



BANYULE
Community Health

Cultural Action Plan 2006 – 2009

Updated September 2007 and September 2008

Background to the Cultural Action Plan

Banyule Community Health was established in 1997 with the merger of West Heidelberg Community Health Centre and Diamond Valley Community Health Centre. Over the past 5 years there has been enormous investment in the development of the service, with redevelopment works at the Grimshaw St site completed and an imminent move into the new West Heidelberg site late September. The redevelopment activity has provided the community with a facility that will enable enhanced delivery of services and service expansion. The agency is aware, however, of the need for these facilities to continue to provide a welcoming environment that reflects the cultural diversity of our community. Therefore, much of the focus of our cultural action plan for the next 3 years is on addressing this need.

Currently, the demographic profile of our client group mirrors that of our catchment area, based on a comparison with 2001 census data. The Somali population is notable as a well represented CALD community in our client profile. The accessibility of our service for this community is most likely due to the availability of a respected FARREP (Family and Reproductive Rights Education Program) Worker, the ongoing activities of a Somali men's PAG (Planned Activity Group), and the recent employment of a Somali Allied Health Assistant. With the move to the new site at West Heidelberg, the Australian Somalian Society will colocate with a dedicated office. This will further consolidate the agency's relationship with this group.

We are aware that there remain a number of groups in our community who require particular attention. At Banyule Community Health we believe that cultural diversity embraces groups other than non-English speakers, such as ATSI and same-sex attracted couples. While our client profile reflects the demographics of our area, we believe the ATSI population is underrepresented in the census data, and that ongoing work is required to make our service accessible for this group in particular. We also believe we can make our service more accessible to same-sex attracted couples. Finally, the Chinese and former Yugoslavian communities had been identified in 1996 and 2001 census data as among the fastest growing CALD communities in our area and therefore also need to be singled out for priority attention. These groups were therefore targeted in our plan in 2006-2008. Data from the 2006 census has revealed further changes to the community profile in Banyule. Of particular note is the continued growth in the Chinese community, and the emergence of a developing Indian migrant community. These changes are given consideration in the review of the Cultural Action Plan for 2008-09, the final year of this plan.

Development and Review of the Cultural Action Plan

The Cultural Action Plan has been developed by the Cultural Plan Working Group that consists of the following staff:

Quality, Risk Management and Clinical Governance Coordinator	Siobhan Newman
HACC Allied Health Manager	Meni Stefanovski
Manager Community Development and Communications	Mick Geary
Community Health Nurse	Elischka Sageman
HACC Podiatrist	Murray Harding
Health Promotion Coordinator	Melissa Bryan

Monitoring of the Cultural Action Plan will occur on an ongoing basis via meetings of the Cultural Plan Working Group. Progress with implementation of the plan will be reported regularly to teams and managers, and on an annual basis to the BOM and community. A formal evaluation of the plan will be conducted on an annual basis, and the plan will be reviewed to reflect the findings of this evaluation.

HACC services provided by Banyule Community Health

HACC-funded services provided by Banyule Community Health are:

- *Systems resourcing* (0.5 EFT): focus on carer support
- *PAG - Core* (1894 hours annually): Somali men's planned activity group which runs as one day per fortnight of planned activities for Somali men, and three activities per year for Somali women
- *Allied Health Services* (4721 hours of direct care and 84 hours of assessment annually): HACC allied health services are physiotherapy, podiatry and occupational therapy.

Demographic Characteristics of the Banyule Community

According to the 2001 Census, 78.6% of the population of the City of Banyule were born in Australia, and 19.7% were born overseas, with 13.0% of the population being born in non-English speaking countries. By 2006, the profile had changed slightly. The number of people born in Australia had decreased slightly to 75%, and the population was born overseas had increased slightly to 19.9%. The percentage of people from non-English speaking countries had also increased to 14.2%. A larger percentage of census respondents did not, however, respond to this question in 2006 (5.0% did not respond in 2006, compared with 1.7% in 2001). It is possible, then, that the percentage of the population born overseas in the 2006 census may even be slightly higher.

The largest population changes between 2001 and 2006 for people from a non-English speaking background were:

- China - increase from 0.3% in 2001 to 1.2% in 2006
- India - increase from 0.3% in 2001 to 0.7% in 2006
- Italy - decrease from 2.7% in 2001 to 2.3% in 2006

Figure 1: Major NESB Countries of Birth for Banyule Residents

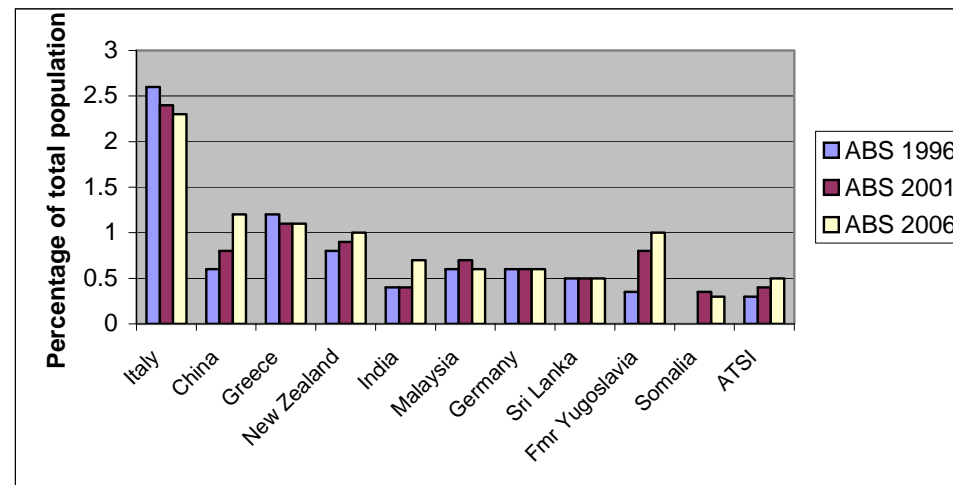


Table 1: Comparison of client contact data with ABS census community profile (July 2003-June 2007)

