

Eastern Metropolitan Region

Cultural Planning Tool

Action Plan

Analysis Report

2008-2009

2009-2010

**Niquita Meyers
Sharon Porteous
Robyn Clark**



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED



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The authors, contributors, the Migrant Information Centre (Eastern Melbourne) and Department of Health (Eastern Metropolitan Region) can accept no liability for errors or omissions in this report.

This report is also available on the MIC website.

For further information please contact:
Migrant Information Centre (Eastern Melbourne)
Suite 2, Town Hall Hub, 27 Bank Street
Box Hill
VIC 3128

Phone: 9285 4888

Fax: 9285 4882

Email: mic@miceastmelb.com.au

Website: www.miceastmelb.com.au

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Glossary

ABS	Australian Bureau of Statistics
AMES	Adult Migration Education Services
AGWS	Australian Greek Welfare Service
CALD	Culturally and Linguistically Diverse
CACPs	Community Aged Care Packages
CCSSCI	Chinese Community Social Services Centre Inc.
CD	Compact Disc
CEGS	Culturally Equitable Gateway Strategy
CPT	Cultural Planning Tool
CSO	Community Service Organisations
DH	Department of Health
DVD	Digital Versatile Disc
EMR	Eastern Metropolitan Region
FAC	Funded Agency Channel
GP	General Practitioner
HACC	Home and Community Care
HEAP	HACC Equity and Access Project
LGA	Local Government Area
MIC	Migrant Information Centre (Eastern Melbourne)
MDS	Minimum Data Set
MRC	Migrant Resource Centre
NSSI	National Service Standards Instrument
ONCALL	ONCALL Interpreters and Translators Agency
PAG	Planned Activity Group
PCP	Primary Care Partnership
SCTT	Service Coordination Tool Templates
TIS	Translating and Interpreting Service
VITS	Victorian Interpreting and Translating Service

A. Introduction

The Department of Health (DH) Eastern Metropolitan Region (EMR) in partnership with the Migrant Information Centre (Eastern Melbourne) (MIC) collates the data from the Cultural Planning Tool (CPT) action plans of all Home and Community Care (HACC) funded Community Service Organisations (CSO) in the EMR. CSO are required to nominate strategies under a range of objectives for the coming year and to report on strategies implemented for the previous year. CSO provide a self-evaluation on the ease and effectiveness in implementing strategies over the reporting period. This data is then analysed and feedback is provided to the sector.

MIC and DH received the CPT action plans for the year of 2008-2009 between June and December 2008 and for the year of 2009-2010 between June and December 2009. This report provides an analysis over two years of cultural action plans – 2008 to 2009 and 2009 to 2010. The analysis includes a summary of the strategies implemented in 2007-2008 and 2008-2009 and the proposed strategies nominated by organisations for implementation in 2008-2009 and 2009-2010. The Eastern Region received 81.7% (67 out of 82) return rate of CPT action plans in 2008-2009 and 67% (55 out of 82) return rate of CPT action plans in 2009-2010.

In the EMR, HACC funded CSO identified a number of innovative, easy to do and effective strategies. In this report, best practice strategies are listed for the nineteen objectives and key findings are analysed under six categories according to the CPT framework:

- Planning and Access
- Language Services
- Consultation with Clients
- Service Development
- Marketing and Promotion
- Innovative Action Plans

Case studies are included to provide good practice examples to CSO in developing their own cultural plans. Tip boxes provide suggestions in implementing the cultural plans.

In reporting the monitoring outcomes of the 2008-2009 and 2009-2010 CPT action plans a number of best practice strategies are listed and are grouped under “Easy and Effective” and “Not Easy but Effective”. The easy and effective ratings were based on the self evaluated results that were submitted by EMR CSO in the 2008-2009 and 2009-2010 cultural plans. However, the monitoring outcomes reported under each objective are difficult to measure as not all CSO provide sufficient detail in their descriptions of the strategies implemented.

This is the final report of the CPT in its current format as changes based on the 2006 Cultural Planning Review will be introduced from 2011. A HACC Diversity Planning Group and HACC Diversity Implementation Group have been established by the Central Office of the Department of Health to plan for and implement the recommendations of the Review. This will include a broader definition of diversity and a focus on outcomes.

DH EMR will inform the CSO in the EMR of the implementation of these changes when they occur and will provide training and support to the sector in partnership with the HACC Equity and Access Project (HEAP) workers. A Diversity Guide is scheduled for release in December 2010.

The MIC in partnership with the DH EMR have provided support to CSO in the development and implementation of their cultural action plans through the provision of training as part of the HACC training calendar and through the MIC's HACC Multicultural Equity and Access Program (MEAP). The MEAP workers provide ongoing support to CSO in their implementation of their cultural action plans through the development and provision of resources, the facilitation of the HACC CALD Network and working groups.

B. Statistics of CPT Action Plan Returns

2.1 Total number of CPT action plans returned

Return	Mainstream Agency	Ethnic Agency	Total
2008-2009	58	9	67
2009-2010	49	6	55

The Eastern Region received 81.7% (67 out of 82) return rate of CPT action plans in 2008-2009 and 67% (55 out of 82) return rate of CPT action plans in 2009-2010. The lower return rate in 2009-2010 could be attributed to CSO belief that the implementation of the Cultural Planning Review would be undertaken sooner than actually occurred.

2.2 Distribution of strategies nominated

Figures 2.1, 2.2 and 2.3 illustrate the distribution of strategies nominated by CSO across the six Cultural Plan Tool objectives for the respective reporting periods, comparing 2007-2008, 2008-2009 and 2009-2010. The three graphs highlight a similar distribution pattern of the strategies nominated for each reporting year but the number of total strategies in 2009/10 is significantly less than for the previous two years – around a maximum of 80-90 in total compared to 100-120 for the other two years. Once again this is probably due to the expectation that the CPT would be replaced by another system earlier than actually occurred.

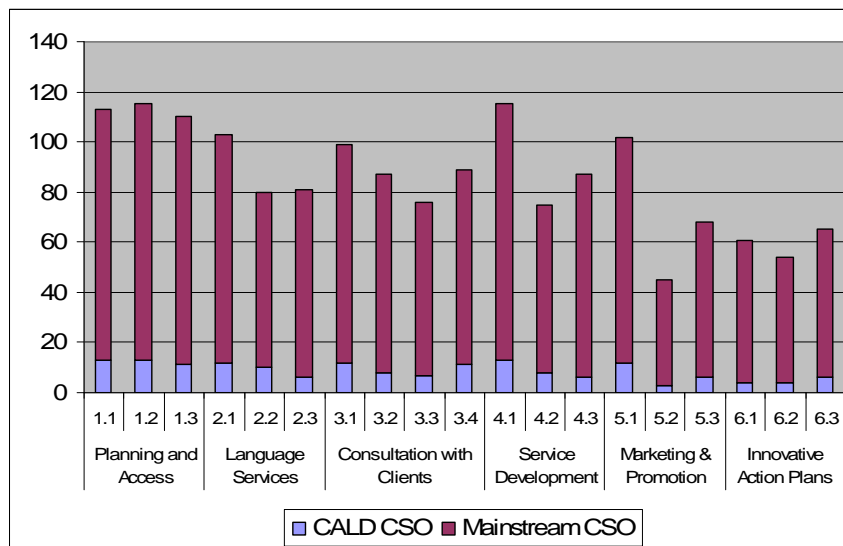


Figure 2.1 Distributions of CPT Strategies in 2007-2008

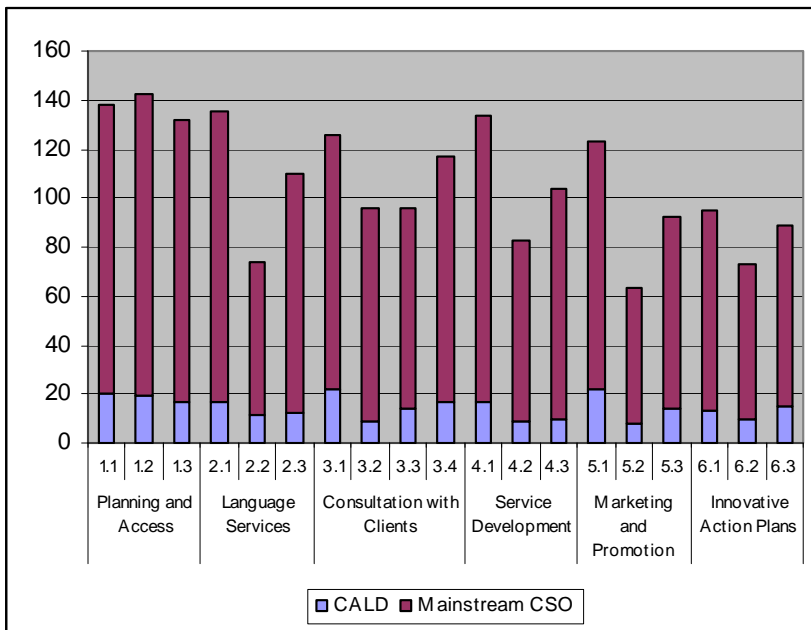


Figure 2.2 Distributions of CPT Strategies in 2008-2009

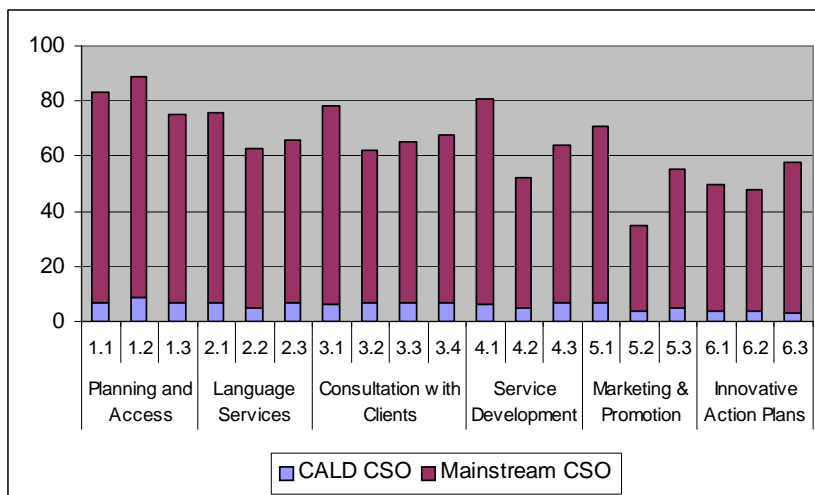


Figure 2.3 Distributions of CPT Strategies in 2009-2010

1. Strategies under “Planning and Access”

- Objective (1.1): The service has documented information relating to ethnic communities in the local catchment area*
- Objective (1.2): The service has a specific Service Plan, Policy or Strategy developed on improving services to people from a CALD background*
- Objective (1.3): The service has information about the needs of specific ethnic services*

1.1 Analysis and Innovative Strategies of “Planning and Access”

2008-2009

Planning and Access is vital in developing and implementing culturally appropriate services for culturally and linguistically diverse (CALD) communities. In the CPT action plans for 2008-2009, CSO have continued to imbed policies and procedures for working with people from CALD backgrounds and have continued to establish mechanisms for reviewing strategies implemented within their organisation.

Key strategies nominated were:

- Review and collect current demographic data of CALD population in catchment area;
- Collect data to identify dominant and emerging CALD communities;
- Update CALD resources and information about CALD communities and ethno-specific services in catchment area;
- Build links and strengthen partnerships with ethno-specific groups and agencies;
- Develop/review policies and service plans with a commitment to people from CALD backgrounds
- Attend regional CALD network meetings;
- Establish working group within CSO to work on CALD issues;
- Allocate staff to address CALD issues;
- Use of innovative methods to keep staff informed and engaged in CALD issues.

Tips

Six principals for a culturally competent organisation:

1. Include community representation and consultation
2. Integrate it into existing systems of the organisation
3. Make it manageable, measurable and sustainable
4. Frame it within an economic model
5. Show commitment from leadership
6. Provide ongoing staff training and support

Source: Centre for Culture, Ethnicity and Health, accessed 17/05/10: www.ceh.org.au/culturalcompetence/principles.aspx

In 2008-2009 CSO reported continuing to update CALD and ethno-specific service information and the analysis of relevant demographic data. The establishment of working groups within and between mainstream CSO and ethno-specific services was identified as good practice in: the planning and implementation of CPT action plans; allows CSO to share resources, for example bilingual staff; and gives CSO the ability to apply for joint funding and have a more targeted approach in promoting their services to CALD communities. In 2008-2009 a number of larger CSO allocated resources to employ a staff member to take on the role of Cultural Diversity within the organisation to develop and implement their Cultural Planning Strategies.

2009-2010

In 2009/10 many agencies indicated that they were either developing or reviewing their specific CALD policy such as the Equity and Access policy, Cultural Plan or Multicultural Policy, suggesting that they have embedded this process into their regular planning cycle. Many organisations reported on the review of services rather than review of policies, indicating some confusion about the differences.



Tips

How can your organisation share cultural information amongst staff members?

- Attend EMR CALD Aged Care Network meetings (contact MIC to join)
- Invite ethno-specific services to speak at your staff meetings
- Invite staff from CALD backgrounds to present on their culture
- Develop a resource folder in a shared area

Key strategies nominated for 2009/10 were:

- Develop a demographic profile of the HACC target CALD population of the agency by language, birthplace and proficiency in English;
- Use the data collected in planning processes and programming such as comparisons between demographics and service usage;
- Compare Minimum Data Set (MDS) data with Census data;
- Find information and brochures on relevant local ethnic communities and agencies in the target area;
- Gather information about and network with agencies at the CALD Network meetings, including development of links and partnerships;
- Update resource packs for assessment officers to include information about CALD communities;
- Invite ethno-specific organisations to showcase their services at appropriate events;
- Collect, update and disseminate information about the needs, requirements and expectation of people from diverse cultural backgrounds;
- Develop and review specific policies and plans to include, apply to or target people from CALD backgrounds eg. Equity Policy, Cultural Diversity Plan, Cultural Plan, Access, Equity & Cultural Diversity Policy;
- Incorporate cultural planning into organisation's strategic planning process and programs delivered by organisation;
- Ensure that core values, mission statement, service information and position descriptions include a commitment to working with people from different cultural backgrounds;
- Include cultural issues and considerations in the evaluation of projects to promote greater understanding of the needs of specific ethnic populations;
- Liaise with CALD working group or CALD committee to evaluate policies and plans and provide advice about implementation of strategies;
- Analyse gaps in policies and current practices relating to CALD access to services and to service delivery;
- Budget for a Project worker to continue to follow through on increasing access to service over the next 12 months;
- Maintain data base of staff languages spoken.

Some smaller ethno-specific agencies such as Lao Elderly Association and Indian Senior Citizens Association saw part of their role as supporting mainstream agencies by providing information and insight about the needs of their community.

In 2009/10 a large number of agencies reported gathering information about ethno-specific services or liaising and networking with those organisations as a key strategy in the planning and access area, including the dissemination of this information in a variety of ways to staff such as dedicated agenda items in staff meetings, staff orientation, intranet, noticeboard, resource folder, and annual report.

1.2 A summary of good practice strategies:

1.2.1 Objective (1.1): The service has documented information relating to ethnic communities in the local catchment area

Strategies implemented in 2007/08:

In this section, a number of good practice strategies are listed and are grouped under “Easy and Effective” and “Not Easy but Effective”. The easy and effective ratings were based on the self evaluated results of the cultural plans that were submitted by EMR CSO.

Strategies that were rated “Easy and Effective”

- CSO has documented information on local bilingual General Practitioner (GP), ethno-specific senior citizen centres, Migrant Resource Centre (MRC) and ethno-specific social groups in the local catchment area;
- CSO has developed a master mailing list which includes Local Government Area (LGA), regional and state-wide ethno-specific services;
- CSO continues to liaise and network with other agencies to ensure CALD clients in the area needs are being met;
- CSO collected statistics from 2006 Census and MDS regarding the CALD population in Victoria and the usage of services by them;
- Ethno-specific CSO contacts are collected and updated in mainstream CSO data base for service coordination and development;
- CSO accesses statistics about CALD Communities in LGA sourced from the Australian Bureau of Statics (ABS) Census 2006 and obtained from the MIC the Department of Immigration and Citizenship and Citizenship (DAIC) Settlement Database and LGA area Community Indicators Wellbeing report;
- CSO multicultural folder is reviewed and updated annually;
- Allied Health Team (AHT) shared drive includes current demographic data for LGA;
- Attendance at CALD workshops has given us training in how to access statistical information;
- CSO purchased MIC EMR Home and Personal Care Kit (Cultural and Religious Profiles) and distributed to staff;
- CSO produced and distributed community profiles to staff through common electronic folder;
- Staff receive regular information on local ethnic communities, through staff meetings, emails, the internet and newsletters;
- CALD information links are saved as 'Favourites' on all coordinators internet access.

