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Culturally and Linguistically Diverse Communities

Resource Kit

January 2010

Comments, suggestions and information updates relating to this kit should be directed to DHSV Communications at 03 9341 1361 or CommunicationTeam@dhsv.org.au

Acknowledgements

Information contained in this kit has been sourced from a number of organisations and websites including:
Dental Health Services Victoria
Department of Human Services
Centre for Culture, Ethnicity and Health
Centrelink
Migrant Information Centre- Eastern Region
Northern Migrant Resource Centre

Background to this Kit

In 2005, DHSV's Leadership and Management Group – Kay Holwell, Jodie Cranham, Abbey Keating and Cara Merritt, – developed the Provision of Public Dental Services and Information to Culturally and Linguistically Diverse Communities Project. The Project aimed to undertake a review of existing DHSV resources that assist with the provision of services to culturally and linguistically diverse communities and develop a plan to guide the development of future services.

Funding was successfully sourced from the Department of Human Services to employ a Project Officer to:

- develop, facilitate and implement a staff training and information package, including guidelines on working with interpreter services, dealing with cultural diversity and cultural sensitivities
- develop policies and procedures to guide provision of language services at DHSV
- establish a Cultural Diversity Steering Committee to support the implementation of the project; and
- develop systems and processes to facilitate the collection of appropriate client and interpreter data

This Resource Kit is an integral part of the project. It should assist DHSV staff in providing culturally and linguistically appropriate services to meet the needs of the Victorian public who are eligible to use our services.

This Kit was produced by Sharon Granek Cultural Diversity Project Officer in 2006 and revised and edited by Jose Urias & Maria Katsabanis in 2008.

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Why This Kit Is Necessary

"I went to the dentist. I brought my family along to help me understand. I thought I was getting a filling but they pulled my tooth out. This was against my will."[1]

Victorians come from over 200 countries, and speak more than 400 languages. Victoria is the most culturally and Linguistically Diverse state in Australia, and its makeup constantly changing.

This diversity presents many challenges to health service providers. There is incredible diversity between and within communities, with differences based on language, ethnicity, age, gender, arrival situations and current status. Diverse communities can comprise established arrivals, refugees and humanitarian entrants, new and emerging communities.

For many people from culturally and linguistically diverse (CALD) background, accessing health care can be problematic. The Australian health care system presents many unintended but nevertheless very real challenges and obstacles.

These can include:

- Lack of accessible information about services
- Mono-lingual staff
- Lack of interpreters
- Cultural irrelevance of programs; and
- Lack of understanding of cross cultural issues amongst staff

This resource Kit has grown out of the recognition that services not always meet the needs of CALD communities. It has been developed to help DHSV staff deliver a culturally sensitive service that meets the needs of diverse communities and clients, identifying systemic barriers and suggesting strategies that can help overcome them.

The kit:

- Details relevant DHSV policies
- Identifies CALD communities and their diverse needs
- Identifies the barriers faced by people from CALD background in accessing services
- Suggests strategies to overcome these and deliver an appropriate professional service that respects the needs and rights of clients from CALD background.

The Kit furthermore aims to resource DHSV staff to provide culturally appropriate service to CALD communities in Victoria. A culturally sensitive service:

- addresses inequities
- delivers services and programs which are culturally accessible; and
- provides information that is culturally appropriate and accessible

These requirements are neither optional nor 'added' extras' to mainstream services, but fundamental service requirements. The Kit also contains information on policies and laws which govern equitable service provision. Trivialising, dismissing or ignoring their importance further denies equitable health care to people from the most disadvantaged and marginalised groups.

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[1] *- Research participant, Language Services in Victoria's Health System: Perspectives of Culturally and Linguistically Diverse Consumers, 2006.*

The strategies, policies and information in this Kit are underpinned by the following themes:

- Do not make assumptions about a patient on the basis of 'culture.'
- Recognise that clients are the experts on their needs, and should be consulted as such.
- Recognise that our own behaviour and language are also culturally determined, but do not exclusively determine our choices and behaviour.
- Accept that when people communicate with each other using different languages, barriers will exist. We can not always avoid them, but we can minimise their effects.

Acronyms and Key concepts

Acronyms:

ABS
Australian Bureau of Statistics

ADEC
Action on Disability within Ethnic Communities

ATSI
Aboriginal and Torres Strait Islander

AUSLAN
Australian Sign Language

CALD
Culturally and linguistically diverse

CEH
Centre for Culture, Ethnicity and Health

DHS
Department of Human Services

DHSV
Dental Health Services Victoria

DIAC (formerly known as DIMIA, DILGEA)
Department of Immigration and Citizenship

MAV
Municipal Association of Victoria

NAATI
National Accreditation Authority for Translators and Interpreters Ltd

PCP
Primary Care Partnerships

VMC
Victorian Multicultural Commission

Key concepts

Aboriginal and Torres Strait Islander
"The Aboriginal culture is one of the oldest surviving cultures in the world. Torres Strait Islanders are a separate people with a distinct identity and culture, but together they share common health issues and a community based approach to dealing with these."[2]

Because Aboriginal and Torres Strait Islander populations differ from CALD background populations in terms of acculturation, equality and equity, institutional racism, and social inclusion/exclusion (see definitions below), programs for Aboriginal and Torres Strait Islander people differ from those aimed at people from CALD communities.

The ABS and Department of Human Services recognise that the Aboriginal and Torres Strait Islander population in Victoria is between 41,892 (0.87% of the total population) and 55,856 (1.2% of the total population)[3].

Acculturation
Describes phenomena that result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns of either or both group. Under this definition, acculturation is distinguished from culture change, of which it is an aspect, and assimilation, which is at times a phase of acculturation (Redfield et al 1936).

Asylum Seeker
An asylum seeker is someone whose claim to refugee status has yet to be formally recognised. Asylum seekers go directly to a country such as Australia and seek protection, rather going first to a neighbouring country and seeking resettlement from there, which for some of the world's refugee population is either impractical or impossible. This could be because the neighbouring countries are not signatories to the international laws that would ensure their protection in these countries (few countries in this region, for instance, are signatories to the Refugee Convention). It could also be because they would not be safe in a neighbouring country, in particular if that country was sympathetic to the persecutory regime.[4] Refugees and asylum seekers are not illegal migrants. [5]

Culturally and Linguistically Diverse
Refers to the wide range of cultural groups that make up the Australian population and Australian communities (Multicultural Mental Health Australia 2005). The term acknowledges that groups and individuals differ according to religion and spirituality, racial backgrounds and ethnicity as well as language. Taken literally, this term includes all Australians it is used however to describe those groups that are different from the English speaking majority.