Country of Birth	% of population of Banyule (2001 census data)	% of clients attending by country of birth 2003-4	% of clients attending by country of birth 2004-5	% of clients attending by country of birth 2005-6	% of clients attending by country of birth 2006-07	% of population of Banyule (2006 census data)	% of clients attending by country of birth 2007-08
Australia	75		80.4	75	74	75	72
ATSI	0.4	0.6	0.7	0.7	0.9	0.5	0.65
Italy	2.4	4.72	4.6	4.1	4.1	2.3	4.8
Greece	1.1	1.45	1.4	1.5	1.8	1.1	1.3
Germany	0.6		0.6	0.7	0.7	0.6	0.8
China (ex Taiwan) ¹	0.8	0.3	0.5	0.4	0.6	1.2	0.3
Malaysia	0.6	0.3	0.3	0.3	0.5	0.6	0.3
Somalia	0.35	3.7	3.6	3.5	2.8	0.3	3.1
Other significant Arabic Speaking ²	1.0	0.8	1.9	0.3	1.8	-	-
Former Yugoslavia ³ (incl. Croatia)	0.8	0.0	1.0	0.5	0.7	1.0	1.5
Croatia	0.4	-	-	-	-	0.4	0.7
India	0.3	-	-	-	-	0.7	0.5
Sri Lanka	-	-	-	-	-	0.5	0.7

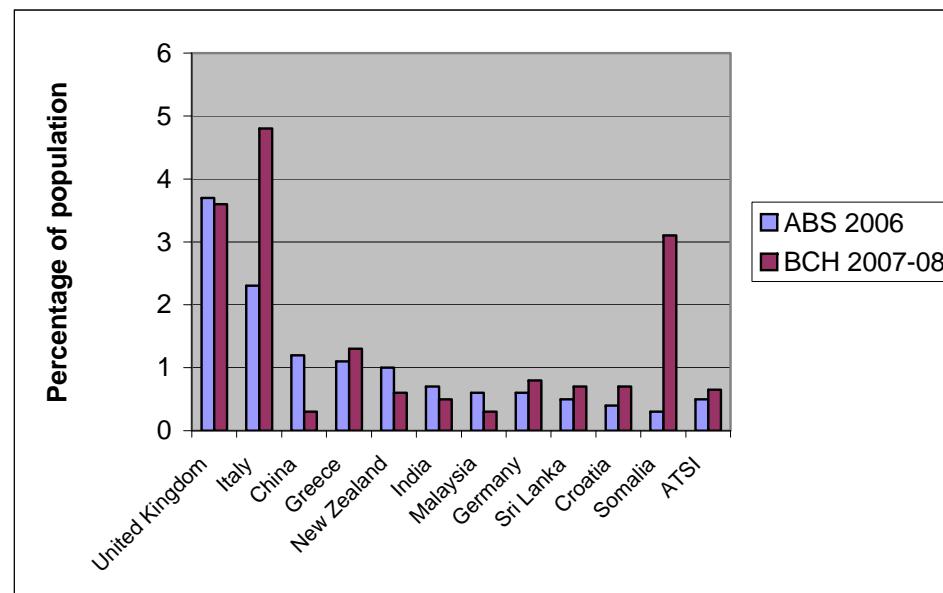
¹ China = China, SARS of Hong Kong and Macau

² Other significant Arabic speaking = The 22 member states of the League, in alphabetical order: Algeria, Bahrain, Comoro Islands, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, (Somalia – included elsewhere), Sudan, Syria, Tunisia, United Arab Emirates, and Yemen.

³ Former Yugoslav states = Slovenia, Bosnia, Herzegovina, Croatia, Macedonia, Serbia, Montenegro

Based on client contact data, notable changes in client profile at BCH in the last 12 months include a significant increase in the percentage of clients from Former Yugoslavia from 0.7% to 1.5%. Comparison of the BCH client profile with the most recent ABS data indicates that while BCH is continuing to effectively engage the Somali community, continued work is needed to engage the growing Chinese community. The growth in the population of people born in India over the last 5 years means that the health and welfare needs of this community need investigation and consideration in future planning for access. Settlement Planning Data from the Department of Immigration and Citizenship shows that of the humanitarian visas granted in the year to date were for people from Iraq and Burma. The largest ethnic group of the expected arrivals are Karen (Burmese). Awareness of the cultural issues and needs of these groups will also be incorporated into the review of the Cultural Action Plan for 2008-09.

Figure 2: Comparison of BCH Client and Banyule LGA demographics for 2007-08



Evaluation of 2007-08 Cultural Action Plan

As noted in the section above, *Development and Review of the Cultural Action Plan*, evaluation of progress with implementation of the plan is conducted annually. The plan is then reviewed according to the findings, and in response to new data on community demographics and need. The full evaluation of the plan for 2007-08 year is contained in Addendum 2. New objectives and strategies introduced following the review are highlighted in the action-plan.

The following is a summary of the achievements delivered through the Cultural Action Plan in 2007-08:

- Relationships developed with the Former Yugoslavian community and Former Yugoslavian group established at BCH
- Increased access to BCH services by the Former Yugoslavian community
- Relationship developed with Chinese group at Spectrum MRC, and hosting of Chinese New Year event at BCH in February 2008
- Development of draft Access Plans for the Chinese and Former Yugoslavian communities
- Cultural awareness training in Somali Cultural Awareness and Same-sex attractedness
- Increase in interpreter usage over the past 12 months from 207 to 318 bookings
- Six celebrations of significant cultural events: Ramadan, Eid, Human Rights Day, Chinese New Year, Sorry Day, NAIDOC week
- Translation of the complaints process into 5 community languages
- Commencement of the ATSI garden project
- Development of relationships with the ATSI liaison worker at the Mercy Hospital for Women and the staff and clients at the Maya centre

Actions outstanding and to be included in the 2008-09 Cultural Action Plan:

- QIC worksite environmental audit, which includes the cultural safety check, to be conducted in December 2008
- ATSI garden (currently in progress) to be followed through and culminate with ATSI flag-raising ceremony

Cultural Action Plan 2006/09

1. Access

Objective	Strategies	Responsibility	Timelines	Evaluation
1.1 Increase representation in client population from members of CALD communities as a whole	<ul style="list-style-type: none"> Develop an Access Checklist for CALD groups 	Quality Coordinator	March 2007	Checklist developed and procedure for use in place
1.2 Increase representation from Chinese and former Yugoslavian populations	<ul style="list-style-type: none"> Establish relationships with local Chinese community groups Establish relationships with local former Yugoslavian community groups Develop and implement access plans for the Chinese and former Yugoslavian communities 	Community Development and Communications Manager Community Health Nurse Cultural Plan Working Group	June 2007 December 2007 September 2009	Percentage increase in clients from Chinese and former Yugoslavian communities
1.2b – additional strategy for 2007-08	<ul style="list-style-type: none"> Introduce a cultural group from former Yugoslavia to BCH BCH staff to present at meetings of the Yugoslavia group on request 	Community Health Nurse	September 2007	Number of presentations delivered to the group from BCH staff
1.3 DHS consumer satisfaction survey results show CALD community is satisfied with the centre environment and services provided by BCH	<ul style="list-style-type: none"> Conduct DHS consumer satisfaction survey Analyse satisfaction levels for each of our identified significant CALD 	Quality Coordinator Quality Coordinator	April 2007 May 2007	CALD communities report being: >45% very satisfied with service provision <10% problems during visits