Strategies that were rated “Not Easy but Effective”

- CSO received funding from the Allens Arthur Robinson Trust to undertake the project "Dementia perceptions in ethnic communities". The aim of the project was to gauge the level of understanding of dementia among various communities and to provide service providers with resources to assist in understanding the support needs of people with dementia in ethnic communities and to encourage sensitivity regarding people's

cultural differences. The information was produced as a resource kit for service providers which included a summary of dementia perceptions across twelve different communities as well as other relevant dementia related information;

- CSO analysed 2006 ABS Census data and projected in 15-20 years more people of Chinese background will be expected to access their services;
- CSO developed an Indigenous Case Management Framework; the document will be available for all staff to download from intranet. The document provides a model for case managers to work with Indigenous communities;
- Three senior staff members attended a cross cultural training day run by Prioletti consulting which provided information on the demographics and cultural makeup of the eastern region;
- CSO engaged the Health Issues Centre to develop a "new" community participation framework (CPF). Community consultation was undertaken with draft CPF available mid 2008. This will provide information and direction from the ethnic community and key stakeholders on a community level;
- Ethno-specific CSO updated information on ethno-specific Senior Citizens' Clubs in Victoria;
- CSO has a dedicated Multicultural worker who continues to work in close partnership with ethno-specific communities and services, local government and migrant information services. Having a dedicated multicultural worker has increased awareness of the communities which has enabled the CSO to establish 3 ethno-specific social support groups (Pilipino, Indian and Cambodian). It is envisaged that CSO will support these groups for a 12month period with a view of the groups becoming self sufficient;
- CSO undertook a needs assessment for the Chinese Community regarding access and appropriateness of services to community members who have Diabetes;
- The Maroondah Aboriginal Working group (Yarra Valley Community Health) in 2007-08 has employed an Aboriginal Support and Liaison Officer.

Strategies implemented in 2008/09:

Strategies that were rated "Easy/Very Easy & Effective/Very Effective"

- Review 2006 Census data to identify trends in proportion of population born overseas, and ethnic composition, particularly those with limited English proficiency;
- Service continues to monitor changing statistics and trends of local community through websites such as City of Whitehorse, MIC, Community Indicators Victoria and Adult Migration Education Services (AMES);
- Database of Chinese population in different LGAs is collected. Various research and reports are collected and studied. The needs of Chinese community are analysed for service planning and delivery. Statistics are used in service planning and funding submissions;
- Staff members from other cultures have provided lunch and information for the staff e.g. St. Patrick's Day - Irish Stew, Indonesian volunteer - Indonesian lunch;
- Folder for cultural resources located centrally within the general drive in the organisational library to ensure easy access for all staff. Information regularly updated and added. All staff have access to resources folder;
- Ensure having stocks of relevant brochures;
- Presented to staff as part of a staff in-service held during Cultural Diversity Week;
- Information and data integrated into quarterly and yearly reports as well as the cultural awareness training session;

- Cultural Care Kit now contains detailed cultural information relating to ethnic groups;
- Updated information packs are now available for volunteers containing access and equity information and advice on CALD issues;
- Continue to liaise and network with other agencies to ensure CALD clients needs are being met ensuring information is available for staff on cultural backgrounds, e.g. customs, beliefs and religion;
- Continued engagement in CALD Network meetings;
- Ongoing exchange of service information with CALD service agencies;
- The Sri Lankan Senior Citizens presented a cultural lunch for staff and spoke of Sri Lankan cultures;
- Allocated “CALD Portfolio” to staff member to focus on these issues.

Strategies that were rated “Not Easy & Effective/Very Effective”

- Demographic data updated from Council and other websites and used to inform program development;
- Staff browse through the local leader newspaper and the ethnic papers we have delivered weekly to find any local issues or information that we can share with the whole team and our clients;
- Our student developed a resource paper looking at the CALD population within our Planned Activity Group (PAG) population at the Centre and measured this against the CALD population of the City of Whitehorse, analysing the reasons for some ethnic populations not being reflected in our client group, including looking at what other services were offered within the municipality;
- Have a dedicated CALD information agenda item at team meeting, e.g. Demographics, local info, staff report – sometimes difficult to dedicate time;
- Create an Access and Equity page on the Intranet and include a resource page containing information about local communities;
- Develop a database of contact details of Ethnic and Advocacy agencies in EMR relevant to CALD communities and place link on Intranet site;
- 3-hour training provided to staff in accessing information and demographics at Council, held in lieu of All-Staff forum to enable maximum number of clinical staff to attend;
- Work with LGA’s and local service providers to understand and document information relating to local ethnic communities.

1.2.2 Objective (1.2): The service has a specific Service Plan, Policy or Strategy developed on improving services to people from a CALD background

Strategies implemented in 2007/08:

Strategies that were rated “Easy and Effective”

- The current policies and procedures continue to be audited annually by all staff at the services level and at a management level;
- CSO has visited ethno-specific groups in LGA and has discussed with clients at these groups issues regarding levels of service provision;
- CSO continued to support the Culturally Equitable Gateway Strategy (CEGS) project until its completion in December 2007. This included working in partnership on the Supported Access Project with the Primary Care Partnership (PCP), MIC, DHS, and CEGS partners. In this project, new clients from Italian, Greek or Chinese speaking backgrounds were given the option of having a CALD specific worker from

Australian Greek Welfare Service (AGWS), Co As It (Italian Assistance Organisation) or Chinese Community Social Services Centre Inc. (CCSSCI) support the process of gaining access to core HACC services at Manningham, Whitehorse and Monash Councils;

- Policy and procedures were discussed and updated annually at planning and staff meetings and tabled to meet the needs of CALD clients in PAG;
- The quality of services delivered to people from CALD background continued to be monitored at all levels. CSO has employed a project officer to examine how to improve accessibility for CALD communities in our existing business;
- The organisational strategic plan continued to prioritise CALD and indigenous population groups. Both the Allied Health Team (AHT) and other Primary care services have developed relationships with MIC and Mullum Mullum Indigenous Gathering Place (MMIGP);
- CSO included a CALD report in annual report which demonstrated a commitment to CALD clients;
- The cultural diversity committee implemented the Cultural Diversity Plan over twelve month period;
- The implementation of CSO Cultural Action Plan was reviewed on a 6 monthly basis and updated on an annual basis;
- Access and Equity plan was identified as an action in the CSO 07-08 business plan.



Tips

Where can I access demographic data?

- *Victorian Multicultural Commission (VMC)*: under the link 'Population & Migration' provides Census 2006 information including data on birthplace, language, ancestry and religion by LGA.
www.multicultural.vic.gov.au
- *Municipal Association of Victoria (MAV)*: a publication titled "Seniors from Culturally and Linguistically Diverse Backgrounds" presents demographic details including county of birth, language, English proficiency, living arrangements and need for assistance by language spoken.
www.mav.asn.au/hs/ageing/cegs#Resources
- *Migrant Information Centre (MIC)*: provides demographic profiles for each of the LGA as well as for the Eastern Region as a whole.
www.miceastmelb.com.au/demographics.htm

Strategies that were rated "Not Easy but Effective"

- CSO explored interactive ways of presenting the agency business plan, which includes the CALD component. This ensured staff are not only briefed on the plan but are passionate and committed to it;
- CSO developed program plans with an emphasis on CALD populations and targeted specific groups in the community for marketing and outreach strategies;
- CSO continued cultural planning working group, with a subsequent recommendation and consideration of an ongoing cultural planning committee;
- CSO continued to undertake a range of actions to meet outcomes of the CEGS project according to the agreed EMR CEGS Framework;
- CSO encouraged staff members from CALD backgrounds to join access and equity committee;
- CSO carried out a CALD audit and developed an action plan to implement outcomes from the audit.

Strategies implemented in 2008/09:

Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- The service plan and service delivery are monitored and reviewed in the Team Meeting and Program Evaluation Meeting;
- Include Cultural Planning Tool for HACC program as a part of planning process including in planning for delivery of and improvement of access to the PAG and social support program;
- The Cultural Diversity Committee implemented the Cultural Diversity Plan for 2008-2009 over the last twelve months;
- Completed "Aged and Community Care: Quality System, Policies and Procedures" including the Access and Equity Policy. This provided input into Council's Cultural Diversity Plan which includes CALD issues for older people;
- The Council's Positive Ageing Strategy was developed to address the needs and issues of CALD older adults as identified in the Diversity objective of the Strategy;
- Council's Operational Guidelines are currently being reviewed to better incorporate CALD communities for example, equitable access / priority of access;
- The agency has an internal resource consultant portfolio for CALD community groups;
- Quarterly reports on the progress of implementation of the Plan have been prepared for the executive management team.

Strategies that were rated “Not Easy & Effective/Very Effective”

- Policies including Access and Equity have been developed and are currently being assessed by the Committee of Management for inclusion. All aspects of planning and policy are assessed on an ongoing basis and evaluated and revised annually;
- All program plans and individual managers' work plans have a CALD focus. The integrated Health Promotion Planning process identifies key priorities for the 2009-2013 Plan such as the Chinese community;
- Program Manager has attended training on developing an organisation wide Cultural Plan in line with Strategic Plan;
- Established an interdepartmental Multicultural Liaison Group to provide coordinated advice on CALD policy, services, and resources about developmental activities. Terms of reference and the work plan 2008/09 have been endorsed;
- CALD working group developed within Aged Care to assist with the implementation of the Cultural Planning Tool strategies and to assist staff members with any CALD issues on an ongoing basis.

1.2.3 Objective (1.3): The service has information about the needs of specific ethnic services

Strategies implemented in 2007/08:

Strategies that were rated “Easy and Effective”

- CSO added additional appropriate CALD information, including HACC and MIC training opportunities to resource folder;
- CSO held a community consultation forum, 300 people from the Chinese Community participated; feedback was collated and analysed;
- CSO staff attend network meetings when possible, minutes are kept on shared drive for all staff to access;
- Dissemination of CALD information is regularly shared at staff meetings;

- CSO attends regional, state-wide and national networks for example: National Cross Cultural Dementia Network, Ethnic Communities Council of Victoria (ECCV) Aged Care Committee, EMR HACC CALD Network;
- Staff and volunteers attend cultural awareness training;
- The Transcultural services at CSO help staff to identify and develop strategies to meet particular needs and expectations of CALD clients. This was achieved through the dissemination of information about different ethnic communities, through external and internal training and through individual consultancy.

Strategies that were rated “Not Easy but Effective”

- CSO involved with a number of CALD/Indigenous networks in order to work with the CALD and indigenous community groups; to gather information about the needs of the ethnic communities in catchment area and to find out about the services provided by the ethnic sector;
- Improved working relationships with PAG, via a new HACC access and equity project which specifically works to link clients with early dementia into PAG programs. This project has gathered information about mainstream and ethno-specific PAG which has been shared across other programs.

Strategies implemented in 2008/09:

Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- Have developed relationship with local MRC or MIC;
- Have visited the Polish club in Rowville and the On Luck Chinese nursing home;
- Attended the local network meetings in Box Hill (EMR) and in Oakleigh (SMR), where various issues pertinent to the administration and delivery of HACC programs were discussed;
- Development of specific portfolio of resource consultant to increase working relationships with agencies that service CALD communities;
- The service continues to update it's information about ethnic services displayed and on hand;
- Information in relation to resources for CALD clients are made available via emails and newsletters from CALD networks;
- Provide training to staff and volunteers about CALD communities;
- Delivered a seminar to staff on Culture, Language and the Clinical Encounter as part of the Aged Care Clinical Meetings;
- Delivered monthly broadcasts (electronic announcements through the intranet of the hospital) about events that are significant to various ethnic groups;
- Celebrated and documented cultural diversity of client group and shared this with others;
- Active participation in relevant regional and state-wide networks, training and working groups to identify and address issues affecting CALD communities' access to HACC services;
- Organised and conducted meetings with CALD group volunteers. Discussed current systems and brainstormed future ideas. Discussed culture specific issues and considered best outcome solutions for group.

Strategies that were rated “Not Easy & Effective/Very Effective”

- Developed stronger links with Chinese community through participation in Chinese Speaking Out Forum organised by Chinese Social and Community Services;
- Continued to ensure that relevant staff, particularly assessment and care coordination staff are kept informed about the range of resources available regarding people from CALD backgrounds. Regular CALD updates provided at Aged and Disability Departmental meetings;
- Invited guest speaker to fortnightly staff meetings to speak about their background, their culture and what is important to them;
- Continued to have a significant level of contact with ethno-specific PAGs, thus improving awareness of community health services within the PAGs.

Case Study - Strategy 1 Planning and Access

Objective 1.2 The service has a specific Service Plan, Policy or Strategy developed on improving services to people from a CALD background

The Parent Support Network (PSN) – Eastern Region Inc is a not for profit organisation that provides information, support and advocacy to parents and carers of children with a disability living in the eastern metropolitan region of Melbourne. It is run by a Committee of Management whose role is to give support and guidance to the coordinator to ensure the service is meeting all its requirements.

Over the last few years of submitting the Cultural Planning Tool, PSN found that it was difficult to put in place any more than the most basic strategies. PSN is a very small organisation with 2 part time employees. PSN statistics showed that the service was being accessed by a very small percentage of CALD families living in the east and those families who did contact the service spoke English well. There was a concern that information about the service was not accessible to many CALD families because it was only available in English. It was also thought that service providers who supported CALD families were not passing on information about PSN because there was a lack of understanding about what the service provided to families.

In light of the findings above, it was decided that PSN needed to improve its service provision in this area and a proposal was put to the Committee of Management to consider employing a short term project worker to look at implementing some if not all of our proposed CPT strategies. With Committee’s approval a Project Worker was employed 3 hours a week for up to 6 months to prioritise strategies into those that needed implementing first and identify effective ways of doing this. The Project Worker also undertook training to better understand the barriers that families might encounter accessing the service. It was also important that the worker understood the difficulties families face when they care for a child with special needs from different cultural background.

This project is a work in progress even though the project worker has completed the identified tasks. Some outcomes have already been achieved such as organising the translation of our brochure into the 3 main languages in the eastern region. Local special schools, councils and other disability services have also been contacted and have agreed to offer the translated brochures to families.

2. Strategies under “Language Services”

Objective (2.1): Interpreters / Translators are utilised as required

Objective (2.2): Guidelines are in place for the use of Interpreters


Objective (2.3): Availability of Interpreters actively promoted in multiple languages

2.1 Analysis and Innovative Strategies of “Language Services”

2008-2009

In 2008-2009 CSO continued to embed procedures and guidelines for the use of interpreters into organisational practice and have used innovative methods to inform current and new staff on the processes for using interpreting services. Some of these methods include developing interpreter resource kits and flow charts, including information in CSO staff newsletters and purchasing a training DVD. A number of larger CSO reported an increase in the number of bilingual staff recruited. It is important for all CSO to be aware of DHS language service policy and have procedures in place if an interpreter is required regardless of whether there is a current need for interpreting services as this is a HACC National Service Standards Instrument (NSSI) requirement.

There are three commonly used language services providers in Victoria:



Tips

How can I obtain my PIN to use DHS funded credit line service from ONCALL?

1. Visit the Funded Agency Channel (FAC) website: www.fac.dhs.vic.gov.au
2. If you don't have a Username and Password, you will need to register your agency
3. Once you login, you will be able to locate your pin
4. To book an interpreter or translator call: **ONCALL on 9867 3788**

- **ONCALL Interpreters and Translators Agency (ONCALL)** From September 2007 onwards ONCALL became DHS HACC funded credit line for interpreting and translating services. DHS HACC funded CSO can access free interpreting and translating services through the credit line. A limited amount of funding is allocated to each region per month. If the allocated amount has been depleted for the month, CSO may need to pay for the language services or make booking for the next month.
- **Translating and Interpreting Service (TIS)** is a Commonwealth funded interpreting and translating service. Commonwealth funded CSO may be able to access some free of charge interpreting and translating services. Your Departmental contacts will assist to check your eligibility or CSO can pay for their services directly.

- **Victorian Interpreting and Translating Service (VITS) Language Link**

All interpreting and translating services are provided according to a fee schedule. CSO will need to establish an account with VITS before a booking can be made.

Key strategies nominated by CSO in 2008-2009 were:

- Display of language maps, national interpreter symbol and multilingual signage;
- Use of innovate methods to inform current and new staff on the use of language services e.g. flow charts, interpreter kits, and training;
- Employ bilingual workers and develop a database of languages spoken by staff;
- Monitor and review the use of interpreters;
- Translated materials are developed and made available e.g. Brochures, forms, handbooks;

- Continue promoting availability of interpreter services through CSO brochures, newsletters, displays and website.

In comparison to mainstream CSO most ethno-specific CSO seldom use interpreters as clients/members speak a common language and bilingual workers are employed. However, interpreters are utilised for information forums where the guest speaker is English speaking and when translating printed material for clients, as not all bilingual staff have the skills to translate written information. Ethno-specific services also advocate for the use of interpreting services when accessing mainstream services.

In 2008-2009 a large number of CSO reported translating service brochures in key community languages, as well as accessing translated materials from the DHS HACC website and the Health Translations website.

