

Healthy Children Initiative

CALD Community Check

This tool is for services delivering HCI programs to support them in considering and incorporating the needs and interests of their CALD communities. It has been developed by the HCI CALD Communities Working Group using a compilation of cultural competency guides and tools.

The CALD Community Check has two parts:

1. Identify priority CALD communities

This section helps services to identify their priority CALD communities.

It includes links to relevant information on demographic data, health profiles, immigration profiles and relevant policies and plans. There are also links to CALD communities and stakeholders.

2. Checklist to support Multicultural Health Principles

The checklist outlines the five Multicultural Health Principles and offers actions that can be taken to embed the principles within HCI programs at all levels and stages of delivery.

This checklist is intended to be completed by:

- State Program Managers at a State level to inform state-wide delivery of HCI programs
- HCI Managers/teams at a District level to inform local delivery of HCI programs.

Please use as appropriate to your situation. If you have strategies you'd like considered at the alternate level of delivery, record them at the end of the checklist.

Complete the checklist separately for each HCI program considering the identified priority CALD communities.

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Checklist strategies currently being implemented |
| <input checked="" type="checkbox"/> | Checklist strategies not currently being implemented |
| N/A | Checklist strategies not considered relevant to your situation |
| ★ | Consider crossed checklist boxes and reflect on required actions and resource implications. |

Identify priority CALD communities

1. Utilise data relevant for CALD communities

- Demographic profiles – including language/s other than English spoken at home, country of birth, English proficiency www.abs.gov.au
- Health profiles (eg. SPANS, NSW Child Health Surveys, Australian Health Survey)
<http://www.health.nsw.gov.au/surveys/child/Pages/default.aspx>
http://www0.health.nsw.gov.au/pubs/2011/spans_2010_summary.html
<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.001main+features12011-12>
- Immigration profiles – including immigration streams and settlement locations
www.immi.gov.au/settlement
- Multicultural Policies and Services Program (MPSP) reports www.health.nsw.gov.au/reports
- Check Local Government websites for community profiles.

2. Access relevant policies and plans

- Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016
http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_020.pdf
- NSW Refugee Health Plan 2011 – 2016
http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_014.pdf
- LHD Population and/or Health Promotion plans

3. Consult with CALD communities and stakeholders including multicultural health staff, NGOs and community members.

- Multicultural Health Services Booklet <http://www.mhcs.health.nsw.gov.au/services/cald-community/policiesandguidelines/supportinfo/pdf/nsw-multicultural-health-services-directory>
- Information on CALD communities <http://www.mhcs.health.nsw.gov.au/services/cald-community> and Community Relations Commission
http://www.crc.nsw.gov.au/communities/NSW_Community_Organisations

4. List identified priority CALD communities

5. Does this warrant additional strategies? Yes/No

If additional strategies are warranted, complete the checklist to help identify suitable strategies.

Checklist to support Multicultural Health Principles

- 1. People from culturally, religiously and linguistically diverse backgrounds will have access to quality services and programs that recognise and respect their linguistic, cultural and religious needs.*

Does the program meet the needs of identified priority CALD communities and how can this be improved?

Program content is:

- Reviewed for cultural appropriateness
- Modified where required to ensure cultural appropriateness
- Supplemented with additional culturally appropriate materials

Program promotion:

- Is conducted in relevant languages as well as English
- Uses one or more methods (E.g. print, audio-visual, community information sessions/forums, ethnic media)
- Engages relevant CALD stakeholders (E.g. Multicultural Health staff, NGOs, community members)
- Is conducted in settings familiar to CALD communities (E.g. GP surgeries, community centres, places of worship, schools, services within intensive language centres, CALD FDC schemes)

Program delivery:

Allowances are made for the specific needs of CALD communities:

- Childcare
- Supporting family roles and obligations
- Dietary needs
- Religious requirements & scheduling around religious festivals

Program settings and environments are:

- Culturally supportive and familiar to CALD communities (E.g. community centres, places of worship, schools, ethnic community organisations, refugee services)
- Accessible via public transport/active travel
- Programs encourage use of linguistic skills and CALD community connections of staff in promotion and delivery of program
 - Bi-lingual staff and/or interpreters
 - Multicultural staff (E.g. ESL teachers, Inclusion Support Agency staff)

★ Required actions and resource implications:

2. People from culturally, religiously and linguistically diverse backgrounds will have access to appropriate health information.

Is the program information provided appropriate for identified priority CALD communities?

Accurate language and literacy profiles:

- Current CALD population profiles are used to ensure information is available in priority CALD community languages

Written translations and interpreters:

- Written materials are disseminated in culturally appropriate ways
- Program uses in-language or translated resources and accredited interpreters where appropriate
- Printed, online, audio-visual and digital materials are appropriate to the literacy and culture of priority CALD communities
- Trained bilingual educators or interpreters are offered and made available where appropriate

Information campaigns:

- Culturally appropriate messages are developed from within the specific cultural context
- Culturally appropriate strategies are used for social marketing campaigns

★ Required actions and resource implications:

3. People from culturally, religiously and linguistically diverse backgrounds will have the opportunity to contribute to decisions about health services that affect them.

Is there ongoing consultation with identified priority CALD community stakeholders in the planning, implementation and evaluation of programs to incorporate issues of cultural diversity?

State level

- Key CALD stakeholders are engaged and represented on steering committees and advisory bodies
- Consultation is conducted with identified priority CALD communities to inform program development, implementation and evaluation
- Resources are allocated to adequately consult and engage CALD communities and stakeholders

Local level

- Key CALD community stakeholders are identified and engaged
- Ongoing networks and relationships are maintained with CALD community stakeholders
- Consultation is conducted with identified priority CALD communities to determine the most effective approaches for the local community
- Training and mentoring strategies are used to build collaborative and sustainable partnerships with CALD community stakeholders
- Resources (including staff and funding) are allocated to adequately consult and engage CALD communities

★ Required actions and resource implications:

4. Programs respond in an appropriate way to the health needs of people from culturally, religiously and linguistically diverse backgrounds.

Is the program provided in a way that will support the health and well being of the identified priority CALD communities?

Cultural competence of staff delivering HCI programs:

- Staff receive quality training that addresses knowledge, attitudes and behaviour universally, and incorporates communication skills
- Information or training on identified priority CALD communities is made available to staff.
 Considerations include:
 - Cultural, linguistic and migration perspectives of food and choices
 - Cultural and religious perspectives regarding physical activity and body image
 - Intergenerational differences regarding attitudes to food and physical activity
 - Cultural, linguistic and religious perspectives pertinent to program delivery

Cultural considerations:

- Information-seeking program documents provided to CALD consumers (surveys, registration forms) are culturally appropriate and sensitive
- Programs consider CALD community and stakeholder expectations and goals when developing timelines and performance indicators
- Program strategies and outcomes consider the needs expressed by CALD communities and stakeholders.

★ Required actions and resource implications:

5. Programs will be evidence-based and/or support best practice in the provision of health services in a culturally, religiously and linguistically diverse society.

Are systems developed to capture relevant information and build the evidence base for working with identified priority CALD communities?

Utilising existing evidence for priority CALD communities:

- Best practice for delivery of programs in identified priority CALD communities is reviewed.
- Current CALD population profiles are used to ensure priority CALD communities are identified
- Profiles of priority CALD communities within the region of delivery are developed and include:
 - Demographic profiles
 - Socio economic statuses
 - Religious characteristics, language requirements, cultural sensitivities
 - Key community organisations/stakeholders
 - Community access pathways and considerations

Building evidence base for priority CALD communities:

- Systems exist to collect robust CALD data for reporting and to inform program delivery
- Formative evaluation undertaken to inform program design and/or delivery
- Process and/or impact evaluation undertaken
- Evaluation methodologies are developed in consultation with CALD stakeholders
- Funds are appropriately allocated for evaluation, monitoring and surveillance

Reporting and dissemination:

- Updates and reports are regularly provided to CALD stakeholders and partners.
- Program outcomes for CALD communities are included in annual reports and other reporting mechanisms.
- Outcomes are disseminated at workshops, conferences or in peer reviewed journals.

★ Required actions and resource implications:

Prioritise Strategies

Strategies for alternate (state/local) level of delivery

References

Multicultural Health Principles:

NSW Ministry of Health. (2012). Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012 – 2016. NSW Ministry of Health, North Sydney.

Checklist statements were derived from:

Centre for culture, ethnicity and health. (2010). Tip sheets on cultural competence in the health sector. Centre for culture, ethnicity and health. Victoria.

Department of Immigration and Multicultural Affairs. (1989). A good practice guide for culturally responsive government services. Australian Government, Canberra.

Karantzas E. (?date). Partnering with Ethnic Communities: Cultural Competencies for Health Promotion Initiatives. Centre for culture, ethnicity and health. Victoria

Multicultural Mental Health Australia. (2010). National cultural competency tool (NCCT) for mental health services. Multicultural Mental Health Australia, Parramatta.

NHMRC. (2006). Cultural competency in health: A guide for policy, partnership and participation. Australian Government, Canberra.

Queensland Health. (2012). Health care providers' guide to engaging multicultural communities and consumers. Queensland Government, Brisbane.