Cultural Competence[6]
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).

Culture[7]

[2] Guidelines for Health Management of ATSI Clients - DHSV
[3] Frizzell, Juliet. 2003. Victorian Aboriginal and Torres Strait Islander Communities HACC Needs Analysis Project Grampians Demographic Profile. www.ahaconsulting.com.au/files/Grampians%20Region%20Report.doc accessed 22/2/2007.
[4] From Refugee Council of Australia, www.refugeecouncil.org.au/arp/faqs.html
[5] Definition of Refugee from the Diversity Health Institute Clearing House, Special feature on refugees
[6] Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a Culturally Competent System of Care, Volume I. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

The customs, institutions, and achievements of a particular nation, people, or group. Culture is not static, but changes over time and context.

Discrimination[8]
Discrimination means treating someone unfairly or unfavourably because of a personal characteristic such as his or her sex or race or age. Under the Equal Opportunity Act 1995 (Vic), it is against the law to discriminate against someone because of his or her actual or assumed characteristics including

- age
- disability/impairment
- gender identity
- race
- religious belief or activity

Discrimination can be:

Direct
Direct discrimination occurs when a person is treated less favourably than another person due to an attribute or characteristic. The motive for the less favourable treatment is not relevant.

Indirect
Indirect discrimination occurs when a rule, practice or policy appears to be neutral, but in effect has a discriminatory impact on a particular group. It arises when practices that are fair in form and intention are discriminatory in impact and outcome. Indirect discrimination is unlawful when the rule, practice or policy is not reasonable in the circumstances.

Diversity
DHSV services a diverse group of people. Diversity refers to age, culture, disability, ethnicity, gender, level of education, physical appearance, religion and sexual orientation.

Equality and Equity[9]:
Equity in health means that all people have an equal opportunity to develop and maintain their health, through fair and just access to resources for health. Equity in health is not the same as equality in health status. *Inequalities* in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choices. *Inequities* occur as a consequence of differences in opportunity (e.g. unequal access to health services) (WHO 1998).

Ethnic[10]
1. Relating to a group of people having a common national or cultural tradition.
2. Referring to origin by birth rather than by present nationality, egg ethnic Albanians.

Institutional Racism
Is that which, covertly or overtly, resides in the policies, procedures, operations and culture of public or private institutions - reinforcing individual prejudices and being reinforced by them in turn (Institute of Race Relations 2005).

Interpreter

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[7] From the Compact Oxford English Dictionary.
[8] Adapted from Equal Opportunity ad Human Rights Commission Victoria, www.hreoc.voc.gov.au
[9] From NHMRC (2005) *Cultural competency in health: A guide for policy, partnerships and participation*
[10] From Compact Oxford English Dictionary.

An interpreter is a professionally qualified person who takes information from an oral or sign language and converts it accurately and objectively into another language.11

New and Emerging communities
Refers to communities that have increased settlement in last five years, mainly as humanitarian entrants, have state-wide populations of less than 15, 000. Often have the greatest service needs.

Race[12]
A construct that divided humankind into groups with distinct physical characteristics, now discredited as there is no biological or genetic basis for these distinctions.
USAGE: Some people now feel that the word race should be avoided, because of its associations with the now discredited theories of 19th-century anthropologists and physiologists about supposed racial superiority. Terms such as **people**, **community**, or **ethnic group** are less emotionally charged – and more reflective of reality.

Refugee
The 1951 Convention relating to the Status of Refugees (and its 1967 Protocol), to which Australia is a signatory, defines a refugee as:
Any person who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail himself/herself of the protection of that country.

Social Exclusion
The process of being shut out from the social, economic, political and cultural systems that contribute to the integration of a person into the community (VicHealth 2005)[13].

Social Inclusion
Refers to a situation where all people feel valued and can participate in decision making that affects their lives, allowing them to improve their overall wellbeing (VicHealth 2005).[14]

Translator
A translator is a professionally qualified person who renders written information from one language into another.[15]

[11] Improving the Use of translating and Interpreting Services: A Guide to Victorian Government policy and Procedures , Dept of Victorian Communities 2005, p.8
[12] from Compact Oxford English Dictionary.
[13] VicHealth (2005) Social inclusion as a determinant of mental health and wellbeing. *Research Summary 2* Mental Health and Wellbeing Unit.
[14] VicHealth (2005) Social inclusion as a determinant of mental health and wellbeing. *Research Summary 2* Mental Health and Wellbeing Unit.
[15] *Improving the Use of translating and Interpreting Services: A Guide to Victorian Government policy and Procedures*, Dept of Victorian Communities 2005, p.8

Victorian Demographics

Knowing who your clients are is crucial for providing a good service. There are many sources you can use to find demographic information about your patients. As demographic information quickly becomes obsolete, please consult recent information by using the links provided.
General population and statistical information can be obtained from

- www.abc.net.au/health/healthmap/default.htm
- www.abs.gov.au
- www.immi.gov.au
- www.multicultural.vic.gov.au/

Demographic information regarding culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander communities for your area can be obtained from a number of sources.

- Centrelink
- Local Councils and Shires
- Local Primary Care Partnerships
- Local Migrant Resource Centres
- Primary Care Partnership

Local government and shires information can be sourced from:
Municipal Association of Victoria website at: www.mav.asn.au
Victorian Local Government Association at: www.vlga.org.au/resources
Primary Care Partnershipwww.health.vic.gov.au/pcps/webpages/index.htm

Health Care Card & Pension Concession Card numbers for main country of birth groups in Victoria

The following data sheet presents the main countries of birth for HCC and PCC holders* (Centrelink, 2005).

