ST VINCENT'S HOSPITAL
MELBOURNE
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

St Vincent's Hospital (Melbourne)
Caritas Christi Hospice
St. George's Health Service
Prague House

CULTURAL RESPONSIVENESS

Guideline

Statement

St Vincent's Hospital Melbourne (SVHM) supports and facilitates an inclusive environment that embraces all that makes us individual and diverse. To this effect, SVHM seeks to foster a spirit that embraces cultural, religious and linguistic diversity in accordance with the Mission and values of the health service which are:

- **Compassion:** Accepting people as they are, caring for them with sensitivity and understanding regardless of ethnicity, language, culture or beliefs.
- **Justice:** Respecting the rights of all, ensuring that patients and clients from diverse cultural, linguistic and religious backgrounds have equitable access to our services and feel culturally safe.
- **Integrity:** Acting with honesty and truth while ensuring that who we are enables others to flourish.
- **Excellence:** Excelling in all aspects of our health care by taking positive account of issues related to cultural and linguistic diversity.

This cultural responsiveness guideline is supported by the St Vincent's Diversity and Inclusion Policy and is based on the premise that embracing diversity benefits the organisation, its services and all those connected to it.

In the context of cultural responsiveness and with the aim to deliver a health service that is culturally safe, SVHM is therefore committed to:

- supporting and developing the cultural competence of staff in providing culturally responsive health care services to patients and carers from Culturally and Linguistically Diverse (CaLD) backgrounds;
- providing accessible and equitable healthcare for CaLD patients and carers and
- supporting an environment which respects, protects and welcomes staff and patients and carers of all faiths, language groups and cultural traditions**.**

SVHM is committed to sharing information on cultural and linguistic diversity and ensuring consistency in policies and procedures across the health service.

Objective

To provide a high quality healthcare service which is equitable, accessible and responsive to the socially, culturally, multi faith and linguistically diverse community it serves as far as is practical to the particular circumstances of individuals.

Scope

This guideline applies to all staff employed by SVHM.

Guiding Principles

In providing services for CaLD patients, SVHM is guided by the key result areas established by The Department of Health and Human Services (DHHS) 2009 *Cultural responsiveness framework: Guidelines for Victorian health service.* This framework provides six standards across four quality and safety domains in culturally responsive care which outline minimum standards and measures for health services and is congruent with the *Victorian clinical governance guideline framework*. St Vincent's Cultural Responsiveness Plan, covering a three year period, is aligned to St Vincent's strategic plan. The standards are listed below, and the Cultural Responsiveness Guideline is linked to all 6 standards:

Domain 1 Organisational Effectiveness	Domain 2 Risk management	Domain 3 Consumer participation	Domain 4 Effective workforce
Standard 1 A whole-of-organisation approach to cultural responsiveness is demonstrated **Standard 2** Leadership for cultural responsiveness is demonstrated by the health service	**Standard 3** Accredited interpreters are provided to patients who require one	**Standard 4** Inclusive practice in care planning is demonstrated, including but not limited to: dietary, spiritual, family, attitudinal, and other cultural practices **Standard 5** CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis	**Standard 6** Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness

Definitions

Culture

Cultures are not synonymous with countries. Cultures extend beyond political boundaries. In this guideline, culture refers to the following:

- A community or population sufficiently large enough to be self-sustaining; that is, large enough to produce new generations of members without relying on outside people.
- The totality of that group's thought, experiences, and patterns of behaviour and its concepts, values, and assumptions about life that guide behaviour and how those evolve with contact with other cultures. (Jandt 2004)

Cultural background

For the purpose of this guideline, the definition of culture is linked to ethnicity. Ethnic or cultural background is not the same as nationality or place of birth. Cultural background means the group from which one is originally affiliated and which has a distinct shared identity. Broadly speaking, people from the same ethnic or cultural background share the same explicit cultural traits, for example, through visual cues (e.g. food, clothing, language); or implicit cultural traits (e.g. basic assumptions, rules and methods) as well as norms and values.

