

Health service cultural diversity plans

Introduction

The Victorian Government is committed to ensuring all Victorians enjoy equal access to services, and are provided with the opportunity to participate fully as members of the community. Government policy recognises that health services face particular challenges in ensuring Victorians who are from culturally and linguistically diverse backgrounds, or who have a low level of English proficiency, enjoy the same level of access to high-quality services as the broader community.

More than 40 per cent of Victorians were either born overseas or have at least one parent born overseas, and so Victoria is characterised by a rich variety of languages, customs and cultures that make up its diverse cultural mosaic. In 2003–04, Victorian health services received over 80,000 requests for interpreter assistance in over 160 languages and dialects.

Therefore, the Government is introducing initiatives that will require health services to establish their own cultural diversity committees. These committees will develop health service cultural diversity plans annually, and oversee and implement these plans. This requirement is in line with the goals and measures outlined in the Government's overarching policy document, *Growing Victoria together: A vision for Victoria to 2010 and beyond* (Victorian Government 2005).

By 30 June 2006, every Victorian health service is required to:

- establish a cultural diversity committee
- develop and implement a health service cultural diversity plan
- lodge the plan with the Director, Quality and Safety Branch.

From 2007 onward, every Victorian health service is required to report annually on the plan's accomplishments through the *Quality of care report*.

Creating health service cultural diversity plans for your organisation

Throughout Victoria, each health service responds to the local community it services and creates its own unique organisational culture. The Government recognises these differences and so requires that a cultural diversity committee and annual health service cultural diversity plan (HSCDP) be established that reflect the health service's capacity, organisational structure and culture.

The committee and the plan must respond to the minimum requirements outlined below. These requirements provide a broad framework that allows each health service

to determine how it will respond to its local culturally and linguistically diverse (CALD) communities through a strategic coordination and planning process.

Minimum reporting requirements

- Understanding clients and their needs.
- Partnerships with multicultural and ethno-specific agencies.
- A culturally diverse workforce.
- Using language services to best effect.
- Encouraging participation in decision-making.
- Promoting the benefits of a multicultural Victoria.

These requirements are explored in greater detail further within the document.

Cultural diversity within health services – a quality improvement approach

HSCDPs should be linked to each health service's strategic planning and implemented within a quality and safety improvement framework. *Better quality, better health care* (Victorian Quality Council 2003) provides an example of a quality and safety framework for Victorian health services. Within this framework, cultural diversity plans could be integrated into the dimensions of 'quality', the key organisational element of consumer involvement, and through consumer and community involvement at the clinical governance level.

Plans should be reported on through the health service's annual *Quality of care report*, a copy of which is provided to the department. The *Quality of care report* is a key strategy to ensure:

- accountability of health services to their communities
- consumers, carers and community members are informed about their health service
- changes in systems and professional practices are reported on
- public reporting on, and promotion of, continuous improvement.

These reports describe the systems and processes in health services to monitor and improve quality. There is scope within these reports to incorporate and/or refer to plans relating to cultural diversity and Aboriginal services. Services are required to have an understanding of their community, and a distribution and evaluation plan for their report. They should also involve their community members in the report's development. These requirements ensure a strong link between the HSCDP and the *Quality of care report*.

Benefits to health services

The establishment of a cultural diversity committee and the implementation of HSCDPs will increase each service's capacity to respond to its local community through a strategic coordination and planning process. Such measures will provide each health service with the tools to recognise and respond to cultural diversity within its catchment.

The plans will help to:

- identify and understand people and their needs
- establish process to work in partnership with specialist agencies and ethnic communities to respond to people's cultural and linguistic diversity
- provide staff with a range of culturally appropriate competencies and so create a more culturally responsive workforce
- increase the ability to respond to quality and improvement for CALD patients and clients
- develop a greater sense of awareness of diversity across the service.

Role of the cultural diversity committee

The establishment a cultural diversity committee (CDC) will highlight CALD issues within a health service. The CDC will act as the focal point for the service's HSCDP, including its development, implementation, monitoring and reporting.

CDC membership must be broad and reflect the breadth of the health service, and representatives should include senior management and community leaders. Members may also be drawn from the board of management, the community advisory committee, the quality committee, senior clinicians, health care practitioners and human resources.

This document's requirements are not intended to involve health services in duplication; rather, it is believed that a collaborative approach between the community advisory committee and the quality committee will strengthen the health service's capacity to respond to the needs of CALD communities within the catchment area.