2009-2010


Feedback from the sector at MIC training continues to indicate that some agencies are not aware of how to access the Department of Health credit line for interpreters. Some mainstream agencies report that they do not need to use interpreters; or that their participants prefer to use family members; or that they are flexible about interpreters if families wish to interpret. Strategies most often identified by agencies related to promoting that interpreters are available for clients and that staff are aware of how to access interpreters. Key strategies nominated by CSO for 2009-2010 were:



Tips

Bilingual Staff and Volunteers

- Bilingual staff/volunteers are very helpful in terms of communicating with clients. It is not recommended to use bilingual staff/volunteers as interpreters or translators, see DHS Language services Policy guidelines regarding use of multilingual staff
www.dhs.vic.gov.au/multicultural
- It is important **not to use** English language students to translate materials for the CSO as they may not have sufficient English skills to correctly translate or interpret information
- Centre for Culture Ethnicity and Health, “Bilingual Staff Roles and Organisational Supports,” provides useful tips on supporting Bilingual staff
http://www.ceh.org.au/downloads/bilingual_staff_roles_supports.pdf



Tips

☑ Checklist: Preparing Translations

- Develop a community profile
- Choose your languages
- Don't include too much information
- Use simple terms
- Use short, easily understood sentences
- Avoid double negatives
- Avoid official, legal and professional jargon
- Avoid lengthy titles – try to break them up
- If something is difficult to explain consider whether you really need to include it

The Health Translations Directory has translated resource that can be downloaded:
www.healthtranslations.vic.gov.au

- Promote interpreters to clients through service brochures and handbooks, staff, ethnic media, information displays, signage, posters, and service website;
- Ensure referring organisations are aware that interpreters are available;
- Incorporate the interpreting symbol into signage;
- Document interpreter requests on client files;
- Provide reception with a “Find your language map” for common languages in target area;
- Ensure staff information about accessing language services is current;
- Existing and new staff attend language services training;
- Develop clear guidelines for language services use and promote widely to staff;

- Keep a folder/file/poster/wall chart/information pack with all relevant information about interpreter services and PIN numbers up to date and available for all staff;
- All staff view the language services training DVD and measure the effectiveness of this strategy;
- Discuss interpreter use at staff meetings;
- Maintain registration with ONCALL;
- Continue to offer or utilise interpreters when clients require assistance with interpreting/translating either over the phone or in face to face contacts in order to access services;
- Encourage all volunteers and staff to use language and phrasing appropriate to the cultural needs of all members;
- Have "ONCALL" experienced and qualified bilingual worker to provide consultations, assessments and care planning in specific language (ethno-specific organisation);
- Establish, document, review language services policy/kits, including discussion with CALD clients and carers to determine whether meeting client needs;
- Exchange information with like agencies about effectiveness of language services and to assist with planning;
- Develop translated brochures about service based on local demographics and using CALD focus groups to ensure information is easily understood and culturally appropriate;
- Include translated information on agency website;
- Translate client information, service information and website information into Easy English for top 5 languages in target area;
- Monitor the use of interpreters;
- Actively recruit and maintain a register of bilingual staff and volunteers;
- Advocate for increased resources in budget to provide interpreting and translating.

2.2 A summary of good practice strategies:

Good practice strategies implemented in 2008 under objective (2.1), (2.2) and (2.3) have been combined to reduce repetition. CSO need to be mindful they are not repeating strategies implemented under several objectives.

2.2.1

Objective (2.1): Interpreters/Translators are utilised as required

Objective (2.2): Guidelines are in place for the use of interpreters


Objective (2.3): Availability of Interpreters actively promoted in multiple languages

Strategies implemented in 2007/08:

Strategies that were rated “Easy and Effective”

- Recruiting appropriate bilingual staff remained a priority;
- CSO incorporated training on the use of interpreters and translating services into the staff and volunteer induction process;
- CSO included information on the use of interpreters in staff orientation manual;
- CSO utilised HACC training calendar to provide appropriate and relevant training to staff;
- CSO purchased DVD to train staff in working with interpreters;

- ONCALL provided "Communicating cross-culturally" training to CSO staff. The training was also used as an opportunity to celebrate the Harmony Day;
- Staff were trained in "Use of Language Services" training run by MIC;



Tips

☑ Checklist: Checking & Finalising Translations

- Arrange a language-specific focus group with clients
- Ask bilingual worker to check the translation against the original
- Ask bilingual worker to restate it in English, to check that they received the intended message
- Ensure the name of organisation is provided in English
- Write the topic in English and indicate language on the front page of the publication

- Staff continued to be educated in how to use the "St Georges Hospital Interpreter Bookings" calendar and "Interpreter Booking and Record of Service Form". The information about the possibility for sharing services of an interpreter was delivered to all St George's staff regularly;
- All new staff had access to buddy support if unfamiliar with the interpreting process;
- CSO produced an interpreter kit which included guidelines on appropriate use of interpreters, as well as the telephone number, access code and language identification cards;

- CSO held a training workshop on how to organise interpreter services using ONCALL resources formed part of CSO annual staff training calendar. The workshop included a refresher component on procedures for working with interpreters. An easy to follow step-by-step instruction for ONCALL online and telephone booking services was produced in a small poster format and was permanently displayed on their office walls for easy reference;
- ONCALL flow chart for accessing interpreters prominently displayed on the staff noticeboard and office areas for easy access. Use of interpreter is a standard agenda item for Day Activity Centre bi-monthly meeting. Staff are reminded at each meeting to familiarise themselves on how to use interpreters;
- CSO undertook an audit of staff knowledge on accessing interpreters;
- Staff awareness continued to be raised as to the importance of using interpreters. This was done informally by speaking to individual staff and formally through training. Articles and hints on breaking language barriers have also been printed in Council's Home Care Newsletter "HACC Connections";
- DHS Policy documents "Cultural diversity guide" and "Language services policy" are available to staff;
- CSO accesses ONCALL language services as required for individual clients and community forums. CSO has allocated a budget for interpreters at team levels;
- CSO identified HACC staff that speak a language other than English; a total of 12 different languages were identified (Polish, Greek, Cantonese, Mandarin, French, Italian, Malay, Dutch, German, Spanish, Maltese and Sinhalese). CSO is able in many cases, to match clients with carers, based on language and culture;
- A working party involving carers and an assessment officer developed a system of 'Flash Cards' for use with CALD clients. These cards have common words in English and another language (Polish and Greek are the initial languages translated) as well as an image and how to correctly pronounce the words;
- Interpreters were regularly used by staff across the agency, interpreter costs have increased over the last few years. All new clients come through a central intake system

that includes service coordinators conducting an initial needs assessment and booking interpreters for first appointments as necessary. Service coordinators and staff have ready access to an easy system for booking interpreters;

- CSO obtained ONCALL PIN for each service outlet;
- Service Coordination Tool Templates (SCTT) and intake screening tool can identify need for interpreters;
- Language maps were posted in the reception area of all offices;
- CSO promoted interpreter services through the use of interpreter card, the interpreter symbol and customised posters;
- Client orientation information included information about availability of interpreters. Clients were also offered the service verbally when they make any enquiries;
- Pamphlets and information sheets were produced in Cantonese, Greek and Italian;
- General information brochures and clients rights and responsibilities were translated into the four most prevalent languages in catchment area: Greek, Chinese, Italian and Sinhalese;
- CSO general information pamphlet included interpreter information in the four most common languages spoken in the catchment area;
- CSO website was modified to provide interpreter information;
- The interpreter symbol, card and the related promotional material were incorporated during the Multicultural displays at the AAV Dementia and Memory Community Centre.

Strategies that were rated “Not Easy but Effective”

- CSO has a process in place to ensure that interpreting services are provided even when the DHS Credit Line funds run out. In addition, interpreter usage is recorded on the database;
- CSO continue to proactively recruit staff from CALD backgrounds that speak community languages. Staff come from a diverse range of backgrounds including those that are predominant in catchment area e.g. Chinese, Greek, Italian;
- Promotional material for social support activities and information sessions were translated into Chinese and Vietnamese;
- Interpreters used on-site and over the phone as required;
- New employees are educated about roles of translators and interpreters in their work;
- All guidelines regarding the use of interpreters were reviewed and new policies in line with HACC policies were implemented;
- CSO client database records whether an interpreter is required for each assessment. These figures are reviewed on an annual basis;
- CSO continues to seek funding opportunities to update brochures.

Strategies implemented in 2008/09:

Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- Staff recorded need for interpreter on client record for future reference;
- Current information about language services is updated on notice board;
- Maintained registration with ONCALL;
- Provided regular updates, reminders and training for staff to follow language service guidelines and booking procedures;
- Front line workers are trained in use of telephone interpreters;
- A folder with PIN information and guidelines is located centrally for all staff to access;

- Interpreter use is discussed at staff meeting once per year;
- Organisational orientation program includes accessing and using interpreters;
- Use the Department of Human Services DVD for staff training;
- Provide “buddy” support for staff to access interpreters;
- Monitored budget expenditure on interpreters to determine usage;
- Developed translation plan to ensure effective translations completed in relevant translations;
- Provide rights and responsibilities information in multiple languages;
- Produced translated service information;
- Completed the policies and procedures for language services;
- Guidelines have been added to the cultural care kit for staff;
- Staff are reminded to consult the guidelines eg. At monthly staff meetings;
- CALD portfolio holder presented information to staff about using interpreters;
- Information updated on shared computer drive;
- Fact sheet produced which outlines how to use an interpreter service;
- Inform volunteers about interpreter services;
- Signs, information pamphlets in multiple languages used in the entry foyer and other strategic locations;
- Language Map poster displayed at front entrance;
- Accessed and displayed interpreter symbol eg. On website, in newsletter, calendar of events;
- Information cards on accessing telephone interpreting service are available;
- Ensure referral agencies are aware that interpreters are available to clients;
- Service pamphlets and information kits highlight interpreter availability;
- The telephone number to access interpreting services is listed in the Knox HACC Client Rights and Responsibilities document provided to all clients.



Tips

Where can I access the National Interpreter Symbol?

- You can access the symbol or order any free-of-charge resources by visiting:
<http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/interpreter-card-and-symbol>
- The symbol provides an easy way of indicating where people with limited English proficiency can go for language assistance



Strategies that were rated “Not Easy & Effective/Very Effective”

There were only a few organizations that identified strategies implemented that were not easy but very effective. Some were similar to the above. The following indicate that relaying information about using interpreters and encouraging appropriate use of interpreters is still challenging for organisations:

- Staff are trained in and informed about critical issues surrounding interpreter use;
- Organisational wide induction program including service provision to CALD clients;
- Developed policy for all PAG staff members and Social Support volunteers outlining when staff members may and may not act as interpreters, and when/where professional interpreters must be utilised;
- The "Use of Interpreters" policy and "Guidelines for Working with Interpreter Services" have been continuously promoted to staff;
- Promoted the availability of interpreters on CSO website with changes made to the web page as required.

Case Study - Strategy 2 Language Services

Objective 2.2 Guidelines are in place for the use of interpreters

Hawthorn Community Education Centre (HCEC) specialises in learning programs for older and disabled members of the community, including those from culturally and linguistically diverse backgrounds. We aim to promote a positive view of ageing and disability by providing community education programs that meet the diverse needs of older, disabled and socially isolated adults. The purpose of these programs is to maintain and develop the skills and abilities that promote personal well-being, further educational opportunities and community connectedness.

In 2008, HCEC aimed to provide easy to follow guidelines on how to use the interpreter service to promote easy access for all staff.

At the annual staff training session on how to access interpreter services, it was agreed that the instructions should be in a simple and clear format so that all staff felt confident in accessing this service as required. This was particularly important as most staff are part-time.

Using the given instructions, the Centre Coordinator and the Multicultural Programs Coordinator designed a format which was set out in 10 easy-to-follow steps. This was accompanied by two additional documents; Working with an Interpreter and What I need to Say, What I need to Ask. These documents consist of simple easy points to guide the interview process.

Once completed, these documents were tested in a second staff training workshop for feedback on ease of access. Discussion and suggestions were noted and implemented into the document. Once finalised, these documents were produced in poster format (A3), laminated and are displayed in each of our offices for easy access.

As HCEC rarely needs to access this service, these posters have made it very easy for staff to remain familiar with the processes involved because they see the posters every day (subliminal reinforcement) and through annual refresher workshops. This was a simple but effective way to ensure that staff can feel confident that they are able to access this service as required.

3. Strategies under “Consultation with Clients”

Objective (3.1): Involvement in decision making

Objective (3.2): Quality Assurance

Objective (3.3): Processes in place to assist and encourage CALD clients in consultation processes

Objective (3.4): Processes in place for coordination and / or referral with other relevant agencies, e.g. ethnic & advocacy agencies

3.1 Analysis and Innovative Strategies of “Consultation with Clients”

2008-2009

In 2008-2009 CSO continued to involve people from CALD backgrounds in the consultation process, some strategies implemented were: the recruitment of people from CALD backgrounds onto reference group/committees; inviting CALD clients to planning days and informal group discussions. CSO identified client satisfaction surveys as a valuable tool in gaining regular feedback from HACC clients. Specific strategies to facilitate the participation of CALD clients in the consultation process strategies included promoting the availability of interpreters for feedback, providing translated surveys and translated information of policy and procedures for complaints.

Key strategies nominated by organisations under “Consultation with Clients” were:

- Representation of CALD communities on consumer reference groups, working groups and committee of management;
- Small groups discussion or planned 1:1 meetings with CALD clients and carers to discuss needs;
- Involve CALD clients / representatives in planning days;
- Feedback encouraged from CALD clients through client satisfaction surveys;
- Develop and implement strategies to support the involvement CALD clients through providing interpreting services and translated information;
- Develop and maintain partnerships with ethno-specific agencies;
- Monitor referral protocols between mainstream organisations and ethno-specific organisations;
- Provide information to CALD clients on complaints procedures.



Tips

Translated HACC information available online:

‘Your Rights and Responsibilities as a HACC Services User: Brochure’

This brochure is available in 20 different community languages and can be downloaded from: www.healthtranslations.vic.gov.au

‘Consumer Privacy Information Brochure and Consumer Consent Forms’

This information is available in over 50 different community languages and can be downloaded from: www.health.vic.gov.au/pcps/publications/languages_privacy.htm

EMR CALD Aged Care Network

To keep up to date you can join this Network and receive information and updates about equity and access issues in the EMR to community aged care services for CALD communities.

The HACC CALD Network in the Eastern Metropolitan Region was acknowledged as an effective regional network, with CSO valuing its role in providing partnership opportunities and in sharing service information for service coordination and establishing referral pathways.

In 2010 the EMR HACC CALD Network broadened its focus to include all community aged care services and is now called the EMR CALD Aged Care Network.

The PCP SCTT was identified as a useful and effective tool in making referrals between organisations. CSO have embedded the SCTT in their service system; both ethno-specific and mainstream organisations are using the SCTT and e-referrals to make referrals. HACC CSO are mandated to use the SCTT for referrals and are strongly encouraged to use them for the collection of initial data of service users.

2009-2010

In 2009/10 a large number of agencies identified strategies to ensure that referral and coordination processes are in place for CALD clients and that CALD clients are consulted about their services. Fewer agencies identified strategies to ensure quality assurance processes for CALD clients and involvement of CALD communities in decision making processes. Key strategies nominated were:



Tips

Engaging CALD Consumers

The more that CALD consumers are able to participate in diverse ways, the more likely an organisation is to be responsive to their needs. Different strategies could include:

- CALD Consumers on Boards of Management
- Consumer Planning Days
- Consumers on Project Reference and Steering Groups
- Consumer Advisory Groups
- Focus Groups
- Information Sessions and Printed Materials

For more information on engaging CALD consumers in planning, implementation and evaluation visit:
www.ceh.org.au/resources/publications.aspx

Source: 'A Practical Guide to CALD Consumer Participation', Centre for Culture, Ethnicity and Health, accessed 21/05/10: <http://www.ceh.org.au/resources/publications.aspx>

- Recruit CALD community members onto Committee of Management, Advisory Committee, Board of Governance, Access & Equity Committee or Consumer Reference Group;
- Invite CALD representatives to attend a committee meeting to see how they are run and what is involved;
- Provide support to CALD Committee of Management members to assist them to participate fully eg. Clarifying discussion matters prior to meeting, use simplified language during meetings;
- Provide appropriate ways for CALD clients to participate in the consultation process for example verbal evaluation during discussion groups;

- CALD clients are informed via qualified interpreter and/or translated information about the complaints/compliments process, privacy and confidentiality, rights and responsibilities;
- Consider CALD requirements with implementation of new quality assurance framework;
- Representative of Quality Committee will also attend Cultural Diversity Committee;
- Ensure adequate representation of CALD HACC clients in satisfaction surveys and focus groups to improve feedback opportunities for CALD clients receiving services and offer interpreters where needed;
- Involve CALD clients in the review of relevant documentation in the information pack and / or the carers handbook;
- Interpreters are organised when any major service changes are being planned and clients are consulted;

- Participate in relevant networks in the region including HACC CALD Network, local government networks etc. to improve partnership with CALD communities and their representatives;
- Visits to or from with culturally specific groups, clubs and services and provide presentations about service if requested;
- Ensure mailing list includes CALD groups for newsletters and invitations to events;
- Ensure that staff are aware of how to access up to date information regarding CALD groups;
- Assessment staff, in consultation with clients and carers, will provide information and make referrals about culturally appropriate options and services including ethno-specific PAG or social support groups, ethno-specific Community Aged Care Packages (CACPs) providers and bilingual staff;
- Invite CALD agency workers to conduct community information sessions aimed at the ethnic groups within the community of Ashburton;
- Update register of agencies and document referrals to ensure information current and relevant.