Objective	Strategies	Responsibility	Timelines	Evaluation
	<p>communities</p> <ul style="list-style-type: none"> Report to Managers and BOM on CALD community satisfaction with services 	Quality Coordinator	May 2007	<p>for clients whose first language is LOTE >80% report centre is sensitive to cultural background</p> <p>Report minuted in Managers and BOM meeting minutes</p>
1.4 Improve identification of need for interpreter booking at Intake level	<ul style="list-style-type: none"> Assess need for telephone interpreter training for intake staff Provide telephone interpreter training where required Remove all defaults on SCOT forms to ensure all data is collected accurately 	<p>Intake Representative</p> <p>Intake Representative</p> <p>Intake Representative</p>	<p>November 2006 and annually thereafter March 2006</p> <p>November 2006</p>	<p>Percentage of intake staff with telephone interpreter training</p> <p>No defaults used on SCOT forms</p>
1.5 Improve identification of need for interpreter booking at Reception	<ul style="list-style-type: none"> Implement VOMA Interpreter Symbol and Interpreter Card Assess need for cultural awareness training for reception staff Reception and Administrative staff training in interpreter booking procedures at orientation 	<p>Quality Coordinator</p> <p>Admin Representative</p> <p>Quality Coordinator</p>	<p>March 2007</p> <p>November 2006 and annually thereafter March 2007</p>	Number of Interpreter bookings
1.6 Increase reliability of recording of interpreter data on SWITCH by all staff	<ul style="list-style-type: none"> Include training on recording interpreter data 	Quality Coordinator	March 2006 and ongoing	Recording of interpreter time on SWITCH

Objective	Strategies	Responsibility	Timelines	Evaluation
	<ul style="list-style-type: none"> in SWITCH orientation Implement system of regular reminders for recording interpreter data with reminder for completing SWITCH data entry at the end of each month 	Quality Coordinator	October 2006 and ongoing	
1.6b – additional strategy for 2007-08	<ul style="list-style-type: none"> Discuss recording of interpreter time and collection of this data with GP practice coordinator Include training in interpreter use as part of training in the TrakIT system Explore whether interpreter time field can be mandatory in TrakIT 	Quality Coordinator	March 2008	50% increase in recorded interpreter time in 2008-09 data
1.7 - additional strategy for 2006-07	<ul style="list-style-type: none"> Establish a culturally appropriate Muslim women's water exercise group 	Clinical Services Manager	September 2007	Increased opportunities for Muslim women to participate in physical activity
1.8 – additional strategy for 2007-08	<ul style="list-style-type: none"> Subscribe to the Recharge Scheme to promote the availability of a recharge facility at BCH to users of electric wheelchairs. 	Community Programs Manager	February 2008	Increased access to recharge facilities for electric wheelchairs for disabled clients
<i>1.9 Increase understanding of the needs of the growing local Indian community</i>	<ul style="list-style-type: none"> <i>Seek partnership with Banyule City Council to</i> 	<i>Manager Community Programs/Quality</i>	<i>June 2009</i>	<i>Needs analysis of Indian community conducted</i>

Objective	Strategies	Responsibility	Timelines	Evaluation
- <i>additional strategy for 2008-09</i>	<p><i>conduct an analysis of the health and welfare needs of the Indian Community in Banyule</i></p> <ul style="list-style-type: none"> • <i>Establish links with La Trobe University International Student Services</i> • <i>Seek advice from the Banyule Maternal and Child Health services on use of their services by local Indian families</i> 	<p><i>Coordinator</i></p> <p><i>Team Leader Gambler's Help</i></p> <p><i>Community Health Nurse</i></p>	<p><i>March 2009</i></p> <p><i>March 2009</i></p>	<p><i>Planning data available on growth in Indian student population at La Trobe University and their health needs</i></p> <p><i>Planning data available in trends in use of M&CH services by local Indian families and their ante-natal and post-natal needs</i></p>
<i>1.10 Increase cultural appropriateness of intake and service access for CALD clients</i>	<ul style="list-style-type: none"> • <i>refer to strategy 6.3 under Service Coordination</i> 	<i>refer to strategy 6.3 under Service Coordination</i>	<i>refer to strategy 6.3 under Service Coordination</i>	<i>refer to strategy 6.3 under Service Coordination</i>
<i>1.11 Increase understanding of the demographics of recent humanitarian arrivals settling in Banyule</i>	<ul style="list-style-type: none"> • <i>Gather data on recent humanitarian arrivals in Banyule from Banyule City Council (in particular local Chin population)</i> • <i>Gather data on recent humanitarian arrivals in Banyule from Spectrum Migrant Resource Centre (in particular local Chin population)</i> 	<p><i>Quality Coordinator</i></p> <p><i>Manager Community Programs</i></p>	<p><i>October 2008</i></p> <p><i>December 2008</i></p>	<p><i>Planning data available on local humanitarian arrivals</i></p> <p><i>Planning data available on local humanitarian arrivals</i></p>