	HCC		PCC			
	Number	% of Total Group	Number	% of Total Group	Total PCC & HCC	% of Total Group
English Speaking Background	284,904	83.00%	543,882	74.41%	828,786	77.15%
CALD Communities						
Italy	2,282	0.66%	45,523	6.23%	47,805	4.45%
Greece	2,145	0.62%	32,026	4.38%	34,171	3.18%
Vietnam	13,335	3.88%	11,090	1.52%	24,425	2.27%
Yugoslavia	1,769	0.52%	15,818	2.16%	17,587	1.64%
China	6,445	1.88%	5,851	0.80%	12,296	1.14%
Malta	787	0.23%	8,664	1.19%	9,451	0.88%
Germany	90	0.03%	8,889	1.22%	8,979	0.84%
Lebanon	3,632	1.06%	4,630	0.63%	8,262	0.77%
Netherlands	47	0.01%	8,157	1.12%	8,204	0.76%
Turkey	2,779	0.81%	5,340	0.73%	8,119	0.76%
Poland	373	0.11%	7,052	0.96%	7,425	0.69%
Sir Lanka	1,908	0.56%	3,122	0.43%	5,030	0.47%
India	1,746	0.51%	3,100	0.42%	4,846	0.45%
Iraq	3,297	0.96%	1,150	0.16%	4,447	0.41%
Croatia	429	0.12%	4,007	0.55%	4,436	0.41%
Egypt	474	0.14%	3,435	0.47%	3,909	0.36%
Macedonia	738	0.22%	3,113	0.43%	3,851	0.36%
Philippines	1,536	0.45%	1,490	0.20%	3,026	0.28%
USSR & Russian Federation	295	0.09%	2,362	0.32%	2,657	0.25%
Cyprus	261	0.08%	2,340	0.32%	2,601	0.24%
Cambodia	1,392	0.41%	1,152	0.16%	2,544	0.24%
Bosnia & Herzegovina	929	0.27%	1,557	0.21%	2,486	0.23%
Sudan	1,802	0.52%	154	0.02%	1,956	0.18%
Afghanistan	1,546	0.45%	60	0.01%	1,606	0.15%
Somalia	1,156	0.34%	372	0.05%	1,528	0.14%
Ukraine	156	0.05%	1,074	0.15%	1,230	0.11%
Sub-total	51,349	14.96%	181,528	24.83%	232,877	21.68%
Other CALD groups	6,999	2.04%	5,540	0.76%	12,539	1.17%
TOTAL	343,252	100.0%	730,950	100.0%	1,074,202	100.0%

(Source: Centrelink) *HCC: Health Care Card; *PCC: Pension Concession Card

A Need for Equitable Service Provision

The Australian Human Rights Commission provides detailed, accessible information on the relevant laws, including those that relate to Race discrimination and vilification; Equal Opportunity; and Disability and Discrimination - and how they affect patient rights and the implications for service provision.

http://www.hreoc.gov.au

The Victorian Charter of Human Rights and Responsibilities
The Charter of Human Rights and Responsibilities, which came into full effect in January 2008, is a law that sets out our freedoms, rights and responsibilities in one document. It compels State and local government and other public authorities to take human rights into consideration when making laws, setting policies and providing services.

The Preamble of the Charter states "human rights belong to all people without discrimination, and the diversity of the people of Victoria enhances our community;" Section 19, Cultural Rights states that "All persons with a particular cultural, religious, racial or linguistic background must not be denied the right, in community with other persons of that background, to enjoy his or her culture, to declare and practise his or her religion and to use his or her language."

The Charter is available at
www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf/95c43dd4eac71a68ca256dde00056e7b/6a434cad017ac08aca2573b700227912!OpenDocument

Plain English versions can be found at
www.humanrightscommission.vic.gov.au/Publications/hr%20charter/

Victorian Government CALD-related Policies
The Victorian government has developed a whole-of-government policy for the provision of language services[16].

This policy states that people who can not speak English need to be able to access professional interpreting and translating services where significant life decisions are concerned and where essential information is being communicated to enable people to make informed decisions about their lives.

For DHSV, such communication has significant implications for duty of care and consent.

The DHS Language Service Policy (2005) identifies the minimum requirements necessary to ensure that people with limited or no English can access professional interpreting and translating services where significant decisions are concerned and where essential information is being communicated, to enable people to make informed decisions.

The policies and related information can be found at www.dhs.vic.gov.au/multicultural

[16] *Improving the Use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedures* (March 2003)

DHSV Policies
DHSV is funded by DHS (Department of Human Services) and all DHSV policies are in accordance with state government policies. As of January 2008, they must also be in accordance with Victorian Charter of Human Rights and Responsibilities.

DHSV has developed a number of policies and procedures to ensure that it can deliver a culturally and linguistically appropriate service.

You can verify that the policies printed here are up to date by checking the Reference/Effective and Review dates on the front pages of the policies.
The latest version of all DHSV policies can also be found on the DHSV intranet.

Working with Clients from CALD background

Identifying barriers to service access

For many people from CALD background, accessing a health service is a difficult task. Many are dealing with the general stressors associated with migration, language difficulties, unemployment and poverty, racial discrimination, family reunion, and being victims of torture and trauma. Language and structural barriers, crowded waiting areas, multiple interviews, unfamiliar and apparently abrupt procedures, and the behaviour of health professionals may make obtaining health care an unpleasant experience.

This can be compounded by the complex and often confusing organisation of the Australian health system, which can make Australian health care practices overwhelming. Australian assessment, treatment and referral protocols, such as the system of obtaining a referral for a consultation with a specialist may also be foreign to clients from CALD background. Some may not realise that more than one appointment may be necessary to complete treatment, and you may need to explain the system of consecutive appointments.

Concepts such as preventive treatment may also be unfamiliar to some clients from CALD background, and you may need to be aware of this when treating clients. Western models of disease and physiology may be unfamiliar to some. This means that you may need to make careful and detailed use of models in order to explain things to your patients. Take the time to explain procedures and why you are carrying them out.

These barriers are not difficult to overcome if you remember that your practices and communication styles are culturally specific, and therefore may be foreign to your clients from CALD backgrounds.

Some general points to remember:

- Respect age and use people's titles as a matter of course.
- Confirm with each patient how he or she wishes to be addressed.
- Use interpreters
- Insist on same-gender interpreters where possible
- Do not use colloquialisms or jokes – they do not translate, and are hard for non-native speakers to understand. Humour is culture based.
- Explain the reason for your questions and procedures.

Language needs

To work effectively with your clients from CALD backgrounds, you need some understanding of their language requirements. This section covers how to assess the need for, and how to work with, interpreters; how to develop and translate appropriate print material; and some resources on the many communities that make up Victoria's diverse population. However, remember that the client is the best source of relevant and appropriate information – they will tell you what is necessary

CALD Communities in Victoria

Almost a quarter of Victoria's population was born overseas, while 43.5% of Victorians were either born overseas, or have a parent who was born overseas. Victorians come from over 200 countries, speak over 180 languages and dialects and follow over 110 religious faiths. Since 2001, the number of languages spoken in Victoria has increased from 200 to 400 in 2006

Community Profiles
Some organisations have developed on-line profiles which seek to present the 'cultural 'characteristics (along with demographic data) of communities. The information they record is general and simplistic by necessity. Community profiles can lead to stereotyping and should be used with caution. For a taste of these limitations, see the following cultural profile for Australians: www.cp-pc.ca/english/australia/index.html

