South Eastern Sydney Local Health District

Culturally & Linguistically Diverse (CALD) self-assessment tool

This self-assessment tool is for use by all SESLHD clinical services and facilities providing acute, sub-acute and community health care. It is intended to support facilities and services to consider and include the specific needs of people from culturally and linguistically diverse (CALD) backgrounds to provide safe, high quality, culturally responsive care.

The tool can be used to identify quality improvement activities and demonstrate compliance with the National Safety and Quality Health Service Standards. Completion is not mandatory, and frequency of use can be determined by individual services, departments, or facilities. Not all sections of this tool are mandatory or relevant for every clinical area. They should be considered within the context of service delivery provided.

The tool is mapped to relevant strategic priorities, actions, and objectives of the:

1. SESLHD Exceptional Care, Healthier Lives Strategic Plan 2022-2025;
2. National Safety and Quality Health Service Standards (2021) User guide for Health Service Organisations Providing Care for Patients from Migrant and Refugee Backgrounds; and the
3. NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023

***Culturally and linguistically diverse (CALD):** the non-Indigenous cultural and linguistic groups represented in the Australian population who identify as having cultural or linguistic connections with their place of birth, ancestry or ethnic origin, religion, preferred language, or language spoken at home.*

(NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023)

***Cultural responsiveness:** offers a framework through which service delivery to clients from culturally and linguistically diverse backgrounds is improved. It requires an organisation-wide approach to planning, implementing and evaluating services for clients of culturally and linguistically diverse backgrounds. Cultural responsiveness is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services.*

(National Safety and Quality Health Service Standards User Guide for Health Service Organisations Providing Care for Patients from Migrant and Refugee Backgrounds, August 2021)

Ý ù Ý ÿ

For support to complete the self-assessment tool or to develop an action plan, please contact the SESLHD Multicultural Health Team at SESLHD-MHSAdmin@health.nsw.gov.au or your relevant facility Diversity Health Team.

Other helpful resources

- SESLHD Implementation Plan for Healthy Culturally and Linguistically Diverse Communities and Refugee Health Plan 2021-2023
- NSW Health Interpreters – Standard Procedures for Working with Health Care Interpreters Policy (PD2017_044)
- NSW Health – Health Literacy Framework: A Guide to Action
- SESLHD Translated Health Information Policy_SESLHDPD/325
- CALD Assist

SESLHD Culturally & Linguistically Diverse (CALD) self-assessment tool

Service /Facility:

Date:

Completed by:

Contact details:

1. Identifying CALD Communities

SESLHD Strategic Plan	Partnering for healthier communities; Providing person-centred care
NSQHS Standards	Action 1.01, 1.10, 1.15, 1.16, 1.27, 2.04, 2.08
NSW Health Plan	Objective 1, 2, 3, 10, 11

Tick the relevant boxes if your service has/does the following:		Yes	Partially	No	N/A
1.1	Demographic data is used to identify the diversity of the service catchment e.g., Australian Bureau of Statistics Census, Department of Home Affairs, Health Care Interpreter Service, health service usage, and consumer/community forum data				
1.2	Demographic data is used to inform service planning and delivery by identifying the health needs and barriers to accessing health care of CALD clients				
1.3	CALD indicators (country of birth, preferred language and need for an interpreter) is routinely collected from all clients and documented				
1.4	All staff can assess the level of English language proficiency of clients and the need for an interpreter				
1.5	Information related to migration history is routinely collected from all clients e.g., ethnicity, visa status, Medicare eligibility and years living in Australia				

Evidence

2. Health literacy - verbal communication

SESLHD Strategic Plan	Partnering for healthier communities; Providing person-centred care
NSQHS Standards	Action 1.13, 2.04, 2.05, 2.06, 2.08, 2.10, 5.11, 8.07
NSW Health Plan	Objective 3, 4, 6, 9

	Tick the relevant boxes if your service has/does the following:	Yes	Partially	No	N/A
2.1	Clients know that they have a right to request a free and confidential professional interpreter, if needed				
2.2	Clients understand the role of a professional interpreter and client preferences are communicated to the interpreter service on booking e.g., telephone for confidentiality, gender specific requests				
2.3	Resources are available to staff to support access to professional interpreter services e.g., SESLHD interpreter service posters, keyboard/telephone stickers and lanyard cards				
2.4	Staff are adequately equipped to access professional interpreters e.g., access to dual handset telephones, speaker phones, computers, cameras & speakers, and iPads				
2.5	Staff are aware of risks associated with the use of ad hoc interpreters such as family, friends, and bilingual staff members, and the use of machine translations, such as Google Translate				
2.6	The use of an interpreter (either professional or ad hoc) is documented correctly in the client's clinical record				
2.7	Staff provide clients/family the opportunity to provide feedback on professional interpreter services				
2.8	Language supports are used to facilitate non-essential communication e.g., CALD Assist app, ward words etc.				
2.9	Health literacy levels of clients/families are assessed to tailor information to the needs of clients and families				
2.10	Staff employ strategies such as Teachback to confirm that clients/families have understood information and instructions				

Evidence

3. Health literacy - written communication

SESLHD Strategic Plan	Partnering for healthier communities; Providing person-centred care
NSQHS Standards	Action 1.31, 2.05, 2.06, 2.08, 2.09, 2.10, 4.11, 5.11, 6.08, 8.07
NSW Health Plan	Objective 4

