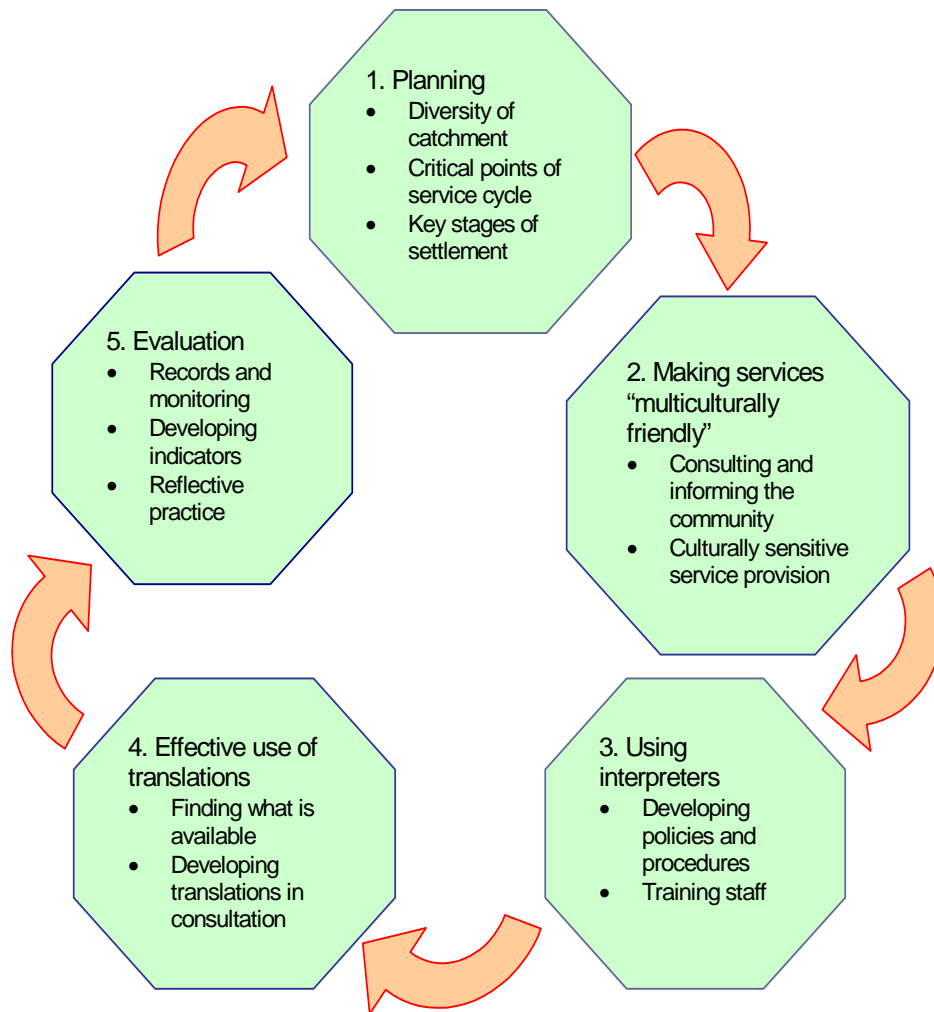


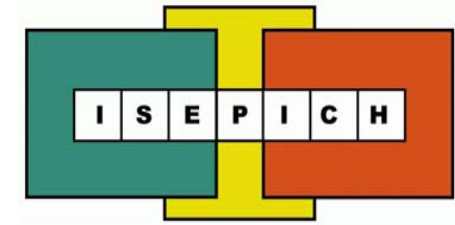
The Planning Cycle

The steps and processes shown in Table 1 reflect a cycle of 'planning - acting - evaluating - planning' as shown below.



Acknowledgements

The former Central Health Interpreter Service (CHIS) collaborated with ISEPICH in the original Language Services Project. Jewish Care Inc, representing ethno-specific member agencies on the ISEPICH Executive until November 2003, led the development of this strategy. South Central Migrant Resource Centre also supported and facilitated the development of the strategy. Numerous other member agencies have given support and assistance. The ISEPICH Executive would like to express its appreciation for the work done by member agencies and key workers in developing this strategy. We would also like to thank the Centre for Culture, Ethnicity and Health for its support.



Inner South East Partnership in Community and Health

Integrated Cultural and Linguistic Diversity Strategy

Introduction

The Inner South East Partnership in Community and Health (ISEPICH) is a primary care partnership of health and community support agencies. ISEPICH has 40 member agencies and covers the local government areas of Stonnington, Port Phillip and Glen Eira.

In 2002, the ISEPICH Executive Committee agreed to adopt an integrated cultural and linguistic diversity strategy for the partnership.