3.2 A summary of good practice strategies:

Good practice strategies implemented in 2008-2009 under objective (3.1), (3.2) and (3.3) have been combined to reduce repetition, all strategies listed can be reported under any of these three objectives. CSO need to be mindful they are not repeating strategies implemented under several objectives.

3.2.1

Objective (3.1): Involvement in decision making

Objective (3.2): Quality Assurance

Objective (3.3): Processes in place to assist and encourage CALD clients in consultation processes

Strategies implemented in 2007/08:

Strategies that were rated 'Easy and Effective'

- CSO recruited representation from CALD groups to Committee of Management (COM);
- CSO extended invitations to people from CALD backgrounds to participate in the positive ageing forum executive;
- Client consultation meetings remain a regular program inclusion. Clients and carers are involved in program planning committee. The membership consists of 1 carer, 1 client, 1 staff member, 1 volunteer and guests as required;
- PAG staff and volunteers meet to discuss and devise a draft term program prior to the commencement of each term. In the first week of each term the draft program is then discussed with PAG clients, any suggestions for changes and or alternative activities are taken on board and incorporated into the final program;
- CSO provided support to CALD clients at their Community Partnership Meetings - "Your participation is important to us", interpreters were available if required;
- CSO conducted consumers and carers' surveys annually. Results were analysed and actions were discussed in team meetings and program evaluation meetings;
- CSO continued to encourage clients to participate in decision making by survey's, planning days and participation on Committee of Management, working parties and other opportunities as they arose;

- CSO consulted with staff member from CALD background on customer service review process;
- Reviewed all policies and procedures regarding decision making and aligned these with the National HACC Standards. The Centre will also review the compliance of decision and choice to the current Disability Service Standards;
- Staff were made aware that “What you can expect when you use our service” pamphlet was available in Arabic, Chinese, Greek, Italian, Polish, Spanish and Vietnamese;
- CSO evaluated all current policies and procedures as part of their 3 year HACC accreditation audit process;
- Developed a Client “Rights and Responsibilities” brochure;
- All new clients sent introductory letters including information about rights and responsibilities, complaints and grievance procedures, interpreters, and service delivery;
- CALD members were informed of availability of interpreters for advocacy procedures;
- CSO held formal consultation meetings each month and regular informal 1:1 and small group sessions; especially if there is a need for more time and different methods of communication;
- CSO continued to advise clients and carers of program content through client care plans at referral and at monthly carer support meetings;
- HACC carers, including those from CALD backgrounds, were involved in business planning processes on ways to attract clients and improve service delivery;
- CALD members who are interested in being involved in a consultation process looking at service delivery were identified.

Strategies that were rated ‘Not Easy but Effective’

- CSO has currently 3 representatives on the Consumer Reference Group from CALD backgrounds;
- CSO held regular client consultations on a 6-monthly basis. This increased client involvement has resulted in increased participation and a greater sense of program ownership. Specifically, positive responses have been noted to changes such as amended group meeting times, and the establishment of a computer literacy class for CALD members to enable them to keep in contact with family and friends both locally and overseas;
- CSO has established a HACC Consumer Reference group to advise on planning and service delivery;
- CSO encouraged 2 CALD members to actively participate in the Consumer Voice Committee. One member was from non-English speaking background their involvement on the Consumer Voice Committee has enhanced their confidence;
- CSO continued to explain consumer’s rights to the clients when they commence services. Client feedback and input is valued. Flexible communication channels are provided to client’s e.g. verbal, in order to suit the need of clients who may not be able to read and write;
- CSO monitors service delivery by conducting telephone surveys 8 weeks after commencement of service, and again after 3 and 12 months;
- CSO conducts regular quality monitoring visits by HACC staff to ensure that clients are receiving the best and most culturally appropriate service available;
- CSO prepared several questionnaires during the year, which included "Food as a cultural experience", "Client satisfaction survey" and "Transport survey";

- CSO developed a complaints and compliments form for clients and families to provide feedback;
- CSO translated complaints procedures in a number of major languages;
- CSO conducted annual internal and external audits;
- CSO developed CALD engagement and activities database with key contacts to facilitate the consultation process;
- CSO receives regular feedback from the Vietnamese Carer support group through the Client feedback questionnaire which is sent out to clients with a translated evaluation letter. The letter informs clients that interpreters are available on request to provide verbal feedback.

Strategies implemented in 2008/09:


Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- Encourage CALD participation on decision making bodies such as Committee of Management Board;
- Maintain and support CALD participant for Access & Equity Committee;
- The client representative for the Planning Committee is from a CALD background and often contributes to suggestions for cultural program activities, outings or menu planning;
- The Social Support program has continued to encourage the direct involvement of CALD clients and volunteers in the creation and running of its programs. The program has developed within a consultative framework that depends greatly upon the support and involvement of CALD members. Clear communication lines are present via email, phone, letter or via the numerous face to face meetings organised;
- Translated complaints procedures, privacy information and advocacy procedures in key languages;
- Intake worker provides updated translated information to Chinese clients at initial home visit;
- Trialled bilingual evaluation forms;
- Specifically ask CALD clients if their needs are being met;
- Translate annual questionnaire and provide assistance from interpreters to complete if required;
- Representative from quality committee also attends cultural diversity committee;
- Use translated questionnaires or interpreters to translate English versions for clients and assist with completion;
- Small group sessions to continue with CALD clients who find large discussion groups difficult to understand. Interpreters provided for consultation process if client or carer requests this service. All clients/carers to be asked at least annually if they would like an interpreter present;
- Bilingual volunteers and/or staff utilised with CALD clients in order to consult on specific issues with these clients and include them in consultation processes;
- Translate invitations to agency forums and consultation meetings;
- Used ethnic media to advertise consultation processes;
- Involve CALD groups in development of service brochures;
- Ensure client background is recorded to assist with consultation processes.

Strategies that were rated “Not Easy & Effective/Very Effective”

- Representation exists from diverse groups on decision making bodies/groups;

- Several CALD members of our programs have been approached as part of their recruitment process for our Committee of Management and one has recently expressed interest in joining;
- Maintain CALD participants on Board of Governance and on Participant Committee;
- Continue to embed the new community participation plan that includes a CALD community advisory group - Community participation plan initiated with 2 community advisory groups established representing dental and chronic disease areas. Dental have CALD representatives on the group and although the other group does not have a CALD representative, the reception review picked up issues relating to interpreter access and CALD information;



Good Practice Example

The carer of a current client was having difficulty encouraging her mum to attend the program due to communication issues. After discussion with the daughter we were able to:

- Increase outing based activities so that the client was able to enjoy the visual aspect of day outings to rural and bay areas;
- Post a Wanted Ad on the programs winter newsletter for a Russian Speaking Volunteer;
- Google Local Russian Community Services;
- Print Cue Cards via Eastern Community Health Services Web site;
- Include the carer in activities when appropriate;
- Discuss possible supports for the client & carer via the Russian Welfare Society.

- Involved the community, clients and carers in the planning of services through consultations, discussions and surveys. Not easy as it increases workloads and extensive management time; at the same time requires good organisational skills. It is effective as it involves all members to participate;
- Health Promotion Planning process has sought CALD consultation, particularly Chinese;
- Integration of CEGS processes and learning's into service delivery including improved feedback from CALD clients, better reporting of CALD utilisation of HACC services and ongoing partnership and

linkages with relevant groups targeting CALD communities;

- Undertook Service Impact Review with 4 CALD individuals from one community to examine the quality of services;
- Staff have visited and connected with a limited amount of CALD groups within the community; this has assisted with discussions and consultation process.

3.2.2 Objective (3.4): Process in place for coordination and/or referral with other relevant agencies, e.g. ethnic & advocacy agencies

Strategies implemented in 2007/08:

Strategies that were rated 'Easy and Effective'

- CSO continued to send out information regarding service provision by mail, meetings, drop-ins and electronically on a regular basis as part of their marketing and service development strategy;
- CSO maintained and monitored established protocols and guidelines to meet the needs of CALD communities within the catchment area which included some joint assessments with ethno-specific agencies;

- CSO continues to strengthen its links and explore possible partnership in future projects with agencies such as MIC, AMES, The Chinese Women's Association and the Indo-Chinese Association and the Chinese Social Services;
- CSO is a member of the PCP and use the e referral system with SCTT;
- CSO staff attended network meetings when possible;
- Ethno-specific group committee member attends the HACC Network meetings on a regular basis and updates mainstream services on the activities of the group and any arising issues;
- CSO has developed extensive partnerships as part of Elderly Chinese Project which facilitated referrals;
- CSO developed and disseminated a resource of all ethno specific agencies, GPs and allied health staff who speak languages other than English for staff and intake and referral officer;
- CSO has developed policies and procedures for coordination with agencies;
- CSO has started to identify services in the EMR that support CALD families of children with a disability;
- CSO has maintained and strengthened informal partnership with the Chinese Community Social Services and their clients and carers;
- CSO has procedures in place to support CALD clients with coordination and ongoing referrals to ethno-specific providers i.e. a referral to Fronditha was made to increase support to client and his family;
- Ethno-specific service completed SCTT referral forms for with client details, for referral to mainstream service providers.

Strategies that were rated 'Not Easy but Effective'

- CSO advised staff and volunteers via email of new CALD resource information stored in a common computer network drive;
- CSO actively participated in the EMR HACC CALD network;
- CSO forwarded information about their services to ethno-specific and multicultural organisations to improve referrals;
- CSO followed PCP service coordination guidelines for coordination and referral;
- CSO referred to Infochange Service Seeker for details of CALD providers;
- The information and resources about appropriate services for referral and advocacy for people from CALD backgrounds who use St Vincent' were updated and stored in staff resources folder for easy access to information;
- CSO maintains ongoing contact with MIC and other relevant ethno-specific agencies and community groups;
- Staff from Chinese background (in particular the Chinese Diabetes Educator) has developed good relationships with Chinese GPs in catchment area to develop strong referral pathways and improve communication processes;
- CSO staff make referrals based on knowledge of service activities outlined in the MIC newsletters;
- CSO service co-ordination staff have access to The Human Services Directory via their desktop;
- CSO provides information through internal Bulletin (Friday Bulletin) to staff;
- CSO has protocols in existence with some agencies and an MOU exists with the MIC;
- CSO linkage work with PAGs continues and has increased due to the work being done by the HACC Access and Equity Dementia project. This project, along with the chronic disease program, has a focus on engaging CALD clients.

Strategies implemented in 2008/09:

Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- Continue to collect information about relevant agencies and distribute to staff;
- Establish a referral register for provision of information to staff/students;
- Share information about service providers through VicNet or Infoxchange Service Seeker;
- Maintain current data base contact lists, pamphlets and other material specific to ethnic services;
- Ensure all clients have phone numbers of available relevant culturally appropriate resource agencies to assist in event of emergency;
- New information added to resource folder includes training sessions and list of contacts for further information;
- Visit a variety of CALD agencies and refer volunteers to CALD agencies to assist in their service delivery, for example the Louise Multicultural Community Centre, BOR African Community and the MIC;
- Actively participate in CALD Networks;
- Staff attend the Polish festival at the Polish club in Rowville and the open day at "On Luck" high care nursing home.

Strategies that were rated “Not Easy & Effective/Very Effective”

- Information and resources about appropriate services for referral and advocacy for clients from CALD backgrounds are constantly updated on the intranet and are accessible through the resources folder/section of the cultural diversity folder so that staff have easy access to that information;
- Chinese diabetes education working group continues to actively seek to engage Chinese GPs;
- Maintain links with ethno specific PAG groups to assist appropriate referrals of ethno-specific PAG clients to our services with a specific focus on older CALD clients with dementia, and CALD clients with chronic disease;
- Continue utilising E-Referral process for assessment and when referring client to mainstream and other service providers;
- Visit other agencies and invite inspection from them to familiarise and strengthen network and ease of communication and referral, including two open days for ethno-specific groups;
- Develop a productive and positive working relationship with Fronditha Care in the EMR to support the community to access services.

Case Study - Strategy 3: Consultation with Clients

Objective 3.3 Processes in place to assist and encourage CALD clients in consultation processes

Strathdon Community is the largest aged care facility in the East Victoria Region of Uniting Aged Care Victoria & Tasmania, a not-for-profit organisation of the Uniting Church in Australia. Strathdon Community is in Forest Hill, a residential suburb in Melbourne's east, where it has been caring for aged persons since 1968. It comprises Independent Living Units, Residential Aged Care Services – (high and low care), Day Therapy Centre, Day Activity Centre (HACC) and Packaged Care.

In 2008, Strathdon Community aimed to facilitate a connection with the CALD Communities in the EMR (Indian, Chinese, Italian and Greek) by visiting the Senior Citizen Clubs and hosting “open days” or joint cultural celebrations in our Centre/Program. Specifically, this included:

- Information sessions regarding our services and tours of the facilities with the CALD Communities in the EMR (Indian, Chinese, Italian and Greek)
- Information sharing by presentation of CALD traditions and cultures
- Yearly consultation forum with clients, carers, volunteers, and staff regarding the activities program and printed material i.e. Program's brochure and clients/carers handbook
- Bilingual staff assist in organising celebration of culture and tradition

The above strategies were implemented after discussion at the annual planning meeting of Strathdon Community. The outcomes included an updated PAG brochure which incorporated a photo of CALD client and carer; a Memorandum Of Understanding with the Indian Senior Citizens Association of Victoria; and incorporation of suggestions in consultation with clients/carers group such as suitable outings, relevant activities and carers participation in the programs.

The recommendation for translation of PAG brochure into languages of the main CALD communities accessing our services was not actioned due to lack of funds. It will be considered for future funding from our organisation innovation fund.

4. Strategies under “Service Development”

Objective (4.1): Staff Development and Recruitment

Objective (4.2): Data is relevant to the needs of CALD clients

Objective (4.3): Understanding the needs of clients from a CALD background

4.1 Analysis and Innovative Strategies of “Service Development”

2008-09

In 2008-2009 CPT returns, organisations continued to implement innovative strategies in the recruitment of staff and volunteers. These strategies demonstrated a commitment to valuing diversity in the workforce and the importance of improving cultural sensitivity amongst staff and volunteers. An emphasis was placed on the recruitment of volunteers with a number of agencies participating in the “Increasing Cultural Diversity in Volunteering” project coordinated by the MIC piloting a volunteer mentoring program. Some agencies reported a notable increase in the number of CALD staff and volunteers recruited. A number of larger CSO employed Cultural Diversity Officers or assigned a staff member the CALD portfolio to coordinate and implement the Cultural planning strategy.

CSO identified cultural awareness training and cultural specific briefings as central to staff development and in understanding the needs of clients from CALD backgrounds.

Key strategies nominated by organisations were:

- Provide ‘cultural awareness’ and ‘use of language services’ training to all staff and volunteers;
- Develop employment strategies to recruit staff from diverse cultural backgrounds;
- Position descriptions describe a commitment to working with diverse communities;
- Staff and volunteer orientation includes a cultural awareness component;
- Develop a database of bilingual staff and volunteers within the organisations;
- Collect relevant client data (e.g. language spoken at home, country of birth, etc.) and review to identify gaps in service;
- Processes/systems in place to learn about needs of CALD community;
- Attend networks to obtain updated information about CALD communities.



Tips

Points to consider when recruiting staff and/or volunteers

- Include valuing cultural diversity in job descriptions and job advertisements
- Ensure that your staff/volunteer profile reflects the demographics of your catchment area
- Consider advertising in ethnic media
- Consider translating volunteer brochures in community languages
- Identify and develop strategies to meet special needs arising as a result of the recruitment of CALD volunteers

Useful Information Sheets available online include:

1. *Recruiting Bilingual Staff* → www.ceh.org.au/downloads/recruiting_bilingual_staff.pdf Centre for Culture, Ethnicity and Health
2. *Inviting Cultural Diversity in Volunteering: Information Sheet 1* → www.miceastmelb.com.au/documents/volunteer/MICVol_InfoSheet1_Policy.pdf Migrant Information Centre (Eastern Melbourne)
3. *Inviting Cultural Diversity in Volunteering: Information Sheet 2* → www.miceastmelb.com.au/documents/volunteer/Info_Sheet_2_Communication.pdf Migrant Information Centre (Eastern Melbourne)

2009-2010

In 2009/10, several organisations reported about having systems in place to share and learn more about the needs of people from CALD background. This was typically achieved through the collection and analysis of data (e.g. country of birth, language spoken, interpreter required, etc.). A handful of organisations mentioned creative ways in which they were able to learn about people from a CALD background which included cultural celebration days and asking CALD staff and/or clients to share information at staff meetings.