The Australian Department of Immigration and Citizenship has developed profiles based on birthplace, ethnicity, language and means of arrival to Australia (skilled migrant, humanitarian, refugee etc). These profiles aim to be comprehensive, and include geographic, age and sex distributions, ancestry, language, religion, year of arrival. Available at:
www.immi.gov.au/media/publications/statistics/comm-summ/index.htm

The Victorian Multicultural Commission website includes a range of useful information on multicultural issues. Follow the links to Census material at www.multicultural.vic.gov.au

The Victorian Community Profiles 2001 Census Series consists of reports focusing on a particular birthplace or community group. Commentaries and data tables detail demographic and socio-economic characteristics of the selected established and emerging communities in Victoria: www.multicultural.vic.gov.au

Community Fact Sheets
Fact sheets on the top 75 birthplaces in Victoria mostly derived form ABS 2006 Census data. Each fact sheet consists of a brief commentary and summary tables on the population characteristics of the birthplace group: www.multicultural.vic.gov.au

Multicultural Victoria has complied Population Diversity in Local Councils in Victoria: 2006 Census, available also at**:** www.multicultural.vic.gov.au

Method of Arrival to Australia

Immigrants have arrived, and continue to arrive, in Australia in many ways. A person's pre-arrival situation and method of arrival can have a large impact on health and language needs and service access.

Skilled Stream
People who arrive as skilled professionals are often fluent in English. Of the 48 861 permanent additions in Victoria in 2006-07, skilled stream arrivals accounted for 54.8 per cent of the total.

Family Stream
In 2006-07, Victoria received 12 900 Family permanent additions. Significant numbers are women (spouse visas) and parents (elderly), highlighting the need to be aware of gender and ageing issues. Family permanent additions represent 26. 4 of the stats intake, with high numbers from:
Peoples Republic of China (12.4 per cent)
India (10.3 per cent)
Viet Nam (8.8 per cent)
The Philippines (4.8 per cent)

Humanitarian permanent additions
In 2006-07, Victoria received 3641 Humanitarian Program permanent additions. Of these,
2030 people (55.8 per cent) came under the Special Humanitarian Program
1281 people (35.2 per cent) as Refugees
330 people (9.1 per cent) were granted onshore

Of those settling in Victoria under the Humanitarian Program
21.1 per cent were born in Sudan
16.8 per cent in Burma (Myanmar)
15.4 per cent in Afghanistan
14.9 per cent in Iraq
5.4 per cent in Thailand

The Department of Immigration and Citizenship has developed Community Profiles to assist service providers to better understand the backgrounds and needs of Humanitarian Programme arrivals. They are available at www.immi.gov.au/living-in-australia/delivering-assistance/index.htm or
Bhutanese Community Profile
Burmese Community Profile
Congolese Community Profile
Eritrean Community Profile
Ethiopian Community Profile
Liberian Community Profile
Sierra Leonean Community Profile
Sudanese Community Profile
Togolese Community Profile
Uzbek Community Profile

Refugees in Victoria
A significant number of immigrants to Victoria have arrived as refugees: first as Europeans displaced by the Second World War, then refugees from the war in Indo-China and more recently refugees from conflicts in the republics of the former Yugoslavia, the Horn of Africa, the Middle East and Afghanistan.

Many refugees have experienced torture from officially sanctioned violence, and trauma from sustained pre arrival experiences, such as displacement and living in refugee camps. People who have survived such violations may display certain behaviours and fear, whether they are recent arrivals or now elderly refugees who fled post war Europe.

Some dental health issues of refugees, and newly arrived and emerging communities:

- Access to dental health care is a major problem for newly arrived humanitarian entrants who may have had little health and dental care in their war torn country and may initially require extra services.
- Some refugees will be unfamiliar with the concept of preventive health care, and may not see the point of attending an appointment if their pain has subsided.
- Knowledge of how to care for teeth will vary across and within communities.
- Some people may be reluctant to seek dental care in Australia because of painful dental care in some regions of their home country. They may require support for the first visit to overcome fear induced by past dental treatment.

Torture and trauma survivors
Many refugees have been victims of torture and trauma or experienced extensive periods of living in fear.

Some common behaviours and circumstances that can bring on the memory of this include:

- Doors being locked, doors without locks
- Reminders of interrogative questioning - taking notes, using tape recorders, being asked the same question several times, shutting the door, other people coming and going without explanation
- Having to wait or being left without explanation.
- Being asked too many questions
- Doctors, dentists, nurses, police, ambulance staff, government employees
- Anyone wearing a uniform
- Dental equipment
- Being asked to undress. Ordinary everyday medical procedures - injections, blood tests, ECC, EEC
- Hydrotherapy, Acupuncture, Electrotherapy, Traction, using a treatment table, touching without advance warning and explanation
- People wearing white coats, dark glasses or gloves
- Sudden loud noises, a car backfiring, blackouts, power failures, flickering lights, strange medical equipment

Source: Adapted from Dept. Of Justice and Myriad Consultants, Cultural Matters and Why Culture Matters to Law

It is important to consider then that you will need to clearly explain what you are doing and why. Sometimes your client may:

- need to bring a support person (apart from the interpreter) to the appointment
- get irritable, anxious or angry at being asked many questions

The following resources expand on these issues:

Foundation House has developed the following guides to working with refugees, with extensive material on oral health care needs www.foundationhouse.org.au

Caring for refugee patients in General Practice: A Desktop Guide - Victorian Foundation for Survivors of Torture and Trauma Inc.; 3rd edition 2007

Promoting refugee health: A guide for doctors and other health care providers caring for people of a refugee background - Foundation House, Victorian Foundation for Survivors of Torture and Trauma Inc.; 2nd edition 2007

New and Emerging Communities, additional Resources
"A profile of Victorian Seniors from Refugee backgrounds: Health and wellbeing needs and access to aged care health and support services. A study conducted by the Refugee Health Research Centre, for the Department of Human Services, Victoria. It has profiles on 20 refugee communities from:
Africa: Sudan, Somalia, Ethiopia, Eritrea, Egypt, other Central and West African Countries and other Southern and East African Countries
Asia: East Timor, Vietnam, Burma (Myanmar), Cambodia, Laos.
Europe: Former Yugoslavia, Bosnia-Herzegovina, Croatia, Federal Republic of Yugoslavia
Middle East: Iraq, Afghanistan Iran, Lebanon

Eritrea
Migrant Resource Centre – North West Country information, history, demographics, language, religion, refugee issues, demographics in Australia & western suburbs, settlement issues – culture, family reunification and health.

Ethiopia
Migrant Resource Centre – North West Region Recent history of Ethiopia, Ethiopian settlement in North-West Melbourne, information from interviews with Amharic-speaking community, information about Tigrigna community.