While the CDC's main focus will be on the cultural plan, it is anticipated that the establishment of a CDC will:

- increase the level of awareness of CALD and cross-cultural issues across the health service
- raise understanding and awareness of staff managing CALD issues across the service
- provide a forum for staff to raise and discuss issues pertinent to this population group
- increase the service's effectiveness in its whole-of-agency response to CALD clients and issues.

To achieve this, the CDC will:

- establish terms of reference
- ensure members are drawn from across the health service including senior management and from community members
- produce an HSCDP for endorsement by the chief executive officer
- lodge the HSCDP with Director, Quality and Safety, DHS
- report on the plan within the annual *Quality of care report*
- provide leadership within the relevant health services regarding HSCDPs and CALD issues
- hold regular meetings.

Planning, monitoring and reporting

The HSCDP's purpose is to provide health services with a tool to better plan and respond to the needs of their already defined CALD clients. The plan will:

- identify current policy directions and evidence, key result areas and strategies for action to improve health service responsiveness to CALD issues
- document, evaluate and promote best practice 'multicultural' examples across the health service
- offer a central coordinating mechanism for responding to and initiating CALD planning at the local health service level
- support the Victorian Government's whole-of-government reporting framework on responsiveness to cultural diversity
- integrate CALD issues into the broader planning mainstream of the health service through the quality and safety plan framework, quality reporting requirements and appropriate service delivery plans.

Annual reporting requirement

The HSCDP report will be incorporated into the annual *Quality of care report*. It should indicate achievements against the plan, or the progress to date (including reasons why indicators have not been achieved). Guidelines for the *Quality of care reports* are updated annually and can be found at www.health.vic.gov.au/consumer/reports.htm.

The HSCDP will be evaluated as part of the annual review of the *Quality of care reports*. A separate review of the HSCDP initiative will be conducted three years after its implementation in 2010–2011.

Minimum reporting requirements: Cultural diversity guide

In 2004, the department published the *Cultural diversity guide* to assist health services by identifying a range of available strategies to improve cultural responsiveness

and levers to effect cultural change. The guide's six distinct areas provide direction on how to improve current practice and could be used to structure the HSCDP. The six areas are:

- Understanding clients and their needs

Data: Accurately gathering a range of information pertinent to the CALD client group will better assist your service to effectively respond to their needs through strategic and targeted planning.

- Does current data collection adequately map the CALD client profile?
- Does current data inform the development of policy, strategies and service delivery?
- Partnerships with multicultural and ethno-specific agencies

Knowledge: Working in partnership with ethno-specific and multicultural organisations can assist your health agency to develop a better understanding of the dynamics of the CALD community in your area, and result in better service delivery outcomes for your health service and CALD client group.

- What initiatives could benefit from a partnership with local CALD communities?
- Are the community groups and agencies the health service works with reflective of the diverse groups in and around the health organisation?

- A culturally diverse workforce

Skills: Employing staff with a range of culturally appropriate competencies will better equip your service to respond to CALD issues and clients, and result in a more culturally responsive workforce.

- Do recruitment methods include strategies to reach out to local communities?
- Does the human resources department have a system to report diversity awareness progress to the board?
- Using languages to best effect

Language: The effective management, provision and reporting of interpreting and translating services is vital to improve access and communication to services for persons with low proficiency in English.

- Are there organisational policies on when to use language services?
- Are there organisational procedures on accessing language services?
- Does the current range of translations reflect community language groups?
- Is the organisational information available in plain English?
- Encouraging participation in decision-making

Engagement: Encouraging individuals and organisations to formally take part in the health service's

decision-making process will lead to better service and planning outcomes for your health service and CALD clients.

- Does the organisation consider CALD representation in the formation of its committees and working groups?
- Promoting the benefits of a culturally diverse Victoria

Education: Promoting diversity and its benefits will result in a more responsive workforce and lead to increased health benefits for the community, of which the CALD clients group is an integral part.

- Is diversity awareness and cultural competency training required for all leadership positions and staff?
- Is the organisational diversity reflected in the mission and values statement, and visible to staff and the public?

For further information consult the *Cultural diversity guide* at www.dhs.vic.gov.au/multicultural/cultdivguide.htm.

Role of the Quality and Safety Branch, Department of Human Services

The Quality and Safety Branch will support the plan's development and monitor the implementation of the CDC and the HSCDPs.

Quality and Safety Branch's role is to develop and implement quality and clinical innovation within acute health services. The Quality and Safety Branch will support the continued improvement of patient care in Victoria through:

- implementing innovative strategies to ensure high-quality and safe healthcare
- developing a standardised approach to the management of adverse events
- establishing mechanisms that allow consumers in health services to contribute to departmental policy development and advise government on priority issues
- developing and maintaining systems to monitor and evaluate safe patient care
- contributing to the management and progress of the priorities of key Victorian clinical councils
- providing clinical advice to the department on all aspects of acute clinical care.

As part of this broader role, the Quality and Safety Branch is responsible for a number of CALD-related initiatives and programs such as funding for interpreting and translating services, the patient charter, language services data, and initiatives that support health services to improve access and use of interpreting services.

Appendix 1: Policy context

This initiative is in line with the policies outlined below.

Growing Victoria together

Growing Victoria together is a 10-year vision statement that articulates what is important to Victorians and the priorities that the Victorian Government has set to build a better society. This document identifies 10 shared goals that will be a focus for setting government priorities; *High-quality accessible health and community services* and *A fairer society that reduces disadvantage and respects diversity* form an integral part of these shared goals. Growing Victoria together can be found at www.growingvictoria.vic.gov.au.

Valuing cultural diversity

The State Government's *Valuing cultural diversity* document sets out the primary principles of cultural diversity:

1. valuing diversity
2. reducing inequality
3. encouraging participation
4. promoting the social, cultural and economic benefits of cultural diversity for all Victorians.

Whole-of-government reporting

As part of its whole-of-government approach to multicultural affairs, the Victorian Government passed the *Multicultural Victoria Act 2004* (MVA). The MVA requires government departments to report annually to the Minister for Multicultural Affairs and parliament on their achievements in the multicultural arena. The Victorian Office of Multicultural Affairs can be found at www.voma.vic.gov.au.

Cultural diversity guide

Without seeking to duplicate the detailed quality and accountability approaches pursued by individual programs and services, the *Cultural diversity guide* offers advice on how to improve services for CALD communities, and illustrates how the human services sector is meeting its obligations in this area. The guide can be found at www.dhs.vic.gov.au/multicultural/cultdivguide.htm.

Language services policy

The department's *Language services policy* recognises that effective communication is essential to the delivery of high-quality services. The policy outlines the necessary requirements to enable people who cannot speak English, or who speak limited English, to access professional interpreting and translating services when making significant life decisions and where essential information is being communicated. The policy can be found at www.dhs.vic.gov.au/multicultural/langservpolicy.htm

Appendix 2: References and resource papers

The references below are provided to assist in the development of cultural plans and have been compiled by the resource and library section, Centre for Culture Ethnicity and Health.

Acute Diversity Care Collaboration Program 2003, *Diversity in hospitals: responding to the needs of patient and client groups from non-English speaking backgrounds: policy and resource guide*, Centre for Culture Ethnicity and Health, Richmond, Victoria, viewed 24 May 2005, www.ceh.org.au/docs/CEH%20Resources/Diversity%20in%20Victoria%20and%20Selected%20Victorian%20Hospitals.pdf.

Central Eastern Primary Care Partnership 2004, *Cultural planning framework & resource kit*, Migrant Information Centre (Eastern Melbourne), Melbourne, viewed 24 May 2005, www.miceastmelb.com.au/documents/resourcekitupdates/full_cultural_kit04.pdf.

Department of Human Services, Mental Health Branch, *Improving services for people from a non-English speaking background*, Victorian Government, viewed 24 May 2005, www.health.vic.gov.au/mentalhealth/publications/downloads/improving_services_for_non_english_speaking.pdf.

Department of Human Services 2005, *Quality of care reports – guidelines and minimum reporting requirements for 2004–2005*, State of Victoria, Department of Human Services.

Eastern Health 2003, *Templates for transcultural policy/procedures resources*, Eastern Health, Box Hill VIC, viewed 24 May 2005, www.easternhealth.org.au/language/transcult-templates.html.

Kung, W 2004, *Cultural planning tool, action plan: analysis report*, Migrant Information Centre, Eastern Melbourne, viewed 24 May 2005, www.miceastmelb.com.au/documents/pdaproject/EMRCPT2001-03.pdf.

Queensland Government 2003, *Providing care to patients from culturally and linguistically diverse backgrounds: guidelines to practice*, Queensland Health, viewed 24 May 2005, www.health.qld.gov.au/multicultural/guidelines/discharge.asp.

Totikidis, V 2003, *Diversity in Victoria and selected Victorian hospitals: an overview of country of birth and language preference data*, Centre for Culture Ethnicity and Health, Richmond, Victoria.

Victorian Government 2005, *Growing Victoria together: A vision for Victoria to 2010 and beyond*.

Victorian Quality Council 2003, *Better quality better health care: a safety and quality improvement framework for Victorian health services*, State of Victoria, Department of Human Services.

