



## Cultural Responsiveness Plan 2010 – 2013

**(Inclusive of CALD acute, sub-acute, HACC, disability and mental health)**

CALD – Culturally and Linguistically Diverse

CAMHS – Child and Adolescent Mental Health Service

EH – Eastern Health

TSU – Transcultural Services Unit (Eastern Health programme area)

### Domain 1 Organisational Effectiveness

All areas in measures 1.1 – 1.4 are being monitored.

### Standard 2

Leadership for cultural responsiveness is demonstrated by the health service

	Gaps to be resolved	Actions/Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period/Year
<b>Measures 2.1</b>	The number of managers who have undertaken cultural responsiveness training	Inclusion of cultural responsiveness sessions in 'New Manager' training	80% of new managers to be trained	Annual	Cultural Responsiveness Plans 2011 - 2013 EQuIP 1.6.3 Quality of Care Reports	2011 – 2012 2012 - 2013
<b>Sub-measures</b>	Further research the cultural responsiveness	Conduct a survey of manager training needs	Increase level of skill in cultural	June 2011		

needs of managers and growing overseas born CALD workforce	in:	responsiveness of managers through self-directed learning; increase manager's knowledge in directing staff to CALD documents on the TSU intranet		
	1) Responding to the needs of multicultural workforces		July 2011	
	2) Responding to the needs of clients/carers			
	Adapt the EH CALD Training Needs Assessment Tool as a CALD cultural assessment tool for managers and staff		July 2011	
	Develop new online resources for manager professional development – manager cultural responsiveness checklist		March 2011	
	Develop new online resources for manager professional development – managing multicultural workforces		April 2011	

**Domain 2 Risk Management**

All areas in measures 3.1 & 3.2 are being met through annual audits, but the following areas listed below will be targeted for improvement.

**Standard 3 Accredited interpreters are provided to patients who require one (and access to translations)**

	<b>Gaps to be resolved</b>	<b>Actions/Strategies</b>	<b>Target outcome</b>	<b>Review date</b>	<b>Links to other CALD reporting frameworks, accreditation, etc.</b>	<b>Reporting period/Year</b>
<b>Measures 3.1. &amp; 3.2</b>	Increase the number translated generic EH documents	Use the EH Translations Risk Matrix to determine new documents for translation	3 new generic translations annually	Annual	EH Cultural Responsiveness Plan 2011 - 2013 EQuIP 1.6.3 Quality of Care Reports	2010 – 2011 2011-2012 2012-2013
	Improve access to accredited interpreter services at all sites	Continuation of 'communication' training sessions for all staffs and review of online information packages for self directed learning	Improve on previous year's audit & aim for internal benchmark of 85% coverage across all sites	Annual		
<b>Sub-measures</b>	Improve access to translated documents available for community members on the EH Transcultural Services internet	1) Increase access to generic translations on the Transcultural internet page 2) Survey client satisfaction with new-look EH Transcultural internet page	Increase ease of access to EH translated documents related to information required prior to admission and after discharge for clients/carers	May 2011		

Increase in accredited interpreter coverage rates across all sites	1) Trial a 4-month expanded in-house interpreter service at Box Hill Hospital (BHH) and determine feasibility of an EH centralised booking system	Expanded in-house interpreter services at BHH & feasibility of site/EH -wide centralised booking service, to improve timely interpreter access services for clients	April 2012		
	2) Survey site/programme need for a centralised bookings				
	3) Investigate the appropriate KPI for interpreter coverage rates & organisational capacity to routinely report on this	Inclusion of interpreter access data as a new KPI	March 2013		

### Domain 3 Consumer Participation

All areas in measures 4.1 – 5.1 are currently addressed, but the following areas listed below will be targeted for improvement.

### Standard 4 Inclusive practice in care planning is demonstrated but not limited to: dietary, spiritual, family, attitudinal and other cultural practices

	Gaps to be resolved	Actions/Strategies	Target outcome	Review date	Links to other CALD reporting frameworks, accreditation, etc.	Reporting period/Year
<b>Measures 4.1 &amp; 4.2</b>	Improvement in services related to culturally appropriate meals services and	Increased involvement of CALD clients / carers and stakeholders in consultative processes,	Improve client access to culturally appropriate meals;	June 2012	Cultural Responsiveness Plans 2011 - 2013 EQuIP 1.6.3	2010 - 2011 2011 - 2012 2012 - 2013

	religious /spiritual needs	targeted surveys and education campaigns; Cost impact analysis for proposed changes to menus	improve client access to religious/spiritual representatives and use of Sacred Space facilities; improve understanding and timely access to mental health services		Quality of Care Reports	
<b>Sub-measures</b>	Client evaluation of cultural appropriateness of meals and religious/spiritual needs	<ol style="list-style-type: none"> <li>1) Audit internal data collection systems for religious affiliation field</li> <li>2) Community and staff education campaign on food safety - access to translated Food safety brochures</li> <li>3) Meals client satisfaction survey</li> <li>4) Audit of Sacred Space facilities in line with EH Sacred Space Policy</li> </ol>	<p>Improve religious affiliation in internal data collection and transfer processes</p> <p>Improve culturally appropriate meal options across all sites</p> <p>Address food safety issues for visitors who wish to provide meals for patients</p>	<p>December 2010</p> <p>March 2011</p> <p>December 2010</p> <p>April 2011</p>		

		<p>5) Community and staff education campaign on Sacred Space facilities and access to religious/spiritual representatives</p> <p>6) Development of new TSU training documents on meals issues related to religious practices</p>	<p>All sites to comply with Sacred Space Policy</p> <p>Address gaps in staff knowledge</p>	<p>December 2011</p> <p>September 2011 (on-going)</p>		
	CAMHS to target the Chinese community	<p>1) Produce new translations in relevant Chinese languages</p> <p>2) Trial a collaborative working relationship with identified staff at the Chinese Community Social Services Centre (Box Hill), as part of preventative health community development model</p>	<p>Develop on-going collaborative preventative health approach with ethno-specific and multicultural agencies in the region and extend the model of care to newly arrived and refugee communities.</p>	<p>July 2011</p>		

**Domain 4 Effective Workforce**

All areas in measures 6.1 are currently addressed, but the following areas listed below will be targeted for improvement.

**Standard 6**

Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness

	<b>Gaps to be resolved</b>	<b>Actions/Strategies</b>	<b>Target outcome</b>	<b>Review date</b>	<b>Links to other CALD reporting frameworks, accreditation, etc.</b>	<b>Reporting period/Year</b>
<b>Measures 6.1</b>	The number of staff who have undertaken cultural responsiveness training	All staff to access cultural responsiveness /language services TSU training and self-directed learning documents on the TSU intranet	75% of staff to have appropriate training	Annual		2011 – 2012 2012 - 2013
<b>Sub-measures</b>	Further research the cultural responsiveness needs of staff and departmental needs	<ol style="list-style-type: none"> <li>1) Continue surveys of staff &amp; departmental training needs</li> <li>2) Adapt the EH CALD Training Needs Assessment Tool as a CALD cultural assessment tool for staff</li> <li>3) Develop new TSU online resources for staff professional development</li> </ol>	Increase level of skill in cultural responsiveness of staff through face to face & self-directed learning, which will lead to improvements in client satisfaction; increase staff knowledge of translated documents for client distribution	<p>Annual</p> <p>July 2011</p> <p>Annual</p>		

**Internal Reporting:**

Quarterly progress reports to:

- EH Executive Strategy, Planning and Human Resource Committee
- EH Board Strategy, Planning and Human Resource Committee and Board Community Advisory Committee
- EH Board Quality Committee (for information only)
- EH Transcultural Advisory Committee

Annual report on the activities of the EH Transcultural Advisory Committee to:

- EH Executive Strategy, Planning and Human Resource Committee