Tick the relevant boxes if your service has/does the following:	Yes	Partially	No	N/A
3.1 Plain English principles are used to develop all written health information				
3.2 All written health information is produced at a reading age of 11 years or year 7				
3.3 Health literacy levels and English language proficiency of target communities are considered when developing written health information				
3.4 CALD consumers with relevant lived experience are engaged to develop, review, focus test and evaluate written health information				
3.5 Culturally sensitive and relevant images are used in the production of written health information				
3.6 Clients with low English proficiency have access to quality translated information				
3.7 Translated health information is developed in compliance with the SESLHD Translated Health Information Policy				

Evidence

4. Health literacy - health system navigation

SESLHD Strategic Plan	*Partnering for healthier communities; Providing person-centred care*		
NSQHS Standards	*Action 1.07, 1.31, 2.03*		
NSW Health Plan	*Objective 5*		

	Tick the relevant boxes if your service has/does the following:	Yes	Partially	No	N/A
4.1	Clients receive written information related to the Australian Charter of Healthcare Rights in their preferred language				
4.2	Outbound written communication includes the Translating and Interpreting Service (TIS) National telephone number				
4.3	Service/facility signage and directions include symbols and/or translated information that reflect the language diversity of service catchment				
4.4	Waiting rooms and treatment spaces are welcoming to people from CALD backgrounds e.g., through the display of translated information with diverse images, interpreter access information etc.				
4.5	Clinical staff are aware of fee waiver policies for refugee and asylum seekers and advocate for these policies to be used when referring clients to other health services				
4.6	Staff assess the need for support to navigate and action referrals and provide post discharge follow-up				
4.7	Designated bilingual positions, that reflect the languages of the service catchment, support specific communities access and navigate health services				

Evidence

5. Safe provision of clinical care

SESLHD Strategic Plan	*Partnering for healthier communities; Providing person-centred care*
NSQHS Standards	*Action 1.01, 2.04, 4.03, 4.07, 4.12, 5.10, 5.11, 5.13, 5.15, 5.16, 5.17, 5.18, 5.19, 5.20, 5.28, 5.31, 5.32, 6.08, 6.10*
NSW Health Plan	*Objective 2, 6*

	Tick the relevant boxes if your service has/does the following:	Yes	Partially	No	N/A
5.1	Professional interpreters are used to obtain informed consent where either the client or the clinician has identified the need for an interpreter				
5.2	Professional interpreters are used for clinical conversations including those relating to medical history, medications, treatment options, and discharge instructions				
5.3	Clients and families with low English proficiency are supported to participate in care and shared decision making with the support of professional interpreters, translated information and adequate consultation duration				
5.4	Mental health screening is included in routine health screening for people from migrant & refugee backgrounds to identify those at risk of self-harm or suicide				
5.5	Staff are aware of culturally appropriate specialist mental health referral pathways				
5.6	Sensitivity and trauma informed approaches are used when screening and assessing patients from refugee, refugee-like and asylum seeker backgrounds				
5.7	Staff recognise cultural and familial traditions related to caring roles and decision making to ensure respectful communication and planning of care				
5.8	Staff consider the influence of different cultural understandings of health, wellness, complementary medicines, and illness management when completing a comprehensive medical history, negotiating treatment options, shared decision making, and end of life care with CALD clients				
5.9	Processes are in place for clients/family with low English proficiency to directly escalate concerns about care				
5.10	Clients with low English proficiency can report adverse incidents				
5.11	Language proficiency, access to interpreters, migration history and ethnicity are considered when investigating all adverse clinical outcomes				
5.12	Feedback related to reported incidents and concerns, including open disclosure conversations, is supported by professional interpreters, and translated information				

Evidence

6. Workforce development

SESLHD Strategic Plan	Partnering for healthier communities; Providing person-centred care; Supporting teams to thrive
NSQHS Standards	Action 1.20, 2.07, 2.14, 4.11, 5.13
NSW Health Plan	Objective 2, 4, 8

Tick the relevant boxes if your service has/does the following:		Yes	Partially	No	N/A
6.1	Staff access cultural responsiveness training relevant to diversity of the service catchment and the nature of service delivery				
6.2	Staff access training related to accessing and working with professional interpreters, tailored to the nature of service provision				
6.3	Staff access health literacy and interpersonal communication training				
6.4	CALD consumers are involved in the design of staff training through the provision of feedback, service evaluation, and consultation with representatives of local CALD communities				

Evidence

7. Consumer participation

SESLHD Strategic Plan	Partnering for healthier communities; Providing person-centred care
NSQHS Standards	Action 2.08, 2.11
NSW Health Plan	Objective 4

	Tick the relevant boxes if your service has/does the following:	Yes	Partially	No	N/A
7.1	Consumer representatives reflect the diversity of the service catchment				
7.2	Co-design principles are used when working with consumers to design, review and evaluate service delivery and client resources				

Evidence

8. Evaluation and research

SESLHD Strategic Plan	Partnering for healthier communities; Providing person-centred care
NSQHS Standards	Action 1.11, 1.12, 1.13, 1.14, 1.27, 2.11, 8.07
NSW Health Plan	Objective 4, 8, 12

	Tick the relevant boxes if your service has/does the following:	Yes	Partially	No	N/A
8.1	Clients with low English proficiency can participate in service evaluation surveys, interviews and/or focus groups				
8.2	Processes are in place to include people from CALD backgrounds and those with low English proficiency to participate in research activities				

Evidence

Planned actions
1. Identifying CALD communities
2. Health literacy - verbal communication
3. Health literacy - written communication
4. Health literacy - health system navigation
5. Safe provision of clinical care
6. Workforce development
7. Consumer participation
8. Evaluation and research
Review date