Many organisations found it easy and effective to include cultural awareness training into different areas such as staff appraisals, the agency training plan and staff and volunteer orientation. It was positive to find that a number of organisations that returned the CPT are continuing to show a commitment to recruiting staff and volunteers from diverse cultural backgrounds.

- Provide internal training that focuses on 'cultural awareness' as part of HACC staff and volunteer training;
- Staff to continually be supported and encouraged to attend training through HACC program relating to CALD clients / Cultural Diversity;
- Continue to record all staff training that is specific to cultural needs of CALD clients, as part of staff individual professional development;
- Targeted recruitment of bilingual/multilingual staff based on identified needs of current clients and based on the demographic profile of older CALD population;
- Advertise for staff and volunteers in CALD media;
- Encouraging staff and volunteers to reflect on their own cultural identity and how that impacts their daily lives;
- Include cultural awareness in staff orientation and appraisals;
- Carry out an audit on the number of bilingual staff;
- Orientation of new staff and volunteers to include guidelines for access and use of interpreters;
- Ensure data collection systems are updated and report on Country of Birth and Language spoken at home (or preferred language);
- Review report systems on PAGES to test that current information gathered on activities delivered and outcomes comprehensively reflect the needs of CALD clients;
- Through staff meetings, memos and bulletins, staff members are provided with opportunities to be briefed on emerging communities and their associated needs and complexities, and to share their knowledge.

4.2 A summary of good practice strategies:

4.2.1 Objective (4.1): Staff Development and Recruitment

Strategies implemented in 2007/08:

Strategies that were rated “Easy and Effective”

- CSO identified training needs of relevant staff on completion of staff performance appraisals;
- CSO made HACC training information available to all staff;
- CSO ensured staff attended at least 2 CALD training sessions a year to enhance and develop communication skills in their interactions with CALD clients and to foster an understanding of different cultures;

- CSO continued to encourage CALD applicants to apply for advertised positions;
- CSO informed volunteers of any CALD training available at combined group meetings, individual group meetings and in the internal newsletter;
- Cultural awareness is part of the CSO induction program;
- A training workshop on how to organise interpreter services using ONCALL resources formed part of CSO annual staff training calendar. The workshop included a refresher component on procedures for working with interpreters. An easy to follow step-by-step instructions for ONCALL online and telephone booking services was produced in a small poster format and is permanently displayed on CSO office walls for easy reference;
- CSO developed a register of languages spoken by respite staff to facilitate effective communication between staff and carers;
- CSO CALD officer has undertaken formal studies in CALD communities at Victoria University and applied this knowledge to the role. The CALD officer will upgrade this knowledge and apply this to policy and practice as required;
- CSO successfully targeted and recruited volunteers from CALD communities;
- CSO recruited 6 new volunteers, 3 of whom were from CALD backgrounds CSO piloted the MIC buddy system to aid them to learn the volunteering role they would be doing. This worked very well and all the volunteers are involved in the support groups;
- CSO increased the number of direct care staff who speak a second language. 80% of their last intake of Carers spoke at least two languages. All employment advertisements encouraged potential Home Carers who speak other languages to apply for HACC positions. At the time of interview, prospective carers further discuss their language skills and abilities. Additional support was offered to staff with limited English in areas such as map reading, understanding timesheets and wherever else required;
- CSO worked hard on retaining CALD staff by celebrating cultural festivities such as Chinese New Year. This has increased awareness and appreciation for all staff.

Strategies that were rated “Not Easy but Effective”

- Three staff completed Cert IV Community Services (Lifestyle & Leisure) which included a unit of CALD training;
- 50% of CSO staff and volunteers speak one or more languages other than English. Languages include Russian, Italian, Greek, Polish and Thai;
- CSO placed "Volunteers Wanted" notice on service window and several CALD community members applied for volunteer positions who are currently attending English language classes and wish to volunteer to improve their English language skills;
- Staff individual work-plans identified training needs regarding working with specific CALD communities;
- CSO rolled out and implemented the Competency Directory and Dictionary for recruitment and performance management (individual work-plans). Training & Development Executive Officer assisted the teams and individuals to implement training plans and also worked with cultural diversity officer to look at cultural competency and cultural training program;
- Staff conducted a short presentation to other team members during team meeting after they have attended training sessions. Training information and teaching materials are filed in master file;

- CSO developed Cultural Awareness and Culturally Competent Care training workshops for all staff. The topics of the workshops include: "Culture and Pain"; "Culture and Diet" and "Culture and Sick Role";
- CSO included a key selection criteria around multilingual skills in their recruitment process;
- A cultural diversity officer was appointed to develop a Cultural Plan to look at a range of cultural issues and planning. In relation to staff development, a cultural resource page on the intranet was developed to provide easily accessible cultural resources to staff; a cultural diversity section in the online induction training was completed; and cultural training programs organised by DHS or other providers were promoted in the training calendar. Individual staff objectives and activities related to cultural diversity were recorded in individual work-plans;
- CSO continues to recruit bi-lingual staff and staff from CALD backgrounds. Currently 12 staff speak a language other than English (4 new bi-lingual staff were recruited in the last 12 months) and 18 volunteers who speak 20 different languages;
- CSO staff recruitment panels have had representation from people of CALD backgrounds where possible;
- External Cultural Awareness and Culturally Competent Care training were organised for all staff. Presentations included "The refugee experience and caring for refugees", "Death and Dying Forum" and "Harmony in our multicultural society";
- CSO volunteer coordinator has undertaken training with regards to recruiting CALD volunteers.

Strategies implemented in 2008/09:

Strategies that were rated "Easy/Very Easy & Effective/Very Effective"

- Staff attended CALD training and information sessions on Italian and Chinese Culture;
- HACC assessment staff have availed themselves of opportunities for training through DHS HACC program;
- New staff have been employed in this last year with "experience with working with people from culturally diverse backgrounds" in the selection criteria;
- Employment of a bi-lingual staff members and volunteers. The service continues to encourage CALD applicants to apply for advertised positions;
- Working with the MIC on a multi-media package that looks at promoting volunteering within the CALD community;
- Discussions with MIC and other HACC providers about recruiting staff from diverse cultural backgrounds;
- CALD awareness issues are raised during induction, within staff meetings and in supervision;
- Ensure that staff and volunteer orientation includes cultural awareness component;
- Orientation of new staff and volunteers to include guidelines for access and use of interpreters.

Strategies that were rated "Not Easy & Effective/Very Effective"

- Staff training program reviewed to ensure inclusion of diversity training;
- A comprehensive training schedule has been put in place for staff. Session topics are adapted to each group according to their cultural make up, educational background, the CALD clients they deal with and their specific requirements/requests. Topics

range from basic cultural awareness training, understanding a specific CALD community (e.g. the Chinese speaking community) to other topics;

- Continue to implement and embed the new Cultural Planning model over the next 12 months across the organisation, with a focus on engaging consumers from CALD backgrounds in each program area. Within the CP model there are plans to set up a number of specific forums as "voices for access" to encourage those less likely to access mainstream services.

4.2.2 Objective (4.2): Data is relevant to the needs of CALD clients

Strategies implemented in 2007/08:

Strategies that were rated "Easy and Effective"

- CSO incorporated consultation with CALD clients in all research;
- CSO staff had access to internal multicultural folder for information as required;
- CSO Social Support Program has translated its general program information sheet into Italian, Greek and Chinese to assist potential clients in these groups to access information about the services;
- MDS data collection is standard practice within CSO;
- CSO continued to track and record data in relationship to the program, clients, SRS homes, PAG clients, program volunteers and so forth. Any information of relevance to CALD strategies or needs is flagged to management;
- Brochures in other languages and information given from DHS e.g. Privacy and the HACC services was given to CALD clients;
- Collected CALD data to inform and enhance service planning and delivery;
- CSO has altered data base and volunteer application form to allow the collection of data on volunteers who speak another language;
- Ethno-specific group updated group members details annually, information included local government area to assist with referral to mainstream services;
- Ethno-specific group has continued to collect data on where members live to assist in applying for appropriate funding;
- CSO forms were reviewed and updated for relevance to the CALD population;
- CSO asked CALD clients on initial contact whether they would like information sent to them in their spoken language or English. All efforts were made when requested to present information in the relevant language;
- CSO staff source and access cultural resources to celebrate cultural themes and festivities e.g. Greek Independence Day, Chinese New Year etc;
- CSO recorded CALD client data collection on a monthly basis for management reference;
- CSO produces and distributes six-monthly profiles to staff through internal bulletin.

Strategies that were rated "Not Easy but Effective"

- CSO Cultural Diversity Officer has started to work with PR & Marketing Coordinator on how to promote services within the CALD communities;
- CSO client management database recorded country of birth, preferred languages, interpreter needed etc. Reports can be generated via the database;
- CSO analysed data about people from CALD backgrounds who use the service;

- CSO monitored the growth of HACC CALD clients compared to the general HACC population in catchment area, with particular interest placed on the Chinese community which appears to be the fastest growing CALD community in catchment area;
- CSO completed a CALD Research Project which investigated their current CALD client numbers compared to latest ABS figures for the general population.

Strategies implemented in 2008/09:

Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- Working actively with staff, volunteers, clients and carers on ways of improving the service and supports with emphasis on Social Support and Respite Services;
- Staff actively accessing data re local migrants and their needs, and participating in the IEPCP CALD social inclusion process addressing social isolation in emerging CALD populations;
- Initial Needs Identification at access ensures data collection promotes and captures needs relevant to CALD clients. Assessment and review identifies changing needs process;
- Clients and staff are encouraged to work as a team promoting wellbeing, good health and good line of communication ensuring preferred language/dialect, use of interpreter etc are clearly documented in history;
- Continue to collect data about participants that identifies preferred language, if interpreter required and place of birth.



Tips

Understanding the Needs of CALD Clients

- The Migrant Information Centre has developed Cultural and Religious Profiles to assist home and personal care workers in providing culturally sensitive care. These can be downloaded from the MIC Website
www.miceastmelb.com.au/documents/mep/H&PCarekit.pdf
- The Migrant Resource Centre Canberra & region Inc produced “The Cultural Dictionary” which contains basic information on topics such as population, ethnic composition, language, religion, general attitudes, personal appearance, greetings, gestures, visiting and eating habits, lifestyle, family and marriage practices of people from a variety of ethnic and linguistic backgrounds
http://www.dhcs.act.gov.au/_data/assets/pdf_file/0/17/5282/Cultural_Dictionary.pdf

Strategies that were rated “Not Easy & Effective/Very Effective”

- Review of internal database system carried out to ensure accuracy of client information recorded. Summary of MDS reports provided to key staff members to get updated information on utilisation levels of CALD clients;
- CSO now has a 'Social and Cultural Needs' form that Assessment officers fill out to capture any specific CALD needs.

4.2.3 Objective (4.3): Understanding the needs of clients from a CALD background

Strategies implemented in 2007/08:

Strategies that were rated “Easy and Effective”

- All staff attended at least one training program on cultural awareness;
- CSO celebrated relevant CALD days giving background to celebrations;

- CSO continued to promote HACC training calendar and MIC training flyers to all staff and volunteers;
- CSO Cultural Diversity Officer attends monthly Consumer Voice Committee (VIC) meetings to discuss a range of issue about service delivery. The Consumer Participation Project Worker has recommended the organisation to translate "complaints and compliments" information into other languages;
- CSO client management database software has a 'Social and Cultural Needs' form that Assessment officers can fill out to capture any specific CALD needs;
- CSO continued to work with diverse groups in the community through other programs such as a VicHealth program working with artists and community with issues related to mental health and social/geographic isolation. These programs provided informative experience to the CSO in working with CALD client needs;
- Ethno-specific group organised a number of guest speakers from mainstream service providers to deliver information sessions to members on relevant topics;
- CSO hosted a celebration of the "Chinese Moon Cake Festival", the Program Co-ordinator of CCSSCI presented the history of the Moon Cake Festival to our clients and staff. 30 clients, carers and staff from CCSS attended the celebration;
- CSO maintained and developed relationship/partnerships with MIC and relevant ethno-specific agencies;
- CSO kept up-to-date with new and emerging communities through networking with other agencies;
- CSO continued to attend multicultural community festivals, seminars and expo's;
- CSO attended Victorian Hospital Diversity Network meetings;
- CSO fortnightly newsletter for staff regularly contained articles on different cultural profiles and included information on external training courses on cultural values, migration experiences and settlement issues. The newsletter has proven to be an excellent resource for providing information and self-training to Carers. One of the 3 members who created the newsletter is from a CALD background, and uses her position to raise awareness of CALD issues.

Strategies that were rated “Not Easy but Effective”

- CSO provided training from ONCALL for all staff on cross-cultural communication;
- CSO staff undertook CALD specific culture training relevant to the local demographics;
- CSO invited representative from ethno-specific groups and ethno-specific agencies to speak to staff at staff meeting or training sessions;
- CSO ran a cultural awareness workshop for staff involved in our CALD specific programs in response to issues around diverse cultural styles of communication. This resulted in increased awareness and tolerance of others;
- CSO engaged with existing community groups and identified gaps and opportunities for CALD service development e.g. Chinese.

Strategies implemented in 2008/09:

Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- Continued representation on the HACC CALD network and attendance at appropriate training and information forums;
- Relevant CALD days calendar downloaded from the MIC website and celebrated with explanation of why such days are celebrated;
- Staff include CALD needs of clients in morning briefing to volunteers;

- A staff member conducted a brief presentation on her cultural background at the staff meeting;
- Have access to the Home and Personal Care kit which outlines cultural and religious profiles to assist in providing culturally sensitive care and effective communication;
- At the time of initial assessment, staff member to liaise 1:1 with carer and client to identify individual needs to ensure delivery of 'person centred care' approach in relation to CALD clients;
- The newsletter has proven to be an excellent resource for providing information and self-training to Carers. One of the 3 members who create the newsletter is from a CALD background, and uses her position to raise awareness of CALD issues.

Strategies that were rated “Not Easy & Effective/Very Effective”

- Launch "Perceptions of dementia in ethnic communities" project which provides profiles of 12 communities and their perceptions of dementia. Ensure resource is promoted to service providers;
- Through staff meetings, staff members are provided with opportunities to be briefed on emerging communities and their associated needs and complexities, and to share their knowledge;
- Quarterly surveys were conducted to assess client satisfaction with services delivered under the HACC PAG program. On the basis of information collated from client surveys, program activities were altered where necessary to meet the expectations of the client group.

Case Study A – Strategy 4 Service Development

Objective 4.2: Data is relevant to the needs of CALD clients

The City of Boroondara is an eastern suburbs local government with the following characteristics:

- Population of approximately 168,000.
- 4100 individuals aged 85 or more
- 32,000 residents aged over 60 years
- 69% of Boroondara residents born in Australia
- Recent increase in the number of residents born in China and India
- 122 languages other than English are spoken by residents
- Top 5 languages spoken by people aged 60+ at last Census: Greek, Italian, a Chinese language, German and Polish.

In 2010, the City of Boroondara launched our Cultural Diversity Plan 2009-2013. The central pillars of the plan sit within Council's vision to strengthen the community in this culturally diverse municipality. There are four priorities:

- Recognition and celebration of cultural diversity
- Partnerships and advocacy
- Culturally responsive service delivery and
- Accessibility of Council.

Council's Ageing and Disability Services Department (ADS) responds to requests for services that enable residents of Boroondara to live independently for as long as possible. Individual services such as delivered meals, home and personal care and respite are provided. We promote health and wellbeing through information provision, celebration at events and fostering partnerships with CALD networks and communities. Residents can be linked with a club or get involved in social and recreational activities provided by Council. There are also active U3A, Life Activities, exercise groups and seniors centres. These activities are supported by council's community transport and social support programs.

Assessment officers, home support, community bus and social support staff respond to needs during their visits to residents. At visits, the City of Boroondara Assessment Tool has been revised to include identification of residents from CALD backgrounds.

CALD Assessment Tool

Our capture of social and cultural data is improving continually. Data relating to the needs of clients from culturally and linguistically diverse communities is collected for each client. On initial contact with our Intake Office, the need for an interpreter is assessed. A staff member then visits the client and uses our assessment tool. The tool contains a series of questions relating to social and cultural needs. They include:

- Country of birth
- Need for an interpreter
- Main language and other languages spoken
- Open-ended questions relating to cultural background and needs eg interests, food preferences, religious practices, & details of migration experience.

Assessment staff download information in other languages from many websites. We are currently translating our handbook into the top five languages.

Case Study A – Strategy 4 Service Development Continued

Findings

- 252 of our approx. 4000 clients have expressed a preference for an interpreter
- Where possible, home support staff and clients who share the same language are matched
- Twelve of the twenty-seven social clubs have a membership of primarily Greek, Italian, Armenian, German, Chinese or Vietnamese speakers
- Actively seek formal and informal partnerships with ethno-specific agencies
- Food services offer culturally varied food choices. This will be expanded on 1 December 2010 when Community Chef commences to supply a range of ethno-specific meals.
- Ability to provide increasingly meaningful statistics is improving with the addition of new questions about Social and Cultural Needs.