2. Cultural Relevance

Objective	Strategies	Responsibility	Timelines	Evaluation
2.1 Increase staff awareness of cultural issues for identified CALD groups	<ul style="list-style-type: none"> Repeat training in ATSI cultural awareness 	Quality Coordinator	July 2007	Training delivered and attendance level
	<ul style="list-style-type: none"> Repeat training in awareness of issues for same-sex attracted couples 	Quality Coordinator	December 2007 – <i>adjust timeline to January 2008</i>	Training delivered and attendance level
2.1b – additional strategy for 2007-08	<ul style="list-style-type: none"> Identify and work with an appropriate ATSI trainer to develop a training program for health service engagement of ATSI clients Investigate holding an ATSI engagement information sharing forum with other community health agencies 	Quality Coordinator/Community Programs Manager	December 2008	Training program developed
2.2 Increase staff awareness of sources of information on CALD populations	<ul style="list-style-type: none"> Review and update staff cultural resource file Increase accessibility of staff cultural resource file by placing file on intranet 	Health Promotion Coordinator	April 2007	Information in Staff Cultural Resource File is current and accessible through the BCH intranet
		Health Promotion Coordinator	May 2007	
2.3 Increase recognition of significant celebrations for our CALD community members	<ul style="list-style-type: none"> Develop cultural events calendar and place on BCH intranet for staff information Acknowledge celebrations for our CALD community in significant and 	HACC Podiatrist	December 2007	Events calendar established – staff use monitored by hits on intranet site
		Community Programs manager	December 2008	Number of cultural events acknowledged

Objective	Strategies	Responsibility	Timelines	Evaluation
	meaningful ways			
2.4 Increase appropriateness of catering for CALD groups	<ul style="list-style-type: none"> Ensure where meals are provided for groups, the food is acceptable to the community Client satisfaction with food is assessed when a group is provided with meals 	Health Promotion Coordinator Health Promotion Coordinator	October 2006 and ongoing October 2006 and ongoing	Client satisfaction with food
2.5 Ensure BCH reception and service environment is welcoming to same-sex attracted clients	<ul style="list-style-type: none"> Investigate displaying rainbow flag symbol at entrance to BCH sites 	Community Health Nurse	October 2007 – <i>adjust timelines to display symbol early 2008</i>	Rainbow flag signage displayed
2.5b – additional strategy for 2006-07	<ul style="list-style-type: none"> Conduct same-sex attractedness audit 	Community Health Nurse/Quality Coordinator	June 2007	Audit conducted and recommendations endorsed by management team
<i>2.6 Increase awareness of cultural and health needs of Burmese humanitarian arrivals in Banyule - additional strategy for 2008-09</i>	<ul style="list-style-type: none"> <i>Provide training in humanitarian, cultural and health needs of the Burmese community</i> 	<i>Quality Coordinator</i>	<i>September 2009</i>	<i>Training delivered > 25 staff participating</i>
<i>2.7 Increase awareness of cultural celebrations of the Croatian and Indian communities</i>	<ul style="list-style-type: none"> <i>Review the BCH calendar of cultural celebrations to include a celebration of the culture of local Croatian community and local Indian community (Deepavali – festival of lights)</i> 	<i>Cultural Plan Working Group</i>	<i>December 2008</i>	<i>Revised calendar available on intranet and working groups established for agreed celebrations</i>

3. Consultation

Objective	Strategies	Responsibility	Timelines	Evaluation
3.1 Increase consultation with CALD clients in planning and delivery of services	<ul style="list-style-type: none"> • Establish a Community Participation Group to facilitate consultation in planning and service delivery • Ensure membership of the Community Participation Group reflects the CALD profile of the Banyule community • Conduct focus groups with specific cultural groups for service planning and evaluation: <ul style="list-style-type: none"> ○ Chinese ○ Former Yugoslavian 	<p>Community Development and Communications Manager</p> <p>Community Development and Communications Manager</p> <p>Community Programs Manager</p> <p>Community Health Nurse</p>	<p>December 2006</p> <p>December 2006</p> <p>July 2007</p> <p>July 2007</p>	<p>Profile of the Community Participation Group reflects that of the Banyule community and includes persons from relevant CALD communities</p> <p>Number of meetings of Community Participation Group conducted each year assessed against Terms of Reference</p> <p>Number of focus groups conducted</p>
3.2 Improve feedback mechanism for clients from CALD services on the delivery of services	<ul style="list-style-type: none"> • Client satisfaction surveys provided in community languages • Where relevant, group evaluation forms are provided in relevant languages or an interpreter is made available for evaluation purposes 	<p>Quality Coordinator</p> <p>Health Promotion Coordinator</p>	<p>January 2007</p> <p>October 2006 and ongoing thereafter</p>	<p>Profile of survey respondents reflects that of the BCH client population</p> <p>Group and program evaluations include evaluations by CALD clients</p>
3.3 Increase consultation with local Indian	<ul style="list-style-type: none"> • Establish contact with the 	Community Programs	March 2009	Data on needs of local

Objective	Strategies	Responsibility	Timelines	Evaluation
(additional strategy for 2007-08)	<ul style="list-style-type: none"> and include orientation packs in LOTE • Monitor distribution of packs 			
4.4 Provide a culturally appropriate complaints procedure	<ul style="list-style-type: none"> • Translation of complaints policy and procedure into main CALD languages for our community 	Quality Coordinator & Communications Manager	March 2008	Complaints procedure available in all relevant community languages
4.5 Increase accessibility of information on BCH to the community	<ul style="list-style-type: none"> • Place translated brochures and information on BCH website • Ensure translated brochures are available in reception area • Provide hyperlinks from BCH website to MRC and ADEC websites 	HACC Allied Health Manager HACC Allied Health Manager HACC Allied Health Manager	September 2008 September 2008 September 2008	Client Information Brochure, Client Rights and Responsibilities Brochure and Complaints procedure available on BCH intranet in all relevant community languages Translated brochures available at reception Hyperlinks in place and working
<i>4.6 Increase accessibility of information on BCH HACC services to the CALD community – additional strategy for 2008-09</i>	<ul style="list-style-type: none"> • <i>Review HACC brochure and translate into community languages</i> 	<i>HACC Allied Health Manager</i>	<i>June 2009</i>	<i>HACC Brochure available in 5 community languages and distributed to new HACC clients</i>
<i>4.7 Improve promotion of BCH services to Chinese community – additional strategy for 2008-09</i>	<ul style="list-style-type: none"> • <i>Consult with Chinese worker at Spectrum Migrant Resource centre: most appropriate means of promoting services to Chinese community</i> • <i>Develop a communication</i> 	<i>Quality Coordinator</i> <i>Manager Community</i>	<i>March 2009</i> <i>March 2009</i>	<i>Consultation occurred</i> <i>Chinese</i>

Objective	Strategies	Responsibility	Timelines	Evaluation
	<i>plan for the Chinese community</i>	<i>Programs and Quality Coordinator</i>		<i>communication/marketing plan developed</i>
<i>4.8 Increase use of media to promote BCH services to the ATSI community – additional strategy for 2008-09</i>	<ul style="list-style-type: none"> <i>Seek to present on BCH services on Koori radio</i> 	<i>Community Health Nurse and member of Allied Health team</i>	<i>June 2009</i>	<i>At least one radio session delivered</i>

5. Special Program Needs

Objective	Strategies	Responsibility	Timelines	Evaluation
5.1 Increase cultural relevance of clinic environment to ATSI members of our community	<ul style="list-style-type: none"> Establish ATSI garden at new West Heidelberg site Aboriginal Flag raising ceremony at new West Heidelberg site Investigate acknowledgment of traditional owners plaques at Greensborough and West Heidelberg sites Formal statement of acknowledgement of traditional owners at BCH public forums 	<p>Community Development & Communications Manager</p> <p>Community Development & Communications Manager</p> <p>Quality Coordinator & Community Development & Communications Manager</p> <p>Quality Coordinator & Community Development & Communications Manager</p>	<p>July 2007</p> <p>December 2006</p> <p>July 2007</p> <p>December 2007 and ongoing</p>	<p>ATSI garden established</p> <p>Flag-raising ceremony conducted</p> <p>Plaques in place at all BCH sites</p> <p>% of times acknowledgement of traditional owners occurs at BCH forums</p>
5.1b – additional strategy for 2007-08	<ul style="list-style-type: none"> Seek funding through grant application for ATSI garden 	Health Promotion Coordinator/Community Programs manager	December 2007	ATSI garden grant application successful
5.2 Increase number of programs targeting CALD communities	<ul style="list-style-type: none"> BCH 2006-09 Integrated Health Promotion Plan 	Health Promotion Coordinator	October 2006	Integrated Health Promotion Plan incorporates CALD

Objective	Strategies	Responsibility	Timelines	Evaluation
	identifies and includes relevant CALD communities in its target population groups <ul style="list-style-type: none"> • Investigate funding for new programs targeting CALD communities • Establish new community kitchen for Somali community 	Health Promotion Coordinator & HACC Allied Health Manager HACC Allied Health Manager	October 2006 and ongoing June 2007	target populations Number of funding submissions for interventions that target CALD communities Community kitchen established – participation rate of Somali clients
5.2b – additional strategy for 2006-07 and 2007-08	<ul style="list-style-type: none"> • Establish a Somali community arts project to promote mental health in Somali women 	Clinical Services Manager	October 2007	Project launched
<i>5.3 Increase contacts with Asylum Seeker networks</i>	<ul style="list-style-type: none"> • <i>Develop stronger links with Asylum Seeker agencies and networks (Hotham Mission and Asylum Seeker Resource centre), and seek to establish referral processes to BCH services</i> • <i>Investigate local meeting places and supports for asylum seekers that we can link into</i> 	<i>Community Programs Manager and Community Health nurse</i> <i>Community Programs Manager</i>	<i>June 2009</i> <i>June 2009</i>	<i>Number of BCH service contacts with asylum seekers</i> <i>Number of BCH service contacts with asylum seekers</i>

6. Service Coordination

Objective	Strategies	Responsibility	Timelines	Evaluation
6.1 Strengthen relationships with agencies that provide services to our CALD community	<ul style="list-style-type: none"> • Develop and/or strengthen links with: <ul style="list-style-type: none"> ○ ATSI workers and agencies ○ Chinese Welfare association ○ MRC ○ Foundation House ○ Centre for Ethnicity in Health 	<p>Quality Coordinator & Community Development & Communications Manager</p> <p>Community Health Nurse</p>	July 2007	Number of contacts with these agencies
6.2 Maintain strong relationship with Somali community	<ul style="list-style-type: none"> • Colocation of Australian Somali Society at the West Heidelberg site 	Community Development and Communications Manager	October 2006	Australian Somali Society office located and identifiable at West Heidelberg
6.2b – additional strategy for 2006-07 and 2007-08	<ul style="list-style-type: none"> • Support the Australian Somali Society in raising funds for a hospital in Raaso, Ethiopia 	CEO	December 2008	Sufficient funds available to build hospital
6.3 Address language barriers to intake and service access for CALD communities - additional strategy for 2008-09	<ul style="list-style-type: none"> • Investigate and cost a multi-lingual automated telephone service (based on Darebin City Council service) • Investigate and seek to recruit a bilingual Chinese Service Access Worker 	<p>Administration representative</p> <p>Quality Coordinator/Operations</p>	<p>May 2008</p> <p>September 2009</p>	<p>Costings and benefits of multi-lingual telephone service presented for 2009-10 BCH Budget</p> <p>Bilingual Chinese Service Access Worker employed</p>

7. Accountability

Objective	Strategies	Responsibility	Timelines	Evaluation
7.1 BCHS has current policies and procedures in place for language services	<ul style="list-style-type: none"> Review language services policy and procedure 	Quality Coordinator	December 2006	Language Services Policy and Procedure reviewed within timelines
7.2 Monitor implementation of Cultural Action Plan	<ul style="list-style-type: none"> Continue Cultural Plan Working Group Review Terms of Reference for Cultural Plan Working Group 	Quality Coordinator Quality Coordinator	December 2006 December 2006	Terms of Reference for Cultural Plan Working Group current Cultural Plan Working Group meetings occur in line with Terms of Reference
7.3 Establish internal and external reporting processes	<ul style="list-style-type: none"> Continue internal reporting on implementation of cultural action plan via: <ul style="list-style-type: none"> Staff meetings (monthly) Managers meetings (quarterly) BOM (annually) Establish annual external report via BCH annual report 	Quality Coordinator Quality Coordinator	October 2006 November 2007	Reporting recorded in minutes of internal meetings Report on cultural plan in BCH annual report
7.3b additional strategy for 2006-07 and ongoing	<ul style="list-style-type: none"> Report on CALD access indicators in Quality of Care Report 	Quality Coordinator	November 2007 and ongoing	Feedback from DHS on appropriateness of CALD component of Quality of Care report
<i>7.4 Deliver information on BCH service Quality of Care in culturally appropriate ways</i>	<ul style="list-style-type: none"> <i>Conduct information sessions based on BCH Quality of Care report in</i> 	<i>Quality Coordinator</i>	<i>December 2008</i>	<i>Number of Quality of Care information sessions in LOTE</i>

