters were not always translated, which meant that many clients did not turn up to their first appointment.

Staff development

Less than half the staff had participated in training which they believed enhanced their capacity to work with clients from diverse backgrounds. There were differing views about whether cultural competence training should be mandatory.

WRHC is currently developing an organisational training calendar, including mandatory and optional modules. This is its first organisation-wide calendar.

There was no evidence of a systemic approach to assessment of staff's cultural competence skills. There are no systems currently in place to record the bilingual skills of WRHC staff.

Organisational infrastructure

WRHC has a structured and strategic approach to allocating expenditure, based on the principle of ensuring needs are met. Resource commitments are evident in partnership projects, community education, CALD-specific health programs, the employment of bilingual and bicultural practitioners, and cultural competence training for staff. WRHC also commits its own funds to language services, and offers an Internal Grants Scheme to support new service models for CALD clients.

Staffing arrangements likewise reflect a commitment to cultural competence. Recruitment of staff from new and emerging communities enhances service delivery. WRHC has recently employed a Cultural Competence Facilitator (0.2EFT), whose role is to provide leadership, guidance and support around meeting the needs of CALD communities across the organisation.

The physical facilities of the Centre caused problems for some staff members, who reported that there was insufficient rooms and space to accommodate consultations with large families. Renovations and upgrades to the buildings have taken these considerations into account. Overall clients reported that WRHC provided a safe and welcoming space.

Services and interventions

Clients reported very positive experiences when accessing WRHC services. Most identified language as a significant barrier but also said that interpreters were mostly provided for them.

The majority of clients were not aware of a formal complaints process, but said that they would make a complaint directly to WRHC staff or the CEO if necessary.

Direct service staff members reported that they sought input from clients and families in regard to care and treatment. They also sought input from organisations that referred clients to WRHC. Many staff identified flexibility of intervention types and approaches as a challenge when working with clients and communities from culturally diverse backgrounds. However, it was also evident that certain program areas within the organisation had developed service responses specifically for particular CALD background groups.