The addition of the CALD component to the City of Boroondara assessment tool has proven beneficial to date. It is anticipated that benefits will continue to be identified as use of the tool continues.

Case Study B – Strategy 4 Service Development

Objective 4.3 Understanding the needs of clients from a CALD background

Interchange Inner East (IIE) is a not-for-profit charity which provides respite for families with a child with a disability in the areas of Boroondara, Whitehorse, Manningham and Monash. We have several programs which provide this respite, one of which is the Recreation Program. This program targets families with children aged 12-35 years, and provides respite through recreation, on weekends during term time, and also school holiday camps and activities.

Two workers from IIE attended the “Understanding Chinese Communities” seminar run by MIC in August 2009. This prompted us to include a range of recreational activities which would target Chinese and Indian clients, and be relevant to their culture. In October 2009, several recreation groups caught the train into the city to the Immigration Museum, where they participated in the Lantern and Moon Cake Festival. This was followed by kite making and a delicious moon cake afternoon tea.

In June 2010, two Bollywood discos were arranged and these were attended by 85 clients. Most of the participants dressed up in saris and scarves, and a very colourful atmosphere was created. We ate samosa’s (and pizza), and decorated the hall Bollywood style. Seema (pictured) was in her element, as she learns Bollywood dancing and looked beautiful in her sari. She even taught her friends some new moves (*Permission provided to print photograph by Interchange Inner East*)



5. Strategies under “Marketing and Promotion”

Objective (5.1): Dissemination of promotional material

Objective (5.2): Service Imagery

Objective (5.3): Use of Technology

5.1 Analysis and Innovative Strategies of “Marketing and Promotion”

2008-2009

In 2008-2009 CSO continued to use innovative strategies to engaged CALD communities and raise awareness and understanding of HACC services. Strategies implemented included agency visits, aged care expos and through the celebration of cultural festivals. CSO found that a multi-dimensional approach was the most effective in promoting their services to CALD communities. A large number of CSO reported the use of translated service information as a key strategy. CSO continued the use of technology in promoting services to CALD communities and in sourcing and sharing relevant CALD resources for staff. The



Tips

Points to consider when marketing and promoting to CALD communities (Part 1):

- It is critical to seek advice from the community in developing a promotional strategy for CALD communities
- Literacy level in own language and English comprehension
- Length of settlement in Australia
- What community networks are in the catchment area (churches, mosques, temples, seniors citizen clubs and individuals within the targeted community e.g. doctors)
- Is there ethno-specific media for the targeted community?
- What are the media preferences of the target community (e.g. radio, newspaper, TV)
- Use of local resources for dissemination (e.g. libraries, community centres and local papers)

Internet was cited as a good source for sharing developed and translated resources and showcasing good practice, organisation Intranets were also mentioned as a good medium to share resources amongst staff members.

Key strategies nominated by organisations under “Marketing and Promotion” were:

- Information is promoted via ethnic media;
- Attend local ethno-specific festivals and event;
- Disseminate information to community venues such as libraries, General Practitioners, Councils etc;
- Translated service information is on display and includes images of CALD population;
- Use of the Internet/Intranet to provide relevant information (e.g. availability of interpreters) to clients, carers and staff.

2009-2010

Majority of the organisations in 2009/10 reported that the Internet was an easy way to share translated resources and information with other organisations, staff, volunteers, clients and their families. Some organisations identified that the Intranet was also a valuable way to share information internally amongst staff and volunteers.

Similar to the previous CPT returns, organisations continued to use a variety of strategies in which to disseminate promotional material to engage CALD communities. The dissemination of information was implemented in a number of different ways through bilingual health professionals, newsletters, local libraries, churches, community radio, community

newspapers, MIC's, senior citizens clubs and other social clubs. In addition, several organisations reported that they found it easy to include images of people from a CALD background in their material.

Key strategies nominated for 2009/10 were:

- Disseminate translated information to bilingual general practitioners;
- Set up a small working group to identify local relevant contacts and community networks, and look at effective ways to disseminate promotional material about the range of programs;
- Continue to display CALD material in the client waiting area so that written information and brochures are available in multiple languages;
- Expand dissemination of brochure and service information to ethno-specific agencies and CALD service support organisations;
- Continue to seek opportunities to advertise services on community radio, in community newspapers and at community events;
- Provision of relevant resources through the Cultural Diversity section on the Intranet and to respond to staff requests for cultural information. Development of appropriate resources promoting cultural awareness and culturally competent health care;
- Seek assistance to develop an online CALD resource folder with hyperlinks to other CALD agencies and groups;
- To upgrade the webpage of Interpreter Services to include valuable links for staff;
- Ensure photos and images of people from CALD backgrounds are included on all promotional material including the agency's website;
- Explore the possibility of having alternative language tracks on promotional DVD that is currently under development.



Tips

Ethnic Media: Radio 3ZZZ (92.3FM)

Radio 3ZZZ is the largest ethnic community station in Australia. It is estimated that more than 400,000 people listen to 3ZZZ every week. Go to: www.3zzz.com.au/about-us/ for a list of 70 different shows that 3ZZZ broadcast. Click on the link 'Get Involved' to explore different ways you can become a member and promote your service through 3ZZZ.

5.2 A summary of best practice strategies:

5.2.1 Objective (5.1): Dissemination of promotional material

Strategies implemented in 2007/08:

Strategies that were rated "Easy and Effective"

- CSO sought opportunities to advertise services on community radio and in community newspapers;
- CSO promotional material was sent to over 100 service providers and community groups, including ethno-specific groups;
- CSO held a program open day with invitations sent to over 100 service providers and ethno-specific groups. Program fliers were translated and printed in 5 languages – Chinese, Russian, Greek, Italian and Polish;
- HACC newsletter was distributed to clients and uploaded onto CSO website;
- Brochures were distributed to various service providers and organisations, such as councils, libraries, GP, etc;
- CSO published articles in local Chinese newspapers;

- Ethno-specific CSO conducted information sessions to professionals, e.g. social workers in hospitals, assessment staff in local government, and Community Health services;
- CSO hosted 2 major expos for the frail aged. The Healthy Ageing Expo was attended by over 700 people. There were numerous community organisations which provided information on their services. Home care staff provided information about council services to the community. There were bilingual workers available on the day. A Chinese Forum was also organised in partnership with other service providers in the catchment area. Other promotional activities included Carer's Week and the Community festival;
- CSO promoted their services through the local media in the catchment area with a number of high profile arts projects conducted through PAG program. These included an annual exhibition and the multi media project, both of which have public outcomes and attracted excellent publicity for the program;
- Ethno-specific group activities were promoted through the local paper, MHTV, 3ZZZ and 2 Hungarian Newspapers. Group activities were also promoted on VIC Net MC² for Hungarian Seniors;
- CSO attended four festivals / expos to promote services to CALD groups;
- CSO developed a Chinese / English language cook book for festivals and service promotion;
- Local newspapers were invited to cover cultural celebrations and events at PAG;
- CSO distributed promotional material regarding services to Indian, Italian and Greek Senior Citizens groups in catchment area;
- Ethno-specific CSO promoted the service through ethno-specific media and through CALD communities church newsletter;
- CSO sent information regarding programs and new services on a monthly basis to service providers, including GPs, local libraries, Community Health Centres and MRC and Senior Citizens via mail and email;
- CSO contributed articles to MIC newsletters and relevant papers;
- CSO delivered site tours and talks to specific ethnic groups;
- CSO placed advertisements profiling our services in the local Leader Newspaper which were repeated 4 weeks in a row;
- Ethno-specific group announces forthcoming events on ethno-specific radio community announcements. (3ZZ, KC Community radio and the special broadcasting service);
- CSO has displayed promotion material on windows which has been very successful, with many enquiries received from locals dropping in when walking past. This has led to referrals and recruitment of volunteers. Profession signage arranged for the service has also been posted on the windows and the community bus;
- CSO reviewed current promotional material and new material in information pack was developed and translated.

Strategies that were rated "Not Easy but Effective"

- A local Council facilitates a senior citizens reference group which has representation from all of the seniors clubs including CALD groups and is chaired by a Councillor. This group provides a valuable opportunity to expose the seniors to HACC service information and information about other general activities available in the community. The seniors are encouraged to raise issues and provide feedback about Council's services. Information is brought back to the clubs' membership via the representatives;

- A local council hosted a Multicultural Morning Tea - this is a very popular annual event and inclusive of all seniors groups. It is also an opportunity to perform and therefore promote good cross cultural relationships. Group performances have included singing; traditional dance etc;
- CSO reviewed and updated all CALD information packs for holistic assessments to ensure appropriate and up to date information is available to CALD clients;
- CSO publicity coordinator had all key promotional brochures translated into Chinese and printed. This review included the use of language and the cultural backgrounds of people portrayed in photographs in CSO brochures;
- CSO promoted PAG groups in Polish and mainstream media, ECCV Golden Years, 3ZZZ, SBS radio. PAG invited media to meetings resulting in articles about activities and Well for Life being printed. Social Support Program was promoted through Polish Weekly, 3ZZZ and Alzheimer's Australia;
- Events and activities published in several Chinese newspapers;
- CSO evaluated distribution of new CALD brochure which was distributed to community groups, local hospital, other agencies and CALD groups. The feedback from the pamphlet has been very positive the pamphlet has reduced barriers to client accessing the services;
- CSO has developed a new brochure toolkit which makes reference to using appropriate pictures and marketing strategies to engage CALD consumers.

Strategies implemented in 2008/09:

Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- Publish in the newsletters any CALD related activities that the organisation hosted or sponsored;
- Information and promotion are regularly published at local newspapers, and broadcast at radio, e.g. SBS;
- Participate in relevant networks and promote updated information to groups;
- Made service information available in appropriate languages and reviewed other opportunities for promoting services to CALD communities;
- Investigated developing written information about services in major community languages and to promote services and programs with outreach visits to CALD senior groups and other community groups using staff with a second language and/or interpreters;
- Databases continued to be updated regularly and include relevant ethnic specific agencies.

Strategies that were rated “Not Easy & Effective/Very Effective”

- Translation Plan developed. The website, the client information handbook, and the services booklet are currently being reviewed by the Easy English working group and then will be translated into the top 5 languages in Boroondara;
- Education Services work with Multicultural Officer to promote CALD education sessions via existing networks;
- Dissemination to GPs conducted through partnerships.

5.2.2 Objective (5.2): Service Imagery

Strategies implemented in 2007/08:

Strategies that were rated “Easy and Effective”

- CSO included people from CALD backgrounds on advertising material;
- CSO included images from diverse cultural backgrounds in annual report and newsletters;
- Local council adapted their marketing material to be generic across all cultures;
- CSO promoted itself as a welcoming, inclusive organisation via signage and posters in other languages for people from CALD communities;
- PAG has obtained appropriate costumes, decorations and food for specific CALD celebrations;
- CSO marketing plan was re-developed to include CALD specific marketing;
- CSO web page was developed with CALD communities in consideration;
- CSO researched demographics of CALD communities in the catchment to inform marketing needs;
- CSO displayed photographs in newsletters and brochures promoting diversity.

Strategies that were rated “Not Easy and Effective”

- CSO included photographs of CALD people in the organisational brochures e.g. General information brochure.

Strategies implemented in 2008/09:

Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- Redesigned our services brochure to include information on availability of telephone interpreters to access Helpline;
- Display cabinet in reception area continues to contain local indigenous artefacts.

Strategies that were rated “Not Easy & Effective/Very Effective”

- Portrayed cultural diversity and some culturally appropriate literature with the new project with Sudanese women.

5.2.3 Objective (5.3): Use of Technology

Strategies implemented in 2007/08:

Strategies that were rated “Easy and Effective”

- CSO has added website links to brochure translations and the new Victorian Multicultural Directory (VMC);
- CSO sourced new software to provide reports/statistical analysis on ethnicity, language spoken at home etc;
- CSO translated PowerPoint presentation for information sessions;
- CSO purchased Chinese word processing software to facilitate production of promotion materials;
- CSO updated its web site regarding HACC information to include information available in Greek, Italian and Chinese;
- Technology continued to play a key role in accessing and disseminating information re all aspects of the program - from accessing CALD and related demographic information to researching other potential resources regarding CALD services and

information and the services provided by other support agencies in the region. Information sourced via the web was used to provide updated information for strategies in these areas;

- CSO used technology to access the Aged Care Channel; download information from the Net; obtain information through the email and e-referral system;
- CSO web was developed and designed to be compatible with on-line translation and accessibility tools. This allows the website and pages to be viewed in over twenty languages from Arabic through to Swedish;
- CSO website was upgraded to include information on the Chinese Social Group;
- CSO is in the process of designing appropriate information regarding the availability of an interpreter service for its web page;
- PAG purchased a digital camera which is used extensively to record activities. Photos have been given to clients to take home. Memory albums have been completed as a group using photos taken. A DVD of "outdoor" activities of the group was shown at the Annual General Meeting;
- Interpreter symbols displayed on CSO website.



Tips

Points to consider when marketing and promoting to CALD communities (Part 2):

Department for Victorian Communities by Vicnet, a division of the State Library of Victoria produced a report detailing findings and recommendations from research into how multilingual web-based government information can be created and used in the best way for culturally and linguistically diverse (CALD) communities. The report can be downloaded from eGovernment resource centre website www.egov.vic.gov.au

Strategies that were rated "Not Easy but Effective"

- CSO continues to maintain current website and include information where possible in other languages;
- CSO reviewed and updated relevant website links on website and promoted these to staff through internal Bulletin;
- CSO developed a PowerPoint presentation to use at public speaking engagements promoting services;
- Photographs of multicultural activities displayed on CSO website.

Strategies implemented in 2008/09:

Strategies that were rated "Easy/Very Easy & Effective/Very Effective"

- Develop a list of translated web sites and other culturally appropriate information;
- Organisation's website will include images of people from CALD background and advertise access to interpreters;
- Use of the e-referral system continues and as more EMR agencies come on board the use of the system has increased. From a client perspective, this has hopefully meant more accurate and streamlined sharing of information and less duplication with agencies not asking the same questions of clients;
- Information sharing within the agency continues via the use of information technology;
- New software purchased which provides better statistical analysis of ethnicity of clients, etc.

Strategies that were rated “Not Easy & Effective/Very Effective”

- The website upgrade will continue and will provide links to promote access to the CALD community;
- New software program has been implemented within the Department.

Case Study – Strategy 5 Marketing and Promotion

Objective 5.1 Dissemination of promotional material

Baptcare Oakleigh Brindabilla aims to provide a range of meaningful social activities to members of the local community including local CALD groups who are at risk of social isolation, have a range of complex care issues and who are at risk of premature placement in residential care facilities. Social Support as provided by services such as Brindabilla can have a positive impact on both physical and psychological wellbeing. In 2008 Brindabilla undertook some activities to promote and market their service to CALD communities.

On the 11th September, 2008 both Brindabilla and the Eastern Packages hosted an **Afternoon Tea Dance** at the Oakleigh Town Hall. Approximately 110 people attended the function. Guests included recipients of Brindabilla Social Support and Respite Programs and Package Services and their family or carers. Local services invited included Monash Volunteers Services, Moorfields Rehabilitation Services, Chadstone Community Choir and the Local Senior Citizen Centres including members of the Greek Seniors Group. The afternoon program included the Okeh Jazz Band with members of the band all Senior Citizens themselves, demonstration dances and a high tea with all the trimmings you would expect at the Windsor including tea served in fine bone china cups and a beautiful afternoon tea served on tiered cake stands.

The tea dance was an opportunity to provide a Special Event to both current and potential clients and their carers and show case our professional programs and services. The event also gave Brindabilla and the Eastern Metropolitan Community Packages an opportunity to work together, share resources, costs and an opportunity to organise a large event together.

Many guests dressed up for the occasion and danced the afternoon away. Feedback from guests was very positive and many guests reminisced about dances they attended in their youth. Many guests also stated that events such as Tea Dances and music are what they miss and enjoy the most. The guests also appeared to enjoy the large gathering atmosphere.

An **information stall** was organised at Oakleigh Centro Shopping Centre in 2008. One of the reasons for the stall was to allow local members of the community to find out more about the range of programs that are available at Brindabilla in a familiar environment. The stall had a display board, hand outs, and little gifts – which included tea bags and chocolates. The idea of the gifts was to encourage community members to have a cuppa with us whilst reading about the supports that can be provided by the program. Oakleigh Shopping Centre is an extremely vibrant hub of activity with many locals shopping at Centro and the markets. We chose a day for the stall that was likely to have a large crowd - Pension and Market Day. Many locals, including a significant number from CALD backgrounds, come to Centro for a cuppa and to do their main shopping at the two large super markets on this day.

Brindabilla plans to have another Information Day in 2010. One of the concerns that was raised in the evaluation was that we may have been confused with stalls that are set up in Centro for the purpose of selling products. Therefore, we need to market this year's stall differently to make the experience more interactive, for example offering food tastings, trying an activity, setting up a laptop with a PowerPoint presentation or partnership with another service i.e. Senior Citizens Group.