Objective	Strategies	Responsibility	Timelines	Evaluation
	<i>community languages, particularly those with an oral language preference (Somali, Arabic, Chinese)</i>			
<i>7.5 Increase focus on access and equity issues at BCH</i>	<ul style="list-style-type: none"> <i>Review Terms of Reference of Cultural Working Group to broaden scope on access and equity issues (including homeless, disabled, asylum seekers and refugees)</i> 	<i>Quality Coordinator</i>	<i>December 2008</i>	<i>Terms of Reference reviewed</i>

Addendum 1: Evaluation of Progress with Cultural Action Plan 2006-07

Progress with the implementation of the Cultural Action Plan was reviewed at the September meeting of the Cultural Plan Working Group. Members of the group present and involved in the review were:

Meni Stefanovski	Manager Clinical Services
Siobhan Newman	Quality Coordinator
Prakashni Reddy	Physiotherapist and HACC representative
Mick Geary	Manager Community Programs
Elischka Sageman	Community Nurse
Michelle Tkocz	Receptionist
Lyn Bowland	Team Leader Counselling
Melissa Bryan	Health Promotion Coordinator

1. Access

- 1.1. The Quality Improvement Council site inspection tool is to be used to make an initial assessment of cultural safety. The site inspection will be conducted at the beginning of 2008.
- 1.2. In 2006-07 there has been a slight increase in the representation of Chinese and former Yugoslavian people in BCH client contact data. In 2006-07, the percentage of clients attending the centre increased to 0.6% from 0.4%, and the percentage of clients from former Yugoslavia increased to 0.7% from 0.5%. This still lags behind 2001 census data community profile. It will also need review following release of 2006 census data.
- 1.3. The Primary Health Care Consumer Opinion Survey (PHCCOS) found that 74% of CALD clients found the centre sensitive to their cultural background, and 13% whose first language is LOTE had problems during their visit to the centre. These findings fell short of our target for CALD communities. As a result, additional CALD strategies were written into the PHCCOS action plan. It was not possible to separate CALD client satisfaction with services from other client satisfaction data. The full report on the PHCCOS findings and action plan were reported to the BCH management team, the Board of Management and regional DHS representatives.
- 1.4. 75% of intake staff attended Cross-Cultural Communication training which included training in working with interpreters in July. Defaults continue to be used on SCOT forms. Removal of defaults was explored and found to not be practicable.
- 1.5. The number of interpreter bookings increased dramatically in 2006-07 from the previous year. In 2006-07 there were 205 interpreter bookings - a 400% increase on the previous year (findings documented in BCH *Interpreter Usage Report 2006-07*)

- 1.6. Recording of interpreter time on SWITCH did not improve in 2006-07. Additional strategies to improve recording of interpreter time will include training with the introduction of the TrakIT (HealthSMART) system, and exploring if this can be made a mandatory field. (findings documented in BCH *Interpreter Usage Report 2006-07*)
- 1.7. Muslim women's water exercise class established at Olympic Leisure Centre. Modifications to Leisure Centre made with advocacy from BCH include blinds for windows, female exercise leader.

2. Cultural Relevance

- 2.1. ATSI cultural awareness training was not delivered in-house in 2006-07 due to difficulties in finding a suitable training program to meet BCH needs in engagement of the ATSI community. It is planned that in 2007-08, BCH staff will identify and work with an appropriate ATSI trainer to develop a program that would better meet our needs. In 2006-07 staff were referred to external ATSI cultural awareness training programs where they hadn't been previously exposed to any ATSI cultural awareness. Same-sex attractedness training was held over to 2008, due to a full training calendar and the preferred training provider being on leave. Additional cultural awareness training delivered on site and above that planned for 2006-07 was Somali cultural awareness training.
- 2.2. The Cultural Resource file was updated to ensure all information was current. It will be accessible through an upgraded intranet site when the site is on line in November 2007.
- 2.3. A cultural events calendar for 2007 was developed and available on the shared drive. It will be accessible through the upgraded intranet site from November
Four celebrations were identified for the 2007 calendar year. Three of these have been conducted: International Women's Day, a NAIDOC celebration, Ramadan awareness program (information updated on Ramadan on a daily basis for the period of Ramadan) and Somali community celebration for Eid. The fourth event is to be held in December for Human Rights Day.
- 2.4. Client satisfaction with food is included in a draft process evaluation tool developed by the Health Promotion Coordinator.
- 2.5. A same-sex attractedness audit was conducted as part of investigations into improving the service environment for same-sex attracted clients. The audit identified a number of areas for improvement in the environment which have been addressed. Following implementation of all actions and same-sex attractedness training the rainbow symbol will be displayed at the entrance to both BCH sites. The audit was presented to the management team, and its recommendations endorsed.

3. Consultation

- 3.1. A consumer reference group was established to have input into the development of the BCH Quality of Care Report. CALD consumers are represented by a member of the Somali community. A model for community participation is to be developed in December 2007.

Consultations have been held with the Chinese worker from Spectrum (MRC) x1, who is assisting with advice on Chinese access issues, and the liaison person for the former Yugoslavian community x1. Plans for further consultations/focus groups will be incorporated into the development of access plans.

3.2. PHCCOS surveys were available for CALD clients in: Arabic, Chinese, Croatian, Greek, Italian, Macedonian, Serbian, Somali, Turkish and Vietnamese. None of the surveys in LOTE were used during the survey activity. The profile of survey respondents indicated that when compared with 2001 ABS community profile people born in:

- Australia were slightly over-represented (79%),
- Italy were slightly over-represented (2.9%),
- Somalia were slightly over-represented (0.5%),
- former Yugoslavia were under-represented (0.3%),
- Germany were represented in almost the same proportion (0.5%)
- There were no Chinese or Malaysian survey respondents.

Following the experience with low uptake of survey forms in LOTE, it was decided that rather than provide group evaluation forms in other languages, an interpreter would be provided to assist clients with group evaluation activities as this was likely to be more effective.

4. Information

4.1. Client information brochures in LOTE are in the process of being updated. The *Your Health Service* brochure is currently with ONCALL for translation.

4.2. The *Your Health Rights* brochure in English is being updated to reflect changes made in a policy review earlier this year. Once the English brochure has been updated it will be sent to ONCALL for translation into relevant LOTE.

4.3. It is unclear how many *Your Information Is Private* brochures have been distributed. The distribution of CALD client orientation packs needs to be monitored as a new strategy.

4.4. Due 2008

4.5. Due 2008

5. Special Program Needs

5.1. ATSI garden project underway. Plan for garden developed. Grant application submitted (refer new strategy). Behind timelines. Flag-raising ceremony on hold until ATSI garden completed.

