



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 DIVERSITY POLICY

Policy

Policy Statement

St Vincent's Hospital Melbourne (SVHM) is committed to supporting and developing the cultural competence of staff to provide culturally responsive health care services to patients and carers of Culturally and Linguistically Diverse (CaLD) backgrounds.

SVHM provides accessible and equitable healthcare for CaLD patients and carers.

SVHM supports an environment which respects, protects and welcomes staff and patients and carers of all faiths and cultural traditions.

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.
- **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.

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 policy applies to all staff employed by SVHM.

Definitions

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

Cultural competence refers to Betancourt's definition: "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" (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 (DoH 2009).

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

DoH

Department of Health

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
- St Vincent's Community Rehabilitation Centre
- St Vincent's Correctional Health Service
- The Footbridge

Procedure

1. 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 DoH 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 Policy and adhere to the Cultural Responsiveness Plan.

1.3 Reports

The CDC will report on its activities and outcomes through the Quality of Care report. Interpreter Services 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 will be 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), 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 (DoH dataset) is collected in accordance with DoH Language Services policy 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 of Care report) and used to inform the CDC of language trends and demographic changes in the SVHM patient population.

2.4 Language Services

The SVHM Interpreter Policy and DoH Language Services Policy (see Language Services Policy) will be promoted to all staff to assist in understanding issues of interpreter provision to CaLD background patients and carers and support training 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 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 and forwards the costs to the requesting department. 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 Policy).

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. (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 consider 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 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 Policy – 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 Policy which promotes the employment of staff based on merit, welcomes applications for employment from CaLD background people.

References

1. Babacan, H, (2008), *Multicultural Affairs in Victoria: A Discussion Paper for a New Policy*, Victorian Multicultural Commission, Melbourne
2. Betancourt, Joseph R., (October 2002), *Cultural competence in health care: Emerging frameworks and practical approaches*
3. Betancourt, Joseph R. July (2003), ‘Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities’
4. DHS Cultural Diversity Guide (2006)
5. DHS Health Service Cultural Diversity Plan (2007)
6. DoH, Cultural Responsiveness Framework (2009)
7. Growing Victoria Together (2005)
8. Kagawa-Singer, M. & Kassim-Lakha, S. (2003). A strategy to reduce cross-cultural miscommunication and increase the likelihood of improving health outcomes, *Academic Medicine*, 78, 577-587
9. Language Services Policy (2005)
10. Multicultural Victoria Act (2004)
11. Noble et al. (2007). The effect of professional skills training on patient-centredness and confidence in communicating with patients, *Medical Education*, 41, 432-440
12. National Safety and Quality Health Services Standards (September 2011)
13. Paras, Melinda, (2005) Straight talk: Model Hospital Policies and Procedures on languages and language access, California Health Care Safety Net Institute.
14. Refugee Health and Well Being Action plan (2005 – 2008)
15. Valuing Cultural Diversity (2002)

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