6. Strategies under “Innovative Action Plans”

Objective (6.1): Resource Development

Objective (6.2): Research

Objective (6.3): Other innovative ideas/projects

6.1 Analysis and Innovative Strategies of “Innovative Action Plans”

2008-2009

In 2008/09 organisations nominated a range of strategies as part of “Innovative Action Plans”. As with previous years, some of these strategies were also nominated under other objectives.

The following is a sample of key strategies nominated by organisations in 2008-2009:

- Pilot Supported Access project for Chinese community in EMR;
- Implement recommendations of Health Issues Centre findings;
- Add more up to date resources to the existing CALD information resource file that will be available for use by staff and volunteers as well as CALD families accessing services;
- Develop a cook book with PAG members on culturally specific recipes;
- Develop a biography of participants and carers of a CALD background in order for staff and other participants/carers to learn from real life stories i.e. stories and resource of culture and countries with meaning;
- Develop strategies and procedures to manage the carers group;
- Develop an information resource to be included in the orientation for administration volunteers;
- Organise a welfare study student to develop a resource kit of information on how to work effectively with different cultural groups;
- Review the pilot project: Lao Home care Services, data collection and its policy;
- Continue participating in Monash University research project 'Greek and Italian residents with dementia in aged care';
- Undertake research to explore emerging communities in Manningham and how to overcome barriers and promote service to them;
- Attend and present at international conference to gain an understanding of the diversity of other countries;
- Needs analysis for the population of outer east is to be undertaken via the health promotion plan, including cultural and indigenous groups needs;
- To develop Cultural Training Needs Tool to evaluate the response of staff to the internal and external cultural training;
- Ensure that any requests for research grants, include a focus on CALD clients, as appropriate;
- The Cultural Diversity Officer will work with the Innovation, Research and Development Manager to identify opportunities to undertake research or model development within Care Connect or partner with other agencies;
- Develop a research project that seeks to identify the needs of CALD parents of children with a disability and CALD carers of people with a mental illness;
- Actively seeking multi-lingual volunteers to assist with delivering services;
- Include a garden day at a local Neighbour Hood House which will allow clients to grow vegetables and herbs in raised garden beds, the produce can be used in program activities or to be taken home by clients to share with their families. Many of our

clients especially CALD clients talk fondly about the vegetable and herb gardens they once had, so this will be an opportunity to continue the tradition.

- Invite CALD senior groups to come and share time with the clients;
- Be involved with the new multi-agency project "tastes to remember multicultural feast" that is to be planned for 2009;
- Investigating the feasibility of introducing a CALD day for staff and clients;
- Advertise in various CALD publications for expressions of interest from families interested in starting a parent support group for families from specific CALD groups;
- Develop CALD appropriate respite options for carers that meet carer needs according to cultural views of respite;
- Hold a combined Chinese people and Vietnamese people' Moon Cake Festival'.

2009-2010

In 2009/10, organisations were enthusiastic to develop and implement various innovative action plans, although many of these strategies had been reported in previous objectives. Overall, several organisations reported a continuation of research to improve current resources. The use of technology in developing new resources such as CD's or DVD's was very common amongst organisations.

Key strategies nominated for 2009/10 under Strategy 6 – Innovative Action Plans:

- Look at establishing a welcome pack for new and existing CALD families that might contain information about our services and other disability and CALD specific services in the east;
- Explore the possibility of including stories of CALD participants and carers into the promotional DVD;
- Continue participating in research project: Greek and Italian residents with dementia in aged care;
- Conduct relevant research on current and future demand for aged services, including an analysis of current HACC utilisation levels, demand and availability of residential care and various community care packages;
- Investigate the applicability of the model of respite care can be used with other communities;
- A range of 'Reminiscence Resources' to be ascertained with view to purchase to increase the range of interesting and innovative resources, particularly for CALD clients as required;
- Ensure that any requests for research grants include a focus on CALD clients, as appropriate.

6.2 A summary of best practice strategies:

6.2.1 Objective (6.1): Resource Development

Strategies implemented in 2007/08:

Strategies that were rated "Easy and Effective"

- CSO employed a dedicated worker using the flexible component of the Health Promotion plan to identify needs of CALD and ATSI communities in developing team plans;

- CSO worked with Migrant Information Centre on the CALD mentoring volunteers program;
- CSO established a basic resource folder with information and contact details for some services such as ADEC, MIC and a list of GP's who speak different languages in Victoria as well as EMR based support groups for families of children with a disability;
- CSO bulletin contains monthly country profiles;
- Partnerships with Migrant Information Services and Ethno-Specific groups and other organisation facilitated opportunities for sharing resources.

Strategies that were rated “Not Easy but Effective”

- CSO translated “Understanding Dementia video/DVD” in 4 new languages: Serbian, Macedonian, Khmer and Mandarin;
- Supported Access Project funding provided resources for CSO to assist Chinese elderly in using community aged care services and strengthen internal resources by gathering more information about service usage and delivery in Melbourne in general. This will provide an opportunity for building partnerships between them and other providers;
- CSO translated the Mind Your Mind user guide into 12 community languages.

Strategies implemented in 2008/09:

Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- Continue to provide resources for activities in accessible languages;
- Continue to seek opportunities to build up Resource Library in regards to CALD communities and cultural needs as suitable resources become available;
- Collect resources and information from other services in community languages.

Strategies that were rated “Not Easy & Effective/Very Effective”

- Extend the library to include books in other languages. CD's and DVD's from different countries purchased.

6.2.2 Objective (6.2): Research
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Strategies implemented in 2007/08:

Strategies that were rated “Easy and Effective”

- CSO has a representative on the steering committee in Monash University research project. “Greek and Italian residents with dementia in aged care. Project” will be completed end of 2009;
- CSO continued to network with MIC to gain access to information and research which may be of assistance to our forward planning;
- CSO used the Internet as their primary research tool in order to update demographic and other relevant data, as well as updating information on other service providers for CALD clients within the Eastern Region;
- Currently liaising with Swaziland and Ghana horticultural therapy programs, offering advice and learning about their cultural traditions and difficulties. Aiming to keep up to date with overseas trends;
- CSO participated in an information morning focussing on carers within the Chinese community in the EMR;

- CSO conducted a review and analysis of all relevant data e.g. MDS reports, Whitehorse Profile ID, Performance Indicators of CALD referrals and waitlist to identify community needs;
- The Centre for Culture, Ethnicity and Health has provided a practical guide to CALD consumer participation. Evidence suggests our catchment has few emerging refugee communities currently.

Strategies that were rated “Not Easy but Effective”

- CSO developed position objectives for a cultural diversity position and sought agreement on scope of the definition of cultural diversity in the organisation;
- CSO explored alternative model/s such as "Eden in the Home" to deliver person centred service delivery;
- CSO presented results of a needs assessment for access of Chinese community to Diabetes services;
- CSO developed Cultural Training Needs Questionnaire to assist Hospital staff to further enhance their cultural competency and cultural sensitivity. To ensure that Cultural Training Workshops meet staff needs in delivering culturally appropriate health care;
- Health Issues Centre contracted to research intensively community engagement strategy for CSO.

Strategies implemented in 2008/09:

Strategies that were rated “Easy/Very Easy & Effective/Very Effective”

- Continue participating in research project: Greek and Italian residents with dementia in aged care;
- Participating in the Leadership for Social Inclusion project, including participation of Cambodians in that project;
- Continue to network with MIC to gain access to information and research which may be of assistance to our forward planning.

Strategies that were rated “Not Easy & Effective/Very Effective”

- Through external funding we have been able to connect with some southern Sudanese women and families;
- Explore if Elderly Chinese Project model is adaptable to other identified groups.

6.2.3 Objective (6.3): Other innovative ideals/projects
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Strategies implemented in 2007/08:

Strategies that were rated “Easy and Effective”

- PAG celebrated and recognised days of cultural importance, these included the Polish National Day, Greek National Day, Ukrainian Independence Day, Italian Fiesta, Jewish Festivals, Scottish Day, American Independence Day and Bastille Day. All of the above days were celebrated with music, food, costumes and information sharing and included guest speakers. Recognition of other cultural days of celebration or significance were acknowledged on the program’s monthly activity schedule. These included Hungarian Liberation Day, Muslim New Year, Orthodox Easter, Buddha's Birthday and Canada Day;
- Friday remains a Cultural Day with activities including; cappuccino or espresso coffee for morning tea, lunch group visiting local cafes, and arm chair travel, Italian and

Greek newspapers delivered twice per week, music and singing sessions include songs and music from other cultures. Regular outings to the Immigration Museum, Multicultural Festivals and concerts, visits to Art Galleries to see exhibitions from different countries eg Art works from Cameroon at Glen Eira Art Gallery in May 2008. Cooking sessions featuring food from CALD countries eg Chinese, Russian and Thai;

- CSO continues to expand partnerships with other relevant organisations including disability organisations to conduct combined projects and workshops;
- PAG Music collection continues to grow as clients and carers specify their particular likes and dislikes. Music has been collated into both countries and styles;
- LOTE program will continue and be assessed on a regular basis with staff and Secondary College teacher. Positive feedback from school and clients;
- Involve Carers and staff in celebrations of various cultural festivals and occasions such as Chinese New Year. Encourage carers from CALD backgrounds to share their experiences and the history and meaning of these events at team meetings, and in the Carers newsletter;
- CSO participated this year in a pilot project in conjunction with MIC for a CALD volunteer mentor program which provided training to CALD volunteers in the HACC program to "buddy" and train other new volunteers. This project was very successful;
- Initiated and hosted groups consisting of Indian, Chinese and Sri Lankan students in conjunction with Holmesglen Institute of TAFE, touring horticultural therapy venues;
- CSO has started an in-house English conversation group with volunteer (past AMES teacher);
- CSO visited Strathdon Community on 6th March 2008. Held Italian and Greek Open Days including cultural food and visits from these community groups. Celebrated Moon Cake Festival with CCSSCI;
- CSO continue weekly quiz in internal Bulletin focusing on CALD issues, combined with a monthly calendar of cultural events and a monthly interactive activity to promote cultural awareness.

Strategies that were rated "Not Easy but Effective"

- CSO has increased the number of people who are Chinese in PAG group and has found a volunteer who speaks and understands many Chinese dialects to help with this group;
- CSO have attempted to apply Active Service Model (ASM) approaches with people from CALD communities; issues have also been discussed in the team meetings. The application of ASM approaches will be listed as an ongoing objective in the team plans;
- PAG continues to run an innovative art therapist program to gain socialisation outcomes that simple 'language translation' tools would not. Cultural Activity, including visual art, music, movement, performance and the like have positive outcomes for social engagement, communication, mental health and well-being. The implementation of a multi-media program with PAG clients to 'tell their own story' through video, clay-mation and music with the use of digital technologies to achieve, and to present final outcomes in exhibition, CD, web and other forms. Through this experience language barriers are broken down via cultural participation and social engagement. Bringing new skills in technological and artistic communication to the client groups. This project culminated in a fabulous public exhibition and opening event in early 2008 and included the installation of T-Shirts featuring the client's own artwork both at the gallery, but also photographed on a range of people in other areas

and situations, as well as a DVD of the 'Burrinja Artie' PAG clients at work, talking about their life and their art work. The clients themselves did the artwork, took the photographs, and helped operate video cameras and the like. Cultural participation and social engagement were key outcomes for the group, as well as becoming part of the wider community through the public nature of the event. New skills were learned through the project;

- Cultural Diversity Committee organised a "Death and Dying Forum" at St. Vincent's Hospital

Strategies implemented in 2008/09:

Strategies that were rated "Easy/Very Easy & Effective/Very Effective"

- Theme Days included: Greek, Polish, St Patrick's, South Pacific Cruise, Greek Independence Day, Tropical Island, St Nicholas, Christmas Around the World, Scottish Theme Days. Also the monthly program made reference the Jewish, American and Indian cultural specific celebrations;
- Staff include culturally relevant music when planning each program;
- Many CALD festivals and events are celebrated by the HACC officers and carers, helping to promote and inform carers and the broader community as to the nature and purpose of the events;
- The 'Tastes to Remember' event was held where members of Chinese Walking group attended;
- The service has a volunteer mentor program that works with new CALD volunteers by placing them with a more experienced volunteer;
- CALD PAG and mainstream PAG now regularly have joint days sharing art and craft and a meal;
- Encourage carers from CALD backgrounds to share experiences, history and meaning of cultural events at team meetings, and in the carers newsletter.

Strategies that were rated "Not Easy & Effective/Very Effective"

- Develop CALD appropriate respite options for carers that meet carer needs according to cultural views of respite;
- To engage with CALD communities in Community Kitchens, and to inform members of HACC services;
- A comprehensive training schedule of cultural awareness workshops has been developed. These workshops focus on understanding specific CALD communities and their needs.

C. Conclusion

The Cultural Planning Tool (CPT) has provided a framework for HACC funded organisations in the EMR to develop their cultural action plans since 2003-2004. The DH and MIC have worked in partnership to collate and analyse the CPT action plans through an electronic system. In 2008-2009 and 2009-2010 Community Service Organisations (CSO) in the EMR identified a number of strategies in their action plans that demonstrated how they would enhance service provision and cultural appropriateness for their catchment area.

The Eastern Region received 81.7% (67 out of 82) return rate of CPT action plans in 2008-2009 and 67% (55 out of 82) return rate of CPT action plans in 2009-2010. The distribution of strategies nominated by CSO across the six Cultural Planning Tool objectives for 2008-09 and 2009-10 were very similar although lower numbers of strategies were submitted for 2009-10. The lower return rate and number of strategies submitted in 2009-2010 could be attributed to CSO belief that the implementation of the Cultural Planning Review would be undertaken sooner than actually occurred.

This analysis report highlighted the strategies nominated in the EMR HACC organisations Cultural Action Plans for 2008-2009 and 2009-2010. The analysis also reported on the implementation of the 2007-2008 and 2008-2009 plans, including whether their implementation is “Easy and Effective” or “Not Easy and Effective”, based on self-evaluation by the CSO. Key findings, best practice strategies and case studies were reported on for the nineteen objectives in the CPT under the following six categories of the framework:

- Planning and Access
- Language Services
- Consultation with Clients
- Service Development
- Marketing and Promotion
- Innovative Action Plans

The CPT returns for 2008-2009 and 2009-2010 demonstrate that CSO's have an understanding on how to develop and implement services to meet the needs of people from CALD backgrounds. Many CSO's have embedded policies and procedures for working with people from CALD backgrounds and established mechanisms for review within the organisations practices. The challenge for CSO in the future is to continue to plan and implement a range of strategies that address the needs of the CALD HACC target population and existing CALD clients and further develop their cultural competence.

As a result of the 2006 Review, a HACC Diversity Planning Group and HACC Diversity Implementation Group have been established by the Central Office to guide the implementation of the recommendations. This will include a broader definition of diversity and a focus on outcomes. In light of this work, for 2010-2011 the DH EMR determined that HACC funded agencies would not be required to submit cultural action plans to the MIC.

The MIC in partnership with the DH EMR will continue to provide support to CSO in the development and implementation of their cultural action plans including the provision of training as part of the HACC training calendar, development and provision of resources, the facilitation of the EMR CALD Aged Care Network (formerly EMR HACC CALD Network) and related working groups, and representation on relevant other networks and working groups.

Appendix 1: Cultural Planning Tool Action Plan Key Objectives

1. Planning and Access

1.1 The service has documented information relating to ethnic communities in the local catchment area

1.2 The service has a specific Service Plan, Policy or Strategy developed on improving services to people from a CALD background

1.3 The service has information about the needs of specific ethnic services

2. Language Services

2.1 Interpreters / Translators are utilised as required

2.2 Guidelines are in place for the use of Interpreters

2.3 Availability of Interpreters actively promoted in multiple languages

3. Consultation with Clients

3.1 Involvement in decision making

3.2 Quality Assurance

3.3 Processes in place to assist and encourage CALD clients in consultation processes

3.4 Processes in place for coordination and / or referral with other relevant agencies, e.g. ethnic & advocacy agencies

4. Service Development

4.1 Staff Development and Recruitment

4.2 Data is relevant to the needs of CALD clients

4.3 Understanding the needs of clients from a CALD background

5. Marketing and Promotion

5.1 Dissemination of promotional material

5.2 Service Imagery

5.3 Use of Technology

6. Innovative Action Plans

6.1 Resource Development

6.2 Research

6.3 Other innovative ideas/projects

Appendix 2: Cultural Resources

This information was correct at the time of publishing, however due to the nature of the web, internet links change regularly. If you have difficulty accessing a specific link, it may be useful to access the site via the home page and search for the relevant document under publications or resources.

Please contact MIC if you have any questions about the cultural planning tool and cultural related resources.