Acknowledgement of traditional owners plaques in place at both BCH sites.

Acknowledgement of Traditional Owners procedure developed and endorsed September 2007. Implementation of the procedure is to be monitored over 2007/08.

5.2. Integrated Health Promotion Plan incorporates CALD target populations.

Funding applications have been submitted for a Somali Community Arts Project (successful), Raaso hospital project (successful), Somali community kitchens (unsuccessful), ATSI garden (pending), Chinese New Year Celebration (pending)

The grant for the Somali community kitchen was not successful, and the project was therefore not established.

Somali Community Arts Project launched by Jenny Mikakos 19/10/07. Over 70 people in attendance. Evaluation of the project showed that the women who participated reported that they had a strong sense of social connectedness to other women in the group and the project leader, that they had developed skills in basket-weaving that reflected their culture and its history, that there was a 100% rating of very high for sense of achievement.

6. Service Coordination

6.1. Contacts have been made with representatives from the ATSI community to develop an ATSI access plan.

Health Promotion Coordinator and Community Nurse meetings with MRC to discuss Chinese access issues, Community Nurse meeting with MRC to discuss former Yugoslavian access.

Links with Centre for Culture, Ethnicity and Health made to deliver training and library membership.

6.2. Australian Somali Society office collocated at West Heidelberg.

Fund-raising event held for the Raaso project in August 2007. \$18,000 raised by BCH to support project.

7. Accountability

7.1. Language Services Policy and Procedure reviewed within timelines

7.2. Cultural Plan Working Group meetings occurring as scheduled. Commitment from members of the group high with all attending regularly.

7.3. Cultural plan update a standing agenda item for staff meetings, allied health team meetings.

Reporting on CALD community access indicators in the BCH Quality of Care Report 2006-07.

Addendum 2: Evaluation of Progress with Cultural Action Plan 2007-08

Progress with the implementation of the Cultural Action Plan over 2007-08 was evaluated at the September meeting of the Cultural Plan Working Group. The group also identified new priorities for the 2008-09 year as highlighted in the action plan.

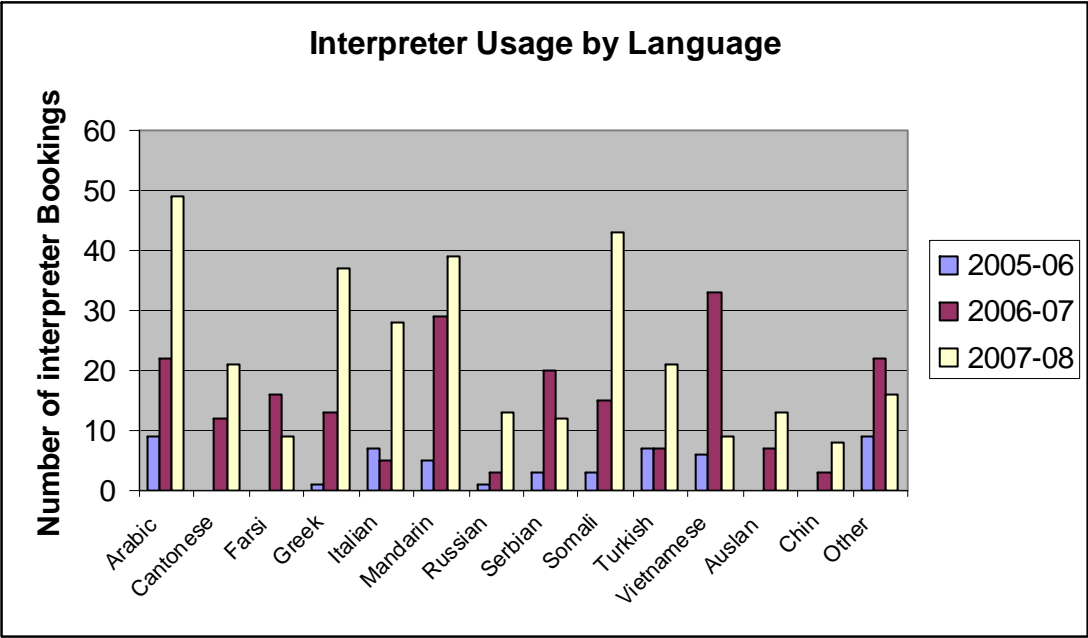
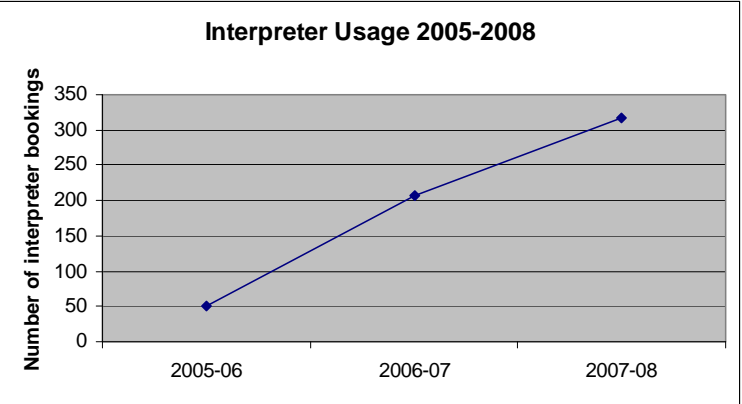
Present at the meeting were:

Meni Stefanovski	Manager Clinical Services
Siobhan Newman	Quality Coordinator
Prakashni Reddy	Physiotherapist and HACC representative
Mick Geary	Manager Community Programs
Elischka Sageman	Community Nurse
Michelle Tkocz	Receptionist
Lyn Bowland	Team Leader Counselling
Chris Lye	Team Leader Gambler's Help

1. Access

- 1.1. Due to an extension to accreditation at BCH, the QIC worksite audit which includes a cultural safety audit is now scheduled for December 2008.
- 1.2. & 1.2.b A new Former Yugoslavian group has been established in the last 12 months at BCH. The group has had BCH staff attend and deliver presentations (5 staff presentations from various teams). Service access has also increased over this period due to better engagement. Over the last 12 months, the number of clients from Former Yugoslavia has increased from 0.7% of the BCH client population to 1.5%. A relationship has also been developed with the Chinese Group at Spectrum Migrant Resource centre. The group were invited to a celebration for Chinese New Year in February 2008. About 60 Chinese people attended the celebration which involved a lion dance, lucky red envelopes and traditional Chinese New Year food including mandarins. Interpreters then assisted BCH staff take small groups on tours of the centre and explain the various services. There has not been any increase in client data for the Chinese population, however, interpreter data (see below) demonstrates a large increase in the use of Mandarin and Cantonese interpreters. Draft Service Access Plans for the Chinese and Former Yugoslavian communities have been developed.
- 1.5. Cultural Awareness training over the last 12 months was: Somali Cultural Awareness training, Same-sex attractiveness awareness training. Promotion of the use of interpreters at BCH has continued through the new staff orientation program. Over the past 3 years,

use of interpreters has grown significantly from just over 50 interpreter bookings in 2005-06 to 207 in 2006-07 and 318 in 2007-08.