Sudan
The Sudanese Online Research Association provides extensive information on Sudan, including the country, its history, languages and people:
http://sora.akm.net.au

Religion

Victorians practice over 100 religious faiths. The largest in Victoria, after the various Christian faiths, are Judaism, Islam, Buddhism and Hinduism.

In 2006, 64 per cent of Australians identified as belonging to some sort of Christian denomination, down 7 per cent from 10 years earlier. Hinduism more than doubled since 1996 to 148,000; Buddhism was up 109 per cent to 419,000; and Islam, up 69 per cent to 340,000.

Calendars of religious observances and faiths
The Department of Immigration and Citizenship provides a guide to the major religious events and observances, at:
www.immi.gov.au/living-in-australia/a-diverse-australia/calendar-australia/index.htm

An extensive calendar on different faiths
www.interfaithcalendar.org/calendardefinitions.htm

http://adm.monash.edu/sss/equity-diversity/calendar/

Impact of religious practices on provision of dental services:
Sometimes observance of religious obligations, festivals and fasting periods can affect whether clients attend appointments or take medication.

For example, for Muslims (the world's fastest growing religion) during Ramadan fasting is required between sunrise and sunset for a period of 30 days. The date of Ramadan is based on the lunar calendar, and it differs each year. Some Muslims will not turn up to their dental appointments during this time for fear of accidentally swallowing something whilst having dental work. Make sure that your client is OK with this possibility, or offer appointments after Ramadan.

Some resources on religions are available at:

www.health.qld.gov.au

"Caring for Jewish People"
Information kit providing facts and figures of Jewish community, culture, traditions and culturally appropriate care and assessment.
Jewish Care Victoria
Tel: (03) 8517 5777
Fax: (03) 8517 5778
www.jewishcare.org.au

Challenges for CALD communities

Ageing populations from CALD backgrounds
Victoria has the highest percentage of seniors from CALD background in Australia, and this is likely to keep growing. According to an Australian Institute of Health and Welfare report, "Older Australia at a Glance", there will be an increase of 71% percent of Victorians from CALD backgrounds that will be 65 and over by the year 2011, to 38% of all seniors whose oral health and language needs are likely to increase as they age.

The "Older Australians at a Glance" report can be downloaded from
www.aihw.gov.au/publications/age/oag04/oag04.pdf

The Centre for Cultural Diversity in Ageing provides an online source of information on culturally appropriate aged care. The papers from the Cultural Diversity in Ageing 2007 National Conference are available at
www.culturaldiversity.com.au/News/tabid/58/Default.aspx
including a keynote addressing "A Mosaic of Culturally Appropriate Responses for Australian Culturally and Linguistically Diverse Background Elderly People."

"Cultural diversity, ageing and HACC: trends in Victoria in the next 15 years"
Demographic data on older CALD age cohorts, including projected trends, are also included at www.health.vic.gov.au/hacc/. A 2006 report detailing the requirements of ageing CALD populations in all Victorian local government areas, the "Cultural diversity, ageing and HACC: trends in Victoria in the next 15 years" can be downloaded at:
www.health.vic.gov.au/hacc/downloads/pdf/cda_whole.pdf

"A profile of Victorian Seniors from Refugee backgrounds: Health and wellbeing needs and access to aged care health and support services".
A study conducted by the Refugee Health Research Centre, for the Department of Human Services, Victoria it has profiles on 20 refugee communities from:
Africa: Sudan, Somalia, Ethiopia, Eritrea, Egypt, other Central and West African Countries and other Southern and East African Countries
Asia: East Timor, Vietnam, Burma (Myanmar), Cambodia, Laos.
Europe: Former Yugoslavia, Bosnia-Herzegovina, Croatia, Federal Republic of Yugoslavia
Middle East: Iraq, Afghanistan Iran, Lebanon
The report can be downloaded from www.latrobe.edu.au/rhrc/rhrc_publications.html

At 2001, the top five oldest birthplace groups were Italy, Greece, Germany, Netherlands and Poland. By 2026, Vietnam and China are projected to rise to third and fourth position respectively in the top four cultural groups of the older CLDB population. Victoria also has significant ageing Maltese and Jewish communities.

For detailed information ageing CALD populations in different Victorian regions, you can consult the "The Cultural Diversity, ageing and HACC: trends in Victoria in the next 15 years report", which provides population projections for the 20 largest CALD communities in Victoria over the next 15 years and outlines the trends that can be expected into the future.

Findings from the research indicate impending and sustained growth of the Victorian CALD population, and that variations in size, proportion and characteristics of the present and future CALD population, indicate a need for the on-going development of a range of strategies in delivering culturally responsive services.
www.health.vic.gov.au/hacc/projects/cegs_reports.htm

Some Resources by country

Italy
Established community with large numbers migrating post war, now large numbers of Italian born are an ageing community
Co.As.It (Italian Assistance Association)
Migration, language, religion, family & society, communication style, health beliefs & practices, interpreters, lifestyle, health status, health care utilisation, mental health, health care of ages, women's health

Greece
Migration to Australia peaking in the late 1960s; now facing many of the problems associated with ageing communities and low literacy levels.
"Caring for Australian–Greek Residents in Aged Care Facilities: A Resource Manual 2002"
(Targeted at Aged Care but relevant for disability services, respite care)
Information on Greek cultures, customs, religion, recreation, communication, and cuisine.
Available from Australian Greek Welfare Society
7 Union Street, Brunswick Victoria, Australia, 3056 Telephone: +61 (03) 9388 9998
Facsimile: +61 (03) 9388 9992
agws@agws.com.au
www.agws.com.au

Poland
"The Polish Way" Information kit
Polish history, demography, migration, culture and customs, language, religion and traditions, food and diet, resource and publication list.
Available from Australian – Polish Community Services
Phone: (03) 9689 9170
polish@vicnet.net.au
www.apcs.org.au

Serbia
"**Working with People of Serbian Background**"
Cross-cultural training manual on working with people of Serbian background.
Serbian Welfare Association of Victoria
Phone: (03) 9701 7308
Fax: (03) 9706 9912
serbianwelfare@lexicon.net

Some Resources for Young people

"Beyond Cultural Barriers: Young Sahel African Women's Access to Health Services" (2003)
Available from the Multicultural Centre for Women's Health, http://www.mcwh.com.au/
A Resource Kit that investigates the relationship between young women from the Sahel region of Africa and issues of health—specifically access to services and health concerns. Includes country profiles, project overview, discussion of issues, practical strategies for service providers, and findings on knowledge of health services, relationship with service providers, areas of concern, health promotion needs, and cultural and social issues.