Cultural Diversity

Cultural diversity refers to the distinguishing features of a person's background which could include but is not limited to:

- Country of origin
- Languages spoken at home
- Family ties
- Cultural and religious background, and
- Self-identification (Babacan 2008)

Cultural Competence

Current definitions of cultural competence are based on the core concepts and principles as professed by Cross et al in 1989. Specifically:

"Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations." (Cross et al, 1989).

A 'culturally competent' health care system has been defined as one that "acknowledges and incorporates, at all levels, the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs.

A culturally competent system is also built on an awareness of the integration and interaction of health beliefs and behaviours, disease prevalence and incidence, and treatment outcomes for different patient populations.

Furthermore, the field of cultural competence has recognised the inherent challenges in attempting to disentangle 'social' factors (e.g. socioeconomic status, supports/stressors, environmental hazards) from 'cultural' factors vis-à-vis their influence on the individual patient. As a result, understanding and addressing the 'social context' has emerged as a critical component of cultural competence" (Truong 2014, Betancourt 2003).

Cultural Responsiveness

Cultural responsiveness refers to health care services that are respectful of, and relevant to, the health beliefs, health practices, culture and linguistic needs of diverse consumer/patient populations and communities. That is, communities whose members identify as having particular cultural or linguistic affiliation by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home.

Cultural responsiveness describes the capacity to respond to the healthcare issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual (DHHS 2009).

Cultural safety

Cultural safety in the context of a health service, refers to a health service that is "non-threatening to the patient's identity and reflect the ability of systems to provide care for people with diverse values, beliefs or behaviours" (Gill 2012; Weech-Maldonado et al 2012, Foronda, 2008; Johnstone and Kanitsaki 2006, Betancourt et al, 2002; Cross et al 1989)

Language background

Language background relates to the language first learned as a child when a person was born and raised to speak a language during the early critical period of their development. The person qualifies as a "native speaker" of a language by being born and immersed in the language during youth, in a family in which some or all adults shared a similar language experience as the child.

The first language of a child is part of their personal, social and cultural identity. The first language brings about the reflection and learning of successful social patterns of acting and speaking which underpin their identity. Any subsequent languages learnt may never be at the same "native speaker" or first language proficiency although the person's identity may absorb influences from the other languages and cultures.

Religious/Spiritual Background

The origin of the word "religion" comes from the Latin and means "to re-connect our links to the divine in a quest for wholeness." Religion is usually structured, formal and rooted in tradition. It is seen as organised, institutional, faith-based shared beliefs, and customary practices. It can be a framework for understanding and decision-making. Most religions have traditional beliefs and practices relating to healthy living, illness and death.

There is no single all-encompassing definition of spirituality. Spirituality is perceived as diverse and an individual core aspect of humanity. It relates to how we find meaning and purpose, connection, belonging and hope. Spirituality may be part of religious beliefs or another shared belief system, or an individual journey about growing in wholeness.

Staff education programmes and strategies at SVHM distinguish between the provision of culturally responsive care for patients from CaLD backgrounds and those from Aboriginal and Torres Strait Islander backgrounds.

Acronyms

CAC

Community Advisory Committee

CDC
Cultural Diversity Committee

CDPC
Cultural Diversity Program Coordinator

CaLD
Culturally and Linguistically Diverse

DHHS
Department of Health and Human Services

IS
Interpreter Services

POD
People and Organisational Development

SVHM
St Vincent's Hospital Melbourne. This includes all campuses: Fitzroy, Caritas Christi Hospice and St. George's Health Service as well as:

- Auburn House
- Cambridge House
- Clarendon Community Mental Health Centre
- Darebin Community Rehabilitation Centre
- Hawthorn Community Mental Health Centre
- Normanby Unit
- Prague House
- Riverside House
- Sister Francesca Healy Cottage
- St Vincent's Community Rehabilitation Centre
- St Vincent's Correctional Health Service
- Footbridge