This followed a project on the use of health language services (interpreters and translations) that ISEPICH carried out in 2001/02. We found that there was variation in the use of language services amongst ISEPICH member agencies, and that community members of culturally and linguistically diverse backgrounds were not confident that primary care services would always provide interpreters when needed. Community members were also interested in receiving more health information in their own languages.

Aims

The strategy aims to ensure that:

- Community members of culturally and linguistically diverse backgrounds have equitable access to all services and programs in ISEPICH member agencies
- Services are provided in a culturally sensitive manner
- Interpreters and translations are provided when needed.

ISEPICH Member agencies

Arthritis Foundation
 Argyle Street Housing (Homeground)
 Australian Polish Community Services
 Bayside Community Options
 Bayside Health Service (Alfred Hospital, Caulfield General Medical Centre, ACAS, Caulfield Community Health Service, Sandringham & District Memorial Hospital)
 Bentleigh Bayside Community Health Service
 Bethlehem Hospital
 Better Hearing Australia
 Carer Respite Centre Southern Region
 City of Glen Eira
 City of Port Phillip
 City of Stonnington
 Connections
 Do Care
 Fronditha Care Inc
 Gawith Villa
 Inner South Community Health Service
 International Diabetes Institute
 John McRae Centre
 Jewish Care
 MECWA Community Care
 Mental Illness Fellowship of Australia
 MOIRA Disability Service
 Monash Division of General Practice
 Napier Street Aged Care Services
 Polish Community Council
 Port Phillip Community Group
 Prahran Mission
 Richmond Fellowship
 Royal District Nursing Service Caulfield
 Sacred Heart Mission
 Salvation Army Bridge Program
 South Central Region Migrant Resource Centre
 Southcity GP Services
 South East Centre Against Sexual Assault
 South Port Day Links
 St Kilda Parish Mission
 The Windana Society
 Vision Australia Foundation
 Women's Health in the South East

The Inner South East Partnership in Community and Health (ISEPICH) is a Primary Care Partnership. ISEPICH is auspiced by the City of Port Phillip. For further information please contact the Project Manager, Barry Hahn, c/- City of Port Phillip, cnr Carlisle St & Brighton Rd, Private Bag 3, St Kilda 3182. Phone (03) 9209 6455 Email bhahn@portphillip.vic.gov.au Website www.isepich.org

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Table 1. Steps and Processes

Background information

ISEPICH covers the local government areas of Port Phillip, Stonnington and Glen Eira. About 20% of residents were born in non-English speaking countries and about 30% of speak a language other than English at home. About 5-10% of all residents may not speak English very well, or not at all. This rate may be significantly higher in some parts of the area and amongst older age groups, especially older women, who may have had limited opportunities to learn English. The ability of refugees to learn another language can also be affected by psychological trauma they have suffered.

Many migrants came to the area in the post World War Two migration program and are now reaching old age. Many have experienced trauma, including a significant number of Holocaust survivors. More recently arrived migrant groups also include people who have experienced trauma in their countries of origin, which include former USSR, former Yugoslavia, South America and Horn of Africa (includes Somalia, Eritrea and Ethiopia). Recent settlement data also shows significant new arrivals from China, India, Indonesia and other countries of Southeast Asia.

Culturally and linguistically diverse groups in ISEPICH can face difficulties due to the increasing housing and living costs in the area. Migrant groups, especially but not only recent arrivals, may also lack knowledge of services that is taken for granted by English-speaking service providers.

There have been a number of identifiable ‘waves’ of migrants to this area, leading to three broadly distinguishable groups:

Ageing groups

- include Russian, Polish, Greek, Italian, Hungarian, Egyptian (Arabic), and some Chinese, Turkish and Bosnian born;
- include refugee groups especially Holocaust survivors;
- health needs may be related to ageing, including loss of acquired language fluency, resurfacing of trauma, social isolation, and frailty.

Middle years groups

- include Turkish, Bosnian, South American (mainly Spanish-speaking), Chinese, and other Asian born;
- include refugee groups especially from former Yugoslavia, South America and Asia (although Asian groups such as Cambodian and Vietnamese are more concentrated in the South East PCP);
- health needs may include issues such as family conflict, concern over teenage children and drugs.

Newer arrivals - younger people and young families

- include Afghan, Iraqi, Horn of Africa born; also more recently Indian subcontinent, Indonesia, other Southeast Asian born;
- include refugees, especially from central and east Africa, and also independent and business migrants;
- health needs may be related to family formation, and separation from family, also issues such as housing, employment, and mental health.