The "Good Practice Principles for working with young refugee people"
www.cmy.net.au

Languages spoken in Victoria

List of Countries & Languages Spoken[17]

COUNTRY	MAIN LANGUAGE(S)	DIALECTS & OTHER LANGUAGES SPOKEN
Afghanistan	Pashto, Dari	Uzbeki Turkmani, Baluchi, Pashaii, Nuristani
Albania	Albanian	Greek
Algeria	Arabic	French, Berber dialects
Argentina	Spanish	Italian, Native Languages
Armenia	Armenian	Arabic, Turkish, French, Russian, Azeri
Assyria	Assyrian(Syriac)	Chaldean, Arabic, Persian
Austria	German	
Azerbaijan	Azeri	Russian, Armenian, Lezgin
Bangladesh	Bengali	English, Urdu, Assamese
Belarus	Byelorussian	Russian, Ukrainian, Polish
Belgium	French, Dutch	German, Flemish
Bolivia	Spanish	Quechua, Aymara
Bosnia-Herzegovina	Bosnian	Croatian, Serbian
Brazil	Portuguese	Amerindian Languages
Brunei	Malay	Chinese, English, Brunei
Bulgaria	Bulgarian	Turkish, Romany, Greek
Cambodia	Khmer	Mandarin, Teo Chiew, Vietnamese, French
Canada	English, French	
Chile	Spanish	Amerindian Languages
China	Cantonese, Mandarin	Hakka, Tibetan, Mongolian, Hokkien, Fukkien & many other languages
Colombia	Spanish	Amerindian Languages
Cook Islands	Cook Is, Maori, English	Raratnga, Pukapuka &other
Costa Rica	Spanish	Creole, English
Croatia	Croatian	Bosnian, Slovenian, Serbian
Cuba	Spanish	
Cyprus	Greek, Turkish	
Czech Republic	Czech	
Denmark	Danish	Faroese
East Timor	Tetum	Portuguese, Hakka
Ecuador	Spanish	Quechua
Egypt	Arabic	
El Salvador	Spanish	
Estonia	Estonian	Russian
Fiji	Fijian	Hindi
Finland	Finnish	Swedish, Sami
France	French	Basque, Breton, Provencal
Germany	German	
Ghana	English, Akan	Ewe, other African Languages
Greece	Greek	Macedonian, Turkish, Albanian
Guatemala	Spanish	Native Languages
Haiti	French	Creole
Honduras	Spanish	Native Languages

[17] This table was adapted from the Cultural Planning Framework & Resource Kit, Central East PCP 2004

COUNTRY	MAIN LANGUAGE(S)	DIALECTS & OTHER LANGUAGES SPOKEN
Hong Kong	Cantonese	Other Chinese dialects
Hungary	Hungarian	Romanian
India	Hindi, Gujarati, Kannada, Malayam, Konkani, Manipari	Kashmiri, Sindhi, Bengali, Urdu, Punjabi, Assamese, Nepalese & 18 other official languages,
Indonesia	Bahasa Indonesian	Javanese, Sudanese, Madurese
Iran	Persian (Farsi)	Azeri, Kurdish, Armenian, Arabic, Turkish, Baluchi, Assyrian
Iraq	Arabic	Kurdish, Assyrian, Turkmani
Ireland (Eire)	English	Irish Gaelic
Israel	Hebrew	Arabic, Yiddish, Russian
Italy	Italian	Italian dialects
Japan	Japanese	
Jordan	Arabic	
Kenya	Swahili	Kikuyu, Gujarati, Masai, Oromo. Somali
Kiribati	I-Kiribati	English
Korea, North	Korean	
Korea, South	Korean	
Kurdistan	Kurdish	Arabic, Turkish, Persian
Kuwait	Arabic	English
Laos	Laotian	Hmong, Chinese dialects, French
Latvia	Latvian (Lettish)	Russian, Polish
Lebanon	Arabic	Armenian, French
Lithuania	Lithuanian	Russian, Polish Russian, Polish
Macau	Portuguese, Cantonese	Other Chinese Languages
Macedonia	Macedonian	Serbian
Malaysia	Malay (Bahasa Malaysia)	Tamil, Sinhalese, Cantonese, Hokkien, & other Chinese dialects
Malta	Maltese	Italian
Mauritius	English	Creole, Hindi, Urdu, French
Mexico	Spanish	Native Languages
Morocco	Arabic	Berber dialects French
Myanmar (Burma)	Burmese	English, Karen, Native languages
Nauru	Nauruan	English, I-Kiribati, Chinese, Tuvaluan
Nepal	Nepali	
Netherlands	Dutch	Friesian
New Zealand	English	Maori
New Caledonia	French	Melanesian, Wallisian
Nicaragua	Spanish	Miskito
Niue	English, Niuen	
Norway	Norwegian	Sami
Pakistan	Urdu	Punjabi, Sindhi, Pushto, Baluchi
Palestine	Arabic	
Papua New Guinea	Pidgin, English	Hiri Motu, Native Languages
Paraguay	Spanish, Guarani	
Peru	Spanish	Quechua, Aymara
Philippines	Pilipino (Filipino) Tagalog	Cebuano, Ilcano, Hiligaynon Ilongo, Bicol
Poland	Polish	Ukranian
Portugal	Portuguese	
Romania	Romanian	Hungarian, German
Russia	Russian	Ukranian, Tatar

COUNTRY	MAIN LANGUAGE(S)	DIALECTS & OTHER LANGUAGES SPOKEN
Samoa (Western)	Samoan	English
Saudi Arabia	Arabic	
Serbia & Montenegro	Serbian	Croatian, Albanian
Seychelles	Creole	French, English
Singapore	Mandarin, Malay, Tamil, Hakka	
Slovakia	Slovak	Hungarian
Slovenia	Slovenian	
Solomon Islands	English	Pidgin
Somalia	Somali	Arabic, Swahili
South Africa	Afrikaans, English	Zulu, Xhosa, Swazi
Spain	Spanish (Castilian)	Catalan, Galician, Basque
Sri Lanka	Sinhala	Tamil
Sudan	Arabic	Dinka, Nubian, Nuer
Sweden	Swedish	Finnish, Sami
Switzerland	German, French	Italian, Spanish, Romansch
Syria	Arabic	Kurdish, Armenian, Aramaic
Taiwan	Mandarin	Taiwanese, Hakka
Thailand	Thai	Chinese dialects, Malay, Khmer
Tokelau	Tokelauan	English
Tonga	Tongan	English
Togo	Éwé, Kabiye, French	
Tunisia	Arabic	French, Berber
Turkey	Turkish	Kurdish, Arabic
Tuvalu	Tuvaluan	English, Kiribati dialect
Ukraine	Ukrainian	Russian, Polish
United Arab Emirates	Arabic	
Uruguay	Spanish	
Vanuatu	Bislama, English, French	Melanesian dialects
Venezuela	Spanish	Native Languages
Vietnam	Vietnamese	Cantonese, Khmer, Teo Chiew
Yemen	Arabic	
Yugoslavia (Former)	See: Croatia, Serbia Bosnia/Herzegovina, Macedonia & Slovenia	
Zimbabwe	English, Shone	