Language Service Resources

1. **Culture Ethnicity and Health, Communicating with Clients with Low English Proficiency** is a useful hints and tips sheet on communicating with clients with low English proficiency www.ceh.org.au/downloads/comm_clients_low_english.pdf
2. **Department of Human Services (DHS) and Department of Health (DH) Funded Agency Channel, DHS Languages Services** allows registered users, access to their organisations **Credit Line PIN** www.fac.dhs.vic.gov.au/
3. **DHS language services** provides useful hints and tips sheet on communicating with clients with low English proficiency www.dhs.vic.gov.au/multicultural/html/langservices.htm
4. **Health Translations, Find Your Language Map** allows you to create a poster or flip chart that will assist you to identify the languages that people from culturally and linguistically diverse communities speak www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/pages/find_your_language?open
5. **ONCALL** provides an easy to use flow chart on the ONCALL booking processes www.dhs.vic.gov.au/multicultural/downloads/oncall_booking_process.pdf
6. **Victorian Multicultural Commission, National Interpreter Symbol** provides a simple way of indicating where people with limited English proficiency can ask for language assistance when using government services; order forms or downloadable resources www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/interpreter-card-and-symbol
7. **Victorian Multicultural Commission, Victorian Interpreter Card** is a wallet-sized card that aims to help Victorians with limited English access government services by: helping them request interpreter assistance and making it easier for staff to arrange language assistance in the correct language; order forms and downloadable resources www.multicultural.vic.gov.au/component/content/article/22-improving-language-services/74-victorian-interpreter-card-information-brochure

Translated Information

1. **Eastern Health Transcultural Services, 'Cue Cards'** is a visual resource of over 200 most commonly used words to assist health professionals and clients/carers who primarily have English language difficulties, or problems communicating with each other www.easternhealth.org.au/services/cuecards/default.aspx
2. **Health Translations Directory** provides links to online multilingual health resources from government departments, peak health bodies, hospitals, community health centres and welfare agencies www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf

3. **Health Translations Directory, HACC Program Brochure** provides information for home carers on the range of services and support in multiple languages
www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentDetail?Open&s=HACC - Program Brochure
4. **Health Translations Directory, HACC Rights and Responsibilities** provides translated information on the rights and responsibilities of HACC services users in multiple languages
www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentDetail?Open&s=Your Rights and Responsibilities as a HACC Services User
5. **Primary Care Partnerships, Consumer Privacy Information and Consent** provides the consumer privacy information brochure "Your Information, It's Private" and the consumer consent form in multiple languages
www.health.vic.gov.au/pcps/publications/languages_privacy.htm

Demographic Resources

1. **Australian Bureau of Statistics** provides statistics regarding previous census data
www.abs.gov.au/websitedbs/d3310114.nsf/home/Census+data
2. **DHS and DH, Funded Agency Channel, Resources, Planning and Research** provides links to a range of useful government, research sites and community profiles, community indicators and community health plan data. As a registered user, you will be able to access the funding details of your own organisation and a variety of additional resources www.fac.dhs.vic.gov.au
3. **DHS, HACC, Culturally Equitable Gateways Strategy Report: "Cultural Diversity, ageing and HACC: trends in Victoria in the next 15 years"** provides population projections for the 20 largest culturally and linguistically diverse (CALD) communities in Victoria over the next 15 years and outlines the trends that can be expected into the future
www.health.vic.gov.au/hacc/projects/cegs_reports.htm#cultural
4. **Department of Immigration and Citizenship, Settlement Data** collects data based on the residential addresses given by people when they first land in Australia. The data can be extracted by state, local government area, statistical division etc and by country of birth, language, gender, migration stream, English language proficiency
www.settlement.immi.gov.au/settlement/enterSelectReport.do
5. **Migrant Information Centre, Demographics of the Eastern Region** website page contains easy to access demographic information by municipality using data from the ABS Census and the Department of Immigration and Citizenship Settlement Database
www.miceastmelb.com.au/demographics.htm
6. **Municipal Association of Victoria (MAV) "Seniors from Culturally and Linguistically Diverse Backgrounds"** presents demography details including countries of birth, languages, proficiencies in English, proficiencies by language spoken, living arrangements by language spoken and need for assistance by language spoken www.mav.asn.au/hs/ageing/cegs#Resources
7. **Victorian Multicultural Commission (VMC), Victorian Community Profiles 2006 Census Series** consists of 75 reports, each focusing on a particular birthplace or community group www.multicultural.vic.gov.au/population-and-migration/victorias-diversity

Cultural Resources

1. **DHS and DH, Funded Agency Channel, Diversity Resources** provides important contact details of multicultural organisations, services and societies that represent the ten largest language groups in each of the eight DHS regions. The Directories specifically highlight multicultural organisations that provide and coordinate support for people with a disability
<https://fac.dhs.vic.gov.au/home.aspx?TabID=content&type=4&contentID=1521>
2. **Department of Immigration and Citizenship, Calendar of Cultural and Religious Dates** aims to raise awareness of key cultural and religious events, festivals and national days
www.immi.gov.au/living-in-australia/a-diverse-australia/calendar-australia/
3. **Department of Immigration and Citizenship, Community Profiles** provides information on 10 communities - Bhutanese, Burmese, Congolese, Eritrean, Ethiopian, Liberian, Sierra Leonean, Sudanese, Togolese and Jzbek. The profiles include information on where communities are settling, demographics, likely settlement needs and cultural and country backgrounds www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-planning/community-profiles.htm
4. **Infoxchange, Service Seeker** is Australia's most extensive directory of community support services providing access to 116,390 health, welfare and community service records with the ability to search for health practitioners by language spoken
www.serviceseeker.com.au/
5. **Migrant Information Centre, Home and Personal Care Kit** provides cultural and religious profiles to assist home and personal care workers in providing culturally sensitive care and effective communication
www.miceastmelb.com.au/documents/mep/H&PCarekit.pdf
6. **Migrant Resource Centre Canberra & Region Inc, “The Cultural Dictionary”** contains basic information on topics such as population, ethnic composition, language, religion, general attitudes, personal appearance, greetings, gestures, visiting and eating habits, lifestyle, family and marriage practices of people from a variety of ethnic and linguistic backgrounds
[www.dhcs.act.gov.au/ data/assets/pdf file/0017/5282/Cultural Dictionary.pdf](http://www.dhcs.act.gov.au/data/assets/pdf_file/0017/5282/Cultural_Dictionary.pdf)

Planning Resources

1. **Centre for Cultural Diversity in Ageing** provides a range of services and resources to for aged care providers
www.culturaldiversity.com.au/Home/tabid/181/Default.aspx
2. **Centre for Culture Ethnicity and Health “Making Focus Groups Culturally And Linguistically Appropriate”** outlines an approach to focus groups which involves using bilingual facilitators www.ceh.org.au/downloads/focus_groups.pdf
3. **Culture Ethnicity and Health** provides a variety of publications including reports, working tools, tip sheets and translated brochures
www.ceh.org.au/resources/publications.aspx

4. **Culture Ethnicity and Health, “A Practical Guide to CALD Consumer Participation”** is a useful hints and tips sheet engage CALD consumers in the planning, implementation and evaluation
www.ceh.org.au/downloads/CALD_Consumer_Participation.pdf
5. **DHS, Cultural Diversity Guide** identifies a range of strategies to improve cultural responsiveness and provides examples of good multicultural practice that already occurs across the human services system
www.dhs.vic.gov.au/multicultural/downloads/cultural_diveristy_guide_2006.pdf
6. **Migrant Information Centre, Cultural Planning Framework & Resource Kit** provides practical suggestions and tools for agencies to assist with planning for culturally relevant services
www.miceastmelb.com.au/documents/resourcekitupdates/full_cultural_kit04.pdf
7. **Migrant Information Centre, Home and Personal Care Services Guide**, provides a practical guide to delivering culturally appropriate home and personal care services to CALD clients. Including strategies to promote these services to CALD communities and the recruitment of CALD workers are detailed
www.miceastmelb.com.au/documents/mep/HC&PCGuide.pdf
8. **Migrant Information Centre, Inviting Cultural Diversity in Volunteering Information Sheet 1** outlines steps CSO can take to ensure their volunteer policies are welcoming and inclusive
www.miceastmelb.com.au/documents/volunteer/MICVol_InfoSheet1_Policy.pdf
9. **Migrant Information Centre, Inviting Cultural Diversity in Volunteering Information Sheet 2** outlines how organisation can improve communication with volunteers from other cultures
www.miceastmelb.com.au/documents/volunteer/Info_Sheet_2_Communication.pdf
10. **Refugee Health Research Centre, La Trobe University, “A Profile of Victorian Seniors from Refugee Backgrounds: Health and Wellbeing Needs and Access to Aged Care Health and Support services”** reports on the health and wellbeing needs of Victorian Seniors from refugee backgrounds, reviewing their access to community health and support services This report can be downloaded in two sections:
Part 1: Chapters 1-8 www.latrobe.edu.au/rhrc/documents/seniors1.pdf
Part 2: Community Profiles and Appendices
www.latrobe.edu.au/rhrc/documents/seniors2.pdf

Appendix 3: Useful Networks and Contacts

EMR CALD Aged Care Network

Contact person: Sharon Porteous

Organisation: Migrant Information Centre (Eastern Melbourne)

Email: sporteous@miceastmelb.com.au

Tel: 9275 6905

Manningham Senior Citizens Reference Group

Contact person: Catherine Walker

Organisation: Manningham Council

Email: catherine.walker@manningham.vic.gov.au

Tel: 9840 9700

Monash Multicultural Senior Citizens Forum

Contact person: Eugenia Grammatikakis

Organisation: Monash City Council

Tel: 9518 3625

Whitehorse Older Persons Action Group

President: Eric Chen

Address: Level 3, Forest Hill Chase, 27 Canterbury Road, Forest Hill 3131

Tel: 9852 0928

Appendix 4: Tip Box Contents

1. Six principals for a culturally competent organisation:

1. Include community representation and consultation
2. Integrate it into existing systems of the organisation
3. Make it manageable, measurable and sustainable
4. Frame it within an economic model
5. Show commitment from leadership
6. Provide ongoing staff training and support

Source: Centre for Culture, Ethnicity and Health, accessed 17/05/10: www.ceh.org.au/culturalcompetence/principles.aspx

2. How can your organisation share cultural information amongst staff members?

- Attend EMR CALD Aged Care Network meetings (contact MIC to join)
- Invite ethno-specific services to speak at your staff meetings
- Invite staff from CALD backgrounds to present on their culture
- Develop a resource folder in a shared area

3. Where can I access demographic data?

- *Victorian Multicultural Commission (VMC)*: under the link 'Population & Migration' provides Census 2006 information including data on birthplace, language, ancestry and religion by LGA. www.multicultural.vic.gov.au
- *Municipal Association of Victoria (MAV)*: a publication titled "Seniors from Culturally and Linguistically Diverse Backgrounds" presents demographic details including county of birth, language, English proficiency, living arrangements and need for assistance by language spoken. www.mav.asn.au/hs/ageing/cegs#Resources
- *Migrant Information Centre (MIC)*: provides demographic profiles for each of the LGA as well as for the Eastern Region as a whole. www.miceastmelb.com.au/demographics.htm

4. How can I obtain my PIN to use DHS funded credit line service from ONCALL?

1. Visit the Funded Agency Channel (FAC) website: www.fac.dhs.vic.gov.au
2. If you don't have a Username and Password, you will need to register your agency
3. Once you login, you will be able to locate your pin
4. To book an interpreter or translator call: **ONCALL on 9867 3788**

5. Bilingual Staff and Volunteers

- Bilingual staff/volunteers are very helpful in terms of communicating with clients. It is not recommended to use bilingual staff/volunteers as interpreters or translators, see DHS Language services Policy guidelines regarding use of multilingual staff www.dhs.vic.gov.au/multicultural

- It is important **not to use** English language students to translate materials for the CSO as they may not have sufficient English skills to correctly translate or interpret information
- Centre for Culture Ethnicity and Health, “Bilingual Staff Roles and Organisational Supports,” provides useful tips on supporting Bilingual staff
http://www.ceh.org.au/downloads/bilingual_staff_roles_supports.pdf

6. **☑ Checklist: Preparing Translations**

- Develop a community profile
- Choose your languages
- Don't include too much information
- Use simple terms
- Use short, easily understood sentences
- Avoid double negatives
- Avoid official, legal and professional jargon
- Avoid lengthy titles – try to break them up
- If something is difficult to explain consider whether you really need to include it

The Health Translations Directory has translated resource that can be downloaded:
www.healthtranslations.vic.gov.au

7. **☑ Checklist: Checking & Finalising Translations**

- Arrange a language-specific focus group with clients
- Ask bilingual worker to check the translation against the original
- Ask bilingual worker to restate it in English, to check that they received the intended message
- Ensure the name of organisation is provided in English
- Write the topic in English and indicate language on the front page of the publication

8. **Where can I access the National Interpreter Symbol?**

- You can access the symbol or order any free-of-charge resources by visiting:
<http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/interpreter-card-and-symbol>
- The symbol provides an easy way of indicating where people with limited English proficiency can go for language assistance

9. **Translated HACC information available online:**

‘Your Rights and Responsibilities as a HACC Services User: Brochure’

This brochure is available in 20 different community languages and can be downloaded from:
www.healthtranslations.vic.gov.au

‘Consumer Privacy Information Brochure and Consumer Consent Forms’

This information is available in over 50 different community languages and can be downloaded from: www.health.vic.gov.au/peps/publications/languages_privacy.htm

EMR CALD Aged Care Network

To keep up to date you can join this Network and receive information and updates about equity and access issues in the EMR to community aged care services for CALD communities.

10. Engaging CALD Consumers

The more that CALD consumers are able to participate in diverse ways, the more likely an organisation is to be responsive to their needs. Different strategies could include:

- CALD Consumers on Boards of Management
- Consumer Planning Days
- Consumers on Project Reference and Steering Groups
- Consumer Advisory Groups
- Focus Groups
- Information Sessions and Printed Materials

For more information on engaging CALD consumers in planning, implementation and evaluation visit: www.ceh.org.au/resources/publications.aspx

Source: 'A Practical Guide to CALD Consumer Participation', Centre for Culture, Ethnicity and Health, accessed 21/05/10:
<http://www.ceh.org.au/resources/publications.aspx>

11. Points to consider when recruiting staff and/or volunteers

- Include valuing cultural diversity in job descriptions and job advertisements
- Ensure that your staff/volunteer profile reflects the demographics of your catchment area
- Consider advertising in ethnic media
- Consider translating volunteer brochures in community languages
- Identify and develop strategies to meet special needs arising as a result of the recruitment of CALD volunteers

Useful Information Sheets available online include:

1. *Recruiting Bilingual Staff* → www.ceh.org.au/downloads/recruiting_bilingual_staff.pdf
Centre for Culture, Ethnicity and Health
2. *Inviting Cultural Diversity in Volunteering: Information Sheet 1* → www.miceastmelb.com.au/documents/volunteer/MICVol_InfoSheet1_Policy.pdf Migrant Information Centre (Eastern Melbourne)
3. *Inviting Cultural Diversity in Volunteering: Information Sheet 2* → www.miceastmelb.com.au/documents/volunteer/Info_Sheet_2_Communication.pdf
Migrant Information Centre (Eastern Melbourne)

12. Understanding the Needs of CALD Clients

- The Migrant Information Centre has developed Cultural and Religious Profiles to assist home and personal care workers in providing culturally sensitive care. These can be downloaded from the MIC Website
www.miceastmelb.com.au/documents/mep/H&PCarekit.pdf

- The MRC Canberra & region Inc produced “The Cultural Dictionary” which contains basic information on topics such as population, ethnic composition, language, religion, general attitudes, personal appearance, greetings, gestures, visiting and eating habits, lifestyle, family and marriage practices of people from a variety of ethnic and linguistic backgrounds
http://www.dhcs.act.gov.au/data/assets/pdf_file/0017/5282/Cultural_Dictionary.pdf

13. Points to consider when marketing and promoting to CALD communities (Part 1):

- It is critical to seek advice from the community in developing a promotional strategy for CALD communities
- Literacy level in own language and English comprehension
- Length of settlement in Australia
- What community networks are in the catchment area (churches, mosques, temples, seniors citizen clubs and individuals within the targeted community e.g. doctors)
- Is there ethno-specific media for the targeted community?
- What are the media preferences of the target community (e.g. radio, newspaper, TV)
- Use of local resources for dissemination (e.g. libraries, community centres and local papers)

14. Ethnic Media: Radio 3ZZZ (92.3FM)

Radio 3ZZZ is the largest ethnic community station in Australia. It is estimated that more than 400,000 people listen to 3ZZZ every week. Go to: www.3zzz.com.au/about-us/ for a list of 70 different shows that 3ZZZ broadcast. Click on the link ‘Get Involved’ to explore different ways you can become a member and promote your service through 3ZZZ.

15. Points to consider when marketing and promoting to CALD communities (Part 2):

Department for Victorian Communities by Vicnet, a division of the State Library of Victoria produced a report detailing findings and recommendations from research into how multilingual web-based government information can be created and used in the best way for culturally and linguistically diverse (CALD) communities. The report can be downloaded from eGovernment resource centre website www.egov.vic.gov.au