Resources to be used with this guideline:

SVHM Diversity and Inclusion Policy
SVHM Cultural Responsiveness Plan
Language Services Guideline
Language Services Procedure
Language Services Quick Reference Guide

Procedure

Responsibilities

1.1 Reporting Line

- Executive Sponsor of the CDC
- Chair, CDC
- Core members of the CDC, including the Chair and Secretary of the CDC
- Members of CDC
- All SVHM staff

1.2 Reporting requirements

The DHHS requires SVHM programs and departments to develop appropriate performance indicators to measure the implementation of operational planning processes and strategies which incorporate the Cultural Diversity Guideline and adhere to the Cultural Responsiveness Plan.

1.3 Reports

The CDC will report on its activities and outcomes through the Quality Account. Interpreter Services (IS) and the Cultural Diversity Program Coordinator (CDPC) will report on CDC activities through the appropriate channels, i.e. monthly reports to the CDC annual reports and presentations to the Community Advisory Committee (CAC).

1.4 National Safety and Quality Health Service Standards (NSQHS)

When required, the CDC will provide evidence for Standard 2 of the NSQHS, particularly as it relates to the effectiveness of the establishment of governance structures such as the link between the CDC and the CAC and ways in which CaLD consumers and carers are supported by the health service to actively participate in the improvement of the service.

2. Culturally inclusive services and consumer engagement is enabled through:

2.1 Cultural information

Cultural information on various ethnic communities, cultural beliefs, interfaith issues and the impact of culture on health care is provided through face –to-face training, posters, a monthly cultural news section on the intranet as well as the Cultural Diversity intranet webpage. The information raises awareness of issues the outcome of which can positively influence and promote the provision of culturally responsive care to CaLD patients.

2.2 Advice to staff on how to provide a culturally safe environment

The CDC provides advice to staff on how to address issues within the health service that impact upon the quality of care for patients from CaLD backgrounds. Examples of these include:

- regular training sessions on various topics relating to the provision of

culturally sensitive care,
- posters,
- cultural events and forums,
- monthly news items on cultural and religious events and advice on culturally sensitive care (e.g. Ramadan),
- provision of relevant CaLD satisfaction survey results to staff and departments to develop quality improvement projects (e.g. culturally inclusive menu input),
- the provision of translations,
- cultural advice to staff on individual CaLD patients and their carers/family who need additional support.

2.3 Data collection

Patient data (DHHS dataset) is collected in accordance with DHHS Language Services guideline to identify country of birth, preferred language spoken and interpreter requirements and is recorded on initial patient registration with SVHM.

The CaLD patient data is incorporated into annual language service reports on the number and nature of interpreter requests, cultural diversity training, annual reports (e.g. Quality Account report) and used to inform the CDC of language trends and demographic changes in the SVHM patient population.

2.4 Language Services

The SVHM Language Services Guideline and DHHS Language Services Policy (see Language Services Policy) is promoted to all staff to assist them in understanding the reasons for providing interpreters to CaLD background patients and carers. Training is also provided in how to work with interpreters.

2.5 Pastoral Care Services

Pastoral Care Services is respectful of all beliefs, religious traditions and cultures. It is part of the patient's multidisciplinary team, providing person-centred, holistic care, paying particular attention to the patient's spiritual care and wellbeing. For some people 'the spiritual' is connected to their culture, history and life experience, for others, it is connected through their religious practice. SVHM Pastoral practitioners facilitate a patient's exploration of the meaning of their experience through their individual spirituality and provide them with relevant spiritual resources. Pastoral Care Services have many auspiced faith tradition representatives; some visit weekly while others are on call. As required, Pastoral Care Services make contact with a representative of the patients' own faith tradition on their request.

2.6 Translations

Interpreter Services works with individual departments to develop patient health information appropriate to the health literacy of the target CaLD group. Once Communications Department approves the branding, format and lay-out of the English text, IS facilitates the translations through an agency Translations of

patient health information should be provided to CaLD background patients and their carers/families whenever possible, as an adjunct to information provided through an interpreter (see Language Services Guideline).