People on Temporary Protection Visas (TPVs) are a specific group to be considered. People on TPVs are denied rights that other migrant groups have, including access to English language training. Some have been denied access to Medicare. The number of people on TPVs in the ISEPICH catchment appears to be low, but there are significant numbers in neighbouring areas, particularly the Dandenong area.

Implementation

Key steps and processes to implement the strategy are set out in Table 1. Many of these steps and processes may already be covered in existing organisational plans, such as multicultural strategies and plans, or equity and access strategies and plans. Table 1 is intended as an overview, which encompasses existing processes such as the Home and Community Care (HACC) cultural planning process and the Culturally Equitable Gateways Strategy, and builds on them.

ISEPICH has over forty member agencies, and while many of them receive funding through the HACC program, they are also funded from a wide variety of other state and federal programs. (A full list of ISEPICH member agencies is shown overleaf). The strategy is intended to be relevant to all member agencies, including those that are not HACC funded, and to assist them in developing cultural plans and strategies

The steps and processes identified in Table 1 can be implemented by individual agencies, and specific service and program areas within agencies, and, where relevant, by the PCP as a whole or its various working groups. These steps and processes are part of a “plan - act - evaluate - plan” cycle.

The strategy will also provide an opportunity for joint learning and sharing of ideas, and, where necessary, joint advocacy to address identified needs in the PCP. It will also provide opportunities for ethno-specific and English-speaking (“mainstream”) agencies to work together and undertake joint planning.

A network of key workers in member agencies has been set up. The network meets quarterly and holds an annual planning workshop.

The Cultural and Linguistic Diversity strategy will be evaluated as part of the implementation process.

Further Resources

A Cultural and Linguistic Diversity section on the ISEPICH website at www.isepich.org provides information and resources.

1. PLAN	✓
1.1. know the community, including having a good understanding of cultural and linguistic diversity in the local community	
1.2. develop and implement agreed strategies for ethno-specific and English speaking (or “mainstream”) agencies to work together effectively in the PCP	
1.3. utilise the PCP to advocate for systemic improvement, funding or service development required to meet the needs of CALD community members, where relevant	
1.4. for existing services and programs, at PCP and agency level, document the existing client base and how well it reflects the cultural and linguistic diversity in the community	
1.5. plan to ensure programs and services are meeting the needs of CALD community members	
1.6. at both PCP and agency level, set targets for participation, consultation, communication, resource development and translations for CALD community members and groups	
1.7. know how to consult the community, and have measures in place to do so	
1.8. have mechanisms for CALD participation (if suitable, this maybe through linking in with local government or the MRC)	
1.9. know the key stages in the settlement experience when health language services are most likely to be needed, and other relevant factors, for example the proportion of refugees and humanitarian visa holders in the community, and their needs	
1.10 be aware of key cultural factors relevant to health, and know how to find more detailed information when needed	
1.11 know the ethno-specific services and ethnic community organisations in the local area, and in the state, and their roles	
1.12 plan for the use of interpreters, bi-lingual workers and peer support/community development according to best practice guidelines	
1.13. know the critical points in the service delivery cycle when language services are needed	
1.14 develop and support a culture of diversity and inclusion in organisations	
1.15. ensure staff members with responsibility for cultural and linguistic diversity are supported in their role, including by senior management	
1.16 keep records to assess whether targets are being met and services are meeting the needs of CALD members (see also evaluation)	
2. PROVIDE CULTURALLY RELEVANT SERVICES AND PROGRAMS	
2.1 Inform the community about programs and services, using appropriate means (eg local advisory groups, ethnic media)	
2.2 outreach to communities as needed	
2.3 consult with the community regarding their needs	
2.4 ensure that programs and services are delivered in a culturally sensitive way	
2.5 provide staff training in cultural awareness	
2.6 ensure bilingual staff, peer support and community development approaches are utilised in effective and appropriate ways	
3. ENSURE INTERPRETERS ARE PROVIDED WHEN REQUIRED	
3.1 develop policies and procedures for interpreter use	
3.2 ensure all staff are provided with training in when to use interpreters and how to work effectively with interpreters	
4. MAKE EFFECTIVE USE OF TRANSLATED MATERIAL	
4.1 know how to find what translated information is already available	
4.2 develop translated material in consultation with the community and other agencies as appropriate	
5. EVALUATE	
5.1 develop indicators to ensure that services and programs are meeting the needs of CALD communities (eg number of CALD clients using services, number of interpreter services used, frequency/participation in staff training programs, qualitative surveys of CALD communities)	
5.2 keep records and monitor to ensure the indicators are met, and are appropriate	
5.3 develop and support reflective practice and professional development	