- 1.6.b Interpreter time continues to be poorly recorded in BCH client information systems. In 2007-08, only 13 hours of interpreter time were recorded on SWITCH. This is the same amount of recorded interpreter time as for the period 2006-07 (12 hours, 56 minutes) and correlates poorly with the 318 bookings in the same period. In the past 12 months, the Medical Practice adopted Medical Director as its main client database. As Medical Director does not record interpreter time, the medical team manually collected interpreter use data for the first six months of 2008. It was found that 22 bookings were made in the medical area over this period. In July 2008, BCH moved from SWITCH to HealthSMART (known as TrakIT at BCH) for client information management. Interpreter use is now recorded in TrakIT. All staff have received TrakIT training. The recording of Interpreter time on TrakIT will be reviewed in 2009.
- 1.7. A Muslim women's water exercise group was established at the Olympic Village Leisure Centre in September 2007 with the support of BCH staff. The program is now running independently of the centre.
- 1.8. BCH has subscribed to the Recharge Scheme for clients who use electric wheelchairs.

2. Cultural Relevance

- 2.1. Same-sex attractedness training was held at BCH in January 2008. It was run by Felicity Martin of the same-sex attractedness project at Nillumbik Community Health, and was attended by 12 members of staff. Attendance was lower than expected due to a clash in training times with TrakIT training.
- 2.1.b A suitable trainer for ATSI engagement training was identified and initially booked to train BCH staff. The training was cancelled due to the TrakIT implementation schedule.
- 2.3. The BCH cultural events calendar was updated for 2008 and placed on the intranet. BCH has held six celebrations for significant cultural events over the past 12 months. These have included: an awareness campaign during Ramadan, a celebration of Eid, a Human Rights Day event raising awareness of Human Rights in partnership with the West Heidelberg Legal Service, Chinese New Year, Sorry Day commemoration with planting of feet to symbolise the 54 recommendations of the *Bringing Them Home Report*, and a NAIDOC celebration.
- 2.5. Following the Same-sex attractedness training, the strategy of displaying the rainbow symbol at the entrance to BCH sites was reviewed. It was decided that further work was needed in developing staff awareness about same-sex attractedness issues prior to displaying the symbol at the entrance. Individual staff who have had training and feel confident in working with same-sex attracted people are encouraged to display the symbol in their work/clinical areas.
- 2.5b The *Sexual Diversity Health Services* audit tool from Gay and Lesbian Health Victoria was used to conduct an audit of the BCH service in March 2007. The audit led to identification of areas for improvement such as provision of more information in waiting areas that is pertinent to same-sex attracted people, a review of the Client Rights and Responsibilities Charter to reflect same-sex attracted people and updating of the Your Health Rights brochure that reiterates these rights, training for staff in same-sex attractedness awareness.

3. Consultation

- 3.1. Focus groups/consultation with people from the Chinese and Former Yugoslavian communities was conducted through groups at Spectrum Migrant Resource centre. One of the outcomes of this was the relocation of the Former Yugoslavian group at Spectrum to the BCH facilities at West Heidelberg. Language barriers to service access, particularly for the Chinese community have been identified as an issue that needs consideration in the current review of the Cultural Action Plan and Chinese Service Access Plan. Improvements in use of languages other than English through the automated telephone service and intake process are needed.
- 3.2. BCH continues to make interpreters available where required for evaluation of programs and services.

4. Information

- 4.2. The Your Health Rights brochure is being updated in readiness for translation into languages other than English. It is anticipated that the translations will be completed by October 2008.
- 4.3.b The *New Client Orientation Procedure* has been reviewed to include LOTE orientation kits. These are available for distribution.
- 4.4. The complaints process has been translated into Arabic, Somali, Greek, Italian and Chinese, and is displayed on the Consumer Feedback Board at both the West Heidelberg and Greensborough sites.
- 4.5. The BCH web page was upgraded in late 2007. A section on the home page has been created for information in other languages. BCH brochures in languages other than English will be linked to this area on the internet.

5. Special Program Needs

- 5.1. The ATSI garden project commenced in July 2008 following consultation with local ATSI community representatives. The project is a partnership with the Pavilion School, a local community school with 25% local indigenous students. The flag-raising ceremony will occur on completion of the project.
- 5.1.b A grant for the ATSI garden was sought through VicHealth, however the application was not successful. As a result, BCH has provided funding for the project through its own budget for 2008-09.
- 5.2.b The Somali Community Arts Project was nominated in 2007 for a VicHealth Award for Community Arts to Promote Mental Health and Wellbeing.

6. Service Coordination

- 6.1. Work on strengthening relationships with CALD agencies has continued over the past year. The Chinese Group at Spectrum MRC were invited to participate in the Chinese New Year celebration, the ATSI liaison worker at the Mercy Hospital for Women has been supportive of our service and attended our Sorry Day commemoration, BCH staff have been working with staff and clients of the Maya centre for ATSI women in Thornbury who recently visited our West Heidelberg centre for a tour of the site and to meet staff.

6.2. b. BCH has been supporting the Raaso Project to build a hospital in Raaso, Ethiopia. To date \$150,000 has been raised for the project, and building of the hospital has commenced. BCH also organised the donation and transport of hospital equipment via container to Raaso in September 2007.

7. Accountability

7.3.b External reporting on access and equity has been established through the Quality of Care Report. BCH produced its first Quality of Care Report in October 2007, and was highly commended in the Excellence in Quality of Care Reporting Award at the Victorian Public Healthcare Awards this year. The report includes data on interpreter use, comparison of BCH client data against ABS community profile data, achievements in cultural diversity and indicators of ATSI engagement.