2.7 Staff training

A growing body of evidence suggests that cultural awareness training enables healthcare providers to offer a more inclusive service to their patients. (Clifford et al 2017, Noble et al 2007) The CDPC therefore provides a comprehensive training program and works with all SVHM units and departments to support, develop and provide face-to-face training, online training, advice and resources to SVHM staff on cultural diversity issues and how to provide culturally responsive care to CaLD patients.

Interpreter Services develops and provides training to SVHM staff on how to work with interpreters and the importance of considering linguistic and communication issues in the interpreter-patient-professional interaction. The Manager of Language Services is primarily responsible for providing information and training on interpreter and translation services.

2.8 Community engagement with CaLD communities, carers and consumers

The CDC provides minutes of its meetings to the CAC and reciprocally receives the CAC minutes. This assists in ensuring that the views of carers/consumers are considered when making decisions. The CDC also presents an annual activity report to CAC.

The annual CaLD patient satisfaction survey is a valuable tool to record community feedback. The outcomes of the survey are integrated into new projects to achieve improvements in quality and safety of health care at SVHM.

2.9 Support and development of a culturally and linguistically responsive workforce

POD supports SVHM CaLD staff in the workforce by the application and promotion of policies that support and respect people of CaLD background and different faith traditions. These policies include the “Workplace Culture and Equity Guideline – Preventing Discrimination Bullying and Harassment” and also the “Code of Conduct”. All employees at SVHM are made aware of their responsibilities to each other under these policies through the education program provided through POD and the HR Consultants. POD, through the Recruitment Guideline which promotes the employment of staff based on merit, welcomes applications for employment from CaLD background people.

3. How to be culturally responsive

Culturally responsive care can be as simple as the acronym ASK. That is, build on your cross cultural AWARENESS, continually develop your cross cultural SKILLS and keep expanding your cross cultural KNOWLEDGE.

Some examples are listed below.

3.1 Awareness

3.1.1 Spend some time reflecting on your own cultural background. We cannot understand others until we understand ourselves. Think about it in terms of the values, beliefs, and customs of your culture and how these influence your attitude and behaviour. Understanding one's own culture is important because of the tendency to regard one's own cultural group as the centre of everything and the standard to which all others are compared. For example, take a look at the importance of punctuality as a part of your culture. Being "right on time" in some cultures may mean that one may arrive drastically before or after the appointed time.

3.1.2 Behaviour that may appear normal to you may have a very different meaning in another culture. Hence, you have to concede that you may not always be 'right': just because someone else's customs and beliefs are different from yours, there are no right or wrong cultural beliefs. All beliefs and customs can be correct in the culture in which it occurs. In an individualized approach to planning, customs and beliefs therefore should not be discounted as incorrect or improper.

3.2 Skills

3.2.1 Establish personalized contact with individuals and their families**.** Most people would like to believe they are a "name, not a number." Building trust and rapport is a vital element across the many cultural communities that that come to SVHM for their healthcare needs.

3.2.2 Communicating across cultures can be challenging as some communication cues may have different meanings across cultures and language groups. The best way to continue building your cross cultural communication skill is to ask questions and not to be afraid to make mistakes.

3.3. Knowledge

3.3.1 Acknowledge that you may have limited knowledge in some areas, particularly the plethora of languages that your clients may speak. If you are not proficient in someone's native language, be sure to use an interpreter.

3.3.2 Building on your existing knowledge of other cultures also helps to raise your awareness of others. In other words, learn about the people that you serve. Gain and access information via community supports, churches and ethnic organizations.

3.3.3 Inform yourself of the cultural and religious beliefs of the people you serve. This will broaden your ability to anticipate their reactions, including their reactions to your actions.

Adapted from Source http://www.dds.ca.gov/publications/docs/Culturally_Responsive.pdf

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