
TITLE : HEALTH SERVICE DELIVERY TO PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

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1. Purpose

The purpose of this bulletin is to provide information to, and clarify the role of, Health Services in the delivery of services to people from **Culturally and Linguistically Diverse (CALD)** backgrounds.

2. Background

Based on 1996 Australian Bureau of Statistics estimates, 29.3% of Western Australia's population was born overseas (23.3% nationally). Those from **Non-English Speaking Backgrounds (NESB)** constitute less than half of these. There is diversity within this group and the clusters of same-language speaking groups are small and many. While most from English Speaking Backgrounds are from the United Kingdom, some 5% with varied cultural backgrounds come from other areas such as the African and South American continents. Not included in these statistics are those people who are Australian born but who identify with the culture and/or language of another country.

The determinants of health status for people from CALD backgrounds are a complex interaction of factors. These include historical exposure to disease (eg tuberculosis or malaria), communication (language barriers and English proficiency), cultural norms and attitudes to health issues, employment status, gender, family and community contacts, service utilisation and environmental factors.

3. Information

National, State and local commitments to provide services to meet the needs of people from CALD backgrounds encompass the principles of

- access;
- equity;
- communication;
- responsiveness;
- effectiveness;
- efficiency; and
- accountability.

Collectively these principles are known as the *Charter of Public Service in a Culturally Diverse Society*.

The State reports to the Commonwealth on its strategies addressing these principles in the context of the need to provide migrants and others from CALD backgrounds with culturally

appropriate and locally specific settlement information in their own language. The Department of Health (DOH) is represented on the WA State Settlement Planning Committee and reports on the availability and quality of health services including the use of interpreters and translated materials, training of staff and **Multicultural Access Contact Officers (MACOs)**, and specific program delivery.

The DOH requires providers of health services to recognise cultural diversity in the delivery of health services. Principles of services are incorporated into Health Service Agreements. DOH also articulates principles through its policy on the use of interpreters: “Language Services in Health Care - Policy Guidelines, 1998” and “Best Practice Guidelines for Health Services - Caring for Patients and Clients from Diverse Cultural Backgrounds, 1997” (OP 1222/99).

Only professional interpreters may be used to communicate with persons of limited English speaking capacity when the outcome of the communication could have major effects on the patient’s health. For interpreter services Health Services contact their Language Services Coordinator or **Translating Interpreting Services (TIS)** on telephone 13 14 50. TIS are available 24 hours a day 7 days a week.

The **Multicultural Access Unit (MAU)** is a state-wide service to assist the DOH and its Health Services to comply with State Government legislation and policies and to improve access to health services and equity for patients/clients from CALD backgrounds.

The MAU is organised into six main areas and two programs:

- Policy/Advice to Health System/Publication/Research
- MACOs Network
- Translations - For Public/Private Health Sector
- Interpreter Education in Health & Mental Health
- Cross-Cultural Education
- Resources/Stores - Pamphlets and Kits
- Female Genital Mutilation (FGM) - Educational Program
- Ethnic Radio Program

Many Health Services have MACOs, to facilitate the development and implementation of policies, programs and practices that are responsive to the cultural, linguistic and religious needs of clients. Contact officers generally carry out the role over and above their major role within the Health Service. A statewide MACO network, coordinated by the MAU, provides in-service training, leadership and support to MACOs.

Health Services are encouraged to contact the MAU for further information:

Manager: Kerry Bastian

MACO Coordinator: Josie Cohen

Phone: (08) 9400 9504

Fax: (08) 9400 9554

Website: www.health.wa.gov.au/mau

Postal Address: PO Box 590 Joondalup WA 6919

Street Address: Regents Park Road Joondalup WA 6027

DOH providers of specialised service for migrants and people from CALD backgrounds also include the Perth Chest Clinic (Migrant Health Centre and Tuberculosis Service),

Multicultural Aged Care Services Western Australia (funded by the Commonwealth and based in North Metropolitan Health Service), and the Transcultural Psychiatry Unit.

The services based at Perth Chest Clinic for migrant health and tuberculosis control include:

- Tuberculosis risk assessment, on request, for any migrant recently arrived from a country where tuberculosis is endemic.
- Surveillance of clients for whom tuberculosis follow up is part of their visa requirement - "Tuberculosis Health Undertaking".
- Free, confidential treatment for anyone diagnosed with tuberculosis.
- On arrival screening of refugees and migrants, arriving under humanitarian resettlement schemes, for communicable diseases endemic in their country of origin. Also provided is culturally appropriate health education and information relating to these diseases, immunisation updates and referral to other health care providers as needed.

The role of Multicultural Aged Care Services Western Australia is to:

- Establish 'clusters' of small groups of residents from similar cultural and linguistic backgrounds in mainstream residential aged care facilities by working in partnership with facilities and ethnic communities.
- Provide cultural diversity training, consultation, information, resources and support to WA residential and community aged care service providers directly funded by the Commonwealth Department of Health and Aged Care.
- Network with health professionals, service providers and ethnic communities to ensure that older people from CALD backgrounds have equitable access to culturally appropriate aged care.
- Collect ethnicity data from metropolitan residential aged care facilities regarding the languages and cultural background of staff and residents.

The role of the Transcultural Psychiatry Unit is to:

- Design and deliver, in partnership with ethnic communities, innovative and culturally sensitive mental health promotion and prevention initiatives for ethnic communities.
- Provide clinical services to people of CALD backgrounds.
- Undertake research in collaboration with key stakeholders to address the unmet health needs of people from CALD backgrounds.
- Perform a resource consultancy role.
- Engage in service development initiatives with other service providers to facilitate the delivery of culturally sensitive mental health services to the target population.
- Establish collaboration and participate as a member of the Australian Transcultural Mental Health Network.

There is also a Multicultural Forum For Mental Health Practitioners. Members of the Forum include mental health professionals from a range of disciplines, representing the different metropolitan regional mental health services, consumer representatives and representation from the Mental Health Division. The objective of the Forum is to develop strategies that might facilitate the capacity of each mental health service, represented on the Forum, to respond appropriately to the needs of people from CALD backgrounds who reside within each service's respective catchment areas.

The Forum's Terms of Reference are as follows:

- To promote, and facilitate, culturally sensitive management and practices for CALD background patients with mental health issues - by way of research, education and quality assurance.
- To provide input into policy development at a service-wide level.

The Home and Community Care (HACC) Program, funded by both the Commonwealth and State government, provides a range of home support services to frail aged people, people with disabilities and their carers. There are a number of projects in Western Australia, specifically targeted to people from CALD backgrounds, which receive funding through the HACC Program.

A National Reference Group addressing the needs of HACC clients from CALD backgrounds was established in 1998. A 'National Framework for the Development of Culturally Inclusive HACC Services', has recently been drafted by this group to enhance the program's response to cultural diversity. The framework sets out the responsibilities of government as well as service providers funded through the HACC Program. It is intended that this document will be distributed and applied to all HACC funded agencies.

For further information regarding cultural diversity issues in the HACC Program, please contact:

Project Officer: Lynnette Hambright
Phone: (08) 9222 4287
Fax: (08) 9222 2192
Address: Aged and Continuing Care Branch
Department of Health
2nd Floor C Block
189 Royal St
EAST PERTH WA 6004

4. Costs and Prices

A user pays policy will apply to staff in-service education, translated pamphlets and other resource materials, and interpreter services.

Where the MAU, or other unit mentioned above, provides staff in-service education for any Health Services, the health service will meet the Units costs of providing that service.

Similarly, Health Services will pay for translated pamphlets and other resource materials ordered from the MAU (or other Unit). Those funds will be utilised in service provision by the provider Unit. Health Services will meet the cost of any translating services they utilise, whether they are organised directly or through the MAU.

The fee-for-service arrangements for language Interpreter Services will apply, including for AUSLAN interpreters; whether the interpreters are from the Department of Immigration and Multicultural Affairs' (DIMA) TIS or any private or non-government provider.

The Service and Financial Plan (SFA) does not specifically identify funds to meet these costs; they must be borne within allocated budgets.