This table was adapted from the Cultural Planning Framework & Resource Kit, Central East PCP 2004

New and Emerging Communities in Victoria: languages spoken[18]

Country	Language
Burundi (3)	French (incl. Belgian French) Rundi/Kirundi Swahili/Kiswahili
Congo (Dem. Rep.) (5)	English French Lingala Nyanga Swahili/Kiswahili
Eritrea (4)	Arabic Saho Tigre Tigrigna
Ethiopia (4)	Amharic Harari Oromo Tigrigna
Liberia (15)	Akan/Ashante Bassa English ▪ Liberian English ▪ Standard English Gio/Dan Grebo Kissi Kpelle Krahn
	Krio Kru(men) Loma Mandingo Mano Vai
Sierra Leone (3)	Fula/Pular Krio Temne
Somalia (5)	Arabic Italian (as second language only) Maay Oromo Somali
Sudan (18)	Acholi Anuak Arabic ▪ Juba Arabic ▪ Standard Arabic ▪ Sudanese Arabic Bari Dinka Fur Kakwa Lopit Luwo Ma'di (Maadi) Moro Murle Nuer Otuho (Lotuko) Shilluk Tingal

[18] Adapted from the ***Cultural Matters and Why Culture Matters to Law*** **Presentation, Myriad Consultants and Department of Justice.**

Working with Interpreters

This section provides practical information on working with interpreters.

AUSLAN Interpreters

AUSLAN interpreters facilitate communication between Deaf and hard of hearing people and those who are not deaf. They do not interpret word for word, as Auslan is as different to English as English is to any other spoken language. It has a different sentence structure, its own grammar and idioms. The interpreter translates the meaning from one language into the other.

For guidelines on working with AUSLAN interpreters:

- www.vicdeaf.com.au/interpreter-booking-interpreting-
- www.deafsocietynsw.org.au/

Refusing to use an interpreter

Sometimes, people refuse to agree to an interpreter. Reasons for this include inappropriate gender, ethnicity and language skills of interpreter; anxiety about cost (paying for the interpreter); concerns about confidentiality and privacy. You may need to learn if any of these issues is of concern to the patient.

Ethnicity and language

Do not make any assumptions based on your client's country of birth. For instance, the client may speak a dialect, may have been a displaced person or born in a refugee camp. Ask the client to specify the language, and if possible, the preferred ethnicity, of the required interpreter.

While an Eritrean client and Ethiopian interpreter may both speak Tigrigna, the history of conflict in their homeland could make it difficult for either to show the trust necessary for interpreting health related material; similar concerns may apply to Bosnians, Croatians, Serbs and Albanians who all have languages in common but fraught histories. You may need to check that the ethnicity of the interpreter is appropriate for your client – the interpreter service can advise you.

Confidentiality / privacy

Privacy and confidentiality are serious concerns for some people, especially those who belong to smaller communities, which increases the chances of the client and interpreter knowing each other. Assure people that accredited interpreters are professionals and will respect confidentiality.

Using friends or family members to interpret:

Friends and family members should not be used as interpreters. People who are not qualified interpreters/translators may not interpret the messages you are conveying accurately or may lack proficiency in both languages. The practice of using friends, family and other non-professional translators/interpreters also negates a patient's right to privacy and confidentiality.

Using children as "interpreters"

Children and people under the age of 18 should not be used as interpreters. It can be a difficult and traumatic experience for children and adolescents to translate the personal medical information of family members. Interpreting also requires sophisticated skills in at least two languages, and knowledge of complex concepts, which children do not have.

Practical suggestions for working with interpreters

Booking an Interpreter

- Identify your client's language, gender and ethnicity, and then book the interpreter.
- Aim to use same gender interpreters – this is preferred practice in many cultures.
- Allow extra time for the appointment.

Working with an interpreter face-to-face

- During the consultation
- Brief the interpreter before the meeting.
- Introduce yourself and the interpreter to the client.
- Explain what the appointment / interview is about.
- Explain to the client the interpreter's role.
- Inform the client that the interpreter service is free.
- Assure the client of the interpreter's professionalism and that confidentiality is respected.
- Talk directly to the client, not the interpreter. Explain why certain questions are being asked.
- Speak in the first person (I, you) not third (he, she).
- Keep questions and sentences short, to allow adequate time for interpretation
- Use plain English and avoid jargon. Not all words or phrases can be easily translated into other languages.
- Avoid jokes (they are culture specific and do not translate well) and colloquial Australian ways of asking questions.
- Rather than asking "Didn't you go the dentist?" ask "Did you go to the dentist?" using simple, positive language.

Before ending the appointment:

- Summarise the main points
- Make sure the client understands the information you have provided. It might be appropriate to ask patients to feed back their understanding of what is going on, instead of waiting for a yes/affirmative response, which may have different meanings in different cultures (such as politeness) and does not necessarily indicate agreement. Ensure that patients know what they are agreeing to, by asking them to repeat or show what they are to do.
- Treatment information should be read out and explained clearly, not merely handed out in written form.
- If necessary, ask the interpreter to write out treatment information in the client's language.
- Debrief the interpreter after the meeting

Working with a telephone Interpreter

Telephone interpreting is suitable for short, less complex issues and emergency situations. If the issue is likely to take longer, arrange a suitable time for the client to attend a meeting that includes an on-site interpreter.

If you are consulting with your client via telephone and you need an interpreter, you will need the conference facility on your phone. Without this facility you will be handing the phone back and forth, which could lead to misunderstandings.

- Ask the client if they would like an interpreter
- Ask what language the client speaks
- Explain to the client that you are telephoning the interpreter, and that they should remain on the line
- Dial the number for the Telephone Interpreter Service
- Introduce yourself to the interpreter

- Introduce yourself and the interpreter to the client
- Speak directly to the client, using the first person
- Use plain English
- Use short sentences
- At the end of the conversation summarise all the main points

Further Resources

"How to assess the need for an interpreter"
A one page guide for assessing the need for an interpreter is available through the Centre for Ethnicity, Culture and Health (CEH) at www.ceh.org.au

Language services – guides to interpreting and translating
The Victorian Interpreting and Translation Service (VITS) has various publications with information on:

- A listing of countries, main languages and other dialects/languages spoken to assist in the appropriate identification of language/dialect required.
- How to identify the need for an interpreter
- A practical guide to achieving maximum results when working with an interpreter.

www.vits.com.au/publications.htm

Translating Written Information

Limitations of written information

It is important to recognise that written translated material has limitations. In many communities, formal study has been interrupted or stopped by poverty, war, flight and resettlement, resulting in low literacy levels. This may also be gendered, as women and girls have been more likely to be illiterate, for various complex reasons.

Many emerging communities do not have a written language. You may need to develop different ways of providing information to these communities.

For more information and other relevant strategies please refer to the section on communicating with CALD communities.

When is it necessary to translate information?

Producing a professional translation of a document is a lengthy, complex and costly process. It is important to plan how the translation is to be used and to consider alternatives, if available.

You can check for suitable publications at the Health Translations Directory. Managed by the Department of Human Services, the directory is a repository of translated health-related publications that can be accessed at: www.healthtranslations.vic.gov.au.

Translated publications usually include information that assists patients with decision-making, understanding and identification of available services.

Examples of translated materials are:

- information about health services
- patient's rights and responsibilities
- complaint and feedback procedures
- health promotion material; and
- frequently performed procedures

Before proceeding with the translation of materials, please consult the Communications team so your activities are well integrated with other activities at DHSV.

The Process of Translating Information

Before Starting

- Who is the target group the information is aimed at?
- What is the age group?
- What is the literacy level of the target group?
- What happens if the information is not available?

Preparing Material

- Use plain English
- Use short sentences
- Put the main idea first
- Use active language
- Explain complex concepts; avoid the use of "technical" jargon such as prevention, ongoing and consecutive treatments
- Check the information meets the DHSV style requirements

Translation

- Complete the Request for Translation form and have it approved by the relevant managers
- Document is translated
- The document is then checked with the relevant target group to ensure the message is communicated as intended
- Corporate Communication to retain Master Copy for future use

Communicating with CALD Communities

This section provides guidelines on how to present information to CALD communities, rather than with individual members. CALD communities are incredibly diverse – many communities share little but a common birthplace, and demonstrate diversity in languages, religion, gender, age and literacy levels, for example.

There is no one size fits all strategy for "communicating'" with communities. You may need to use a variety of media and strategies such as ethnic radio, press, presentations, workshops and brochures for example. Communication strategies that work for Western, English-speaking communities with high literacy levels are culturally specific and determined, and may not be appropriate for CALD communities. Before you undertake any campaign, make sure:

You have identified your target group/s language, gender and age requirements
Developed a relationship with the appropriate community workers/leaders/educators

Some suggestions for effective communication:

Target group:
This will allow you to identify the best people in the communities to work with, and distribute your message effectively.

Target Audiences:

- It is important to remember that the more recently arrived the community, the greater the need
- identify and prioritise groups depending on the relevance and importance of the message
- segment the groups based on language ability and availability of effective media channels, whether traditional or non traditional, within specific communities.

Using printed material:
While good quality translated material is vital, the literacy levels of communities, which vary according to country, age and gender, limit its use. Focus groups or literate members of the community should check all translated material before it is printed. Make sure that concepts underpinning the material (such as preventive medicine) are explained.

Printed material needs to be followed up with face-to-face oral information presented in the specific community language; see below for some suggestions about how to do this effectively.

Community groups without a written language:
Another key issue to remember is that while 400 languages are spoken in Victoria, many of the new and emerging languages do not have a written system.

Develop a relationship with the community:
When developing a communication campaign, it is important that you develop a relationship with the organisation and communities you are trying to reach. Going in to a community, doing a presentation, distributing the pamphlets and leaving are not are not the most effective strategies. To have your expertise and services recognised, you will need to recognise and work with the expertise of the communities involved.

While you may have identified information gaps in a certain community, and wish to distribute brochures or do a presentation, you may also be asked to respond to community concerns. You can ask yourself is there concern about access to dental health services by

young or elderly people? Are there any language barriers? Access issues for women/ men? Intepreters? Lack of grievance processes? Good communication with CALD communities will inform your service provision.

You can use the following resource guide to find the communities in your area, and the appropriate people to contact.

A starting point is the **Multicultural Resources Directory**, with hundreds of state-wide and local organisations. Available at www.multicultural.vic.gov.au

Reaching your target audience:
There is diversity within diversity; you will need to do some researching identifying different groups and their communication needs. For example:

Communicating with CALD women's groups:
A low literacy level is one issue affecting service access to women from CALD background, but not the only one.
Many specialist ethnic women's services, workers and organisations have the skills and resources to help you disseminate the information effectively. For example, if you are trying to get information to Eritrean women in a specific region of Victoria, the African women's worker at the relevant Women's Health Service may be your first point of contact. She can provide you with links to the diverse language and culture specific women's groups in the area you wish to reach, and information about the best way to present it.

Women's Health Services:
All have CALD project workers, with links among CALD women's groups
Women's Health Victoria (WHV) www.whv.org.au
Women's Health in the East (WHE) www.whe.org.au
Women's Health in the South East (WHISE) www.whise.org.au
Women's Health West (WHW) www.whwest.org.au

Multicultural Centre for Women's Health
Provides multilingual health education, advocacy, training, and research with specific expertise in health issues affecting women from CALD background
www.mcwh.com.au

The Victorian Immigrant and Refugee Women's Coalition
A Statewide information, advocacy and lobbying organisation, with extensive networks and links to women's ethno-specific services
www.virwc.org.au/

Islamic Women's Council of Victoria has extensive networks and also publishes a media guide
http://home.vicnet.net.au/~iwwcv/Welfare

Reaching young people
Young people from CALD communities use Internet – consider this as an age specific option.

The National Ethnic Broadcasters has extensive programs developed by and for young people from CALD background, especially from new and emerging communities.
www.nembc.org.au/projects/youth/youth.html

The Centre for Multicultural youth issues (CMYI) www.cmy.net.au

Utilising Ethnic Media
An effective communication strategy utilises ethnic radio stations, newspapers,

Channels SBS and 31. For many people from CALD background, ethnic newspapers and media are more important sources of information than mainstream media service providers.

Radio
Radio is one of the best ways to access CALD communities, especially women and older people.
Contact the program managers of the target language – they can also help determine how to broadcast your information.

The National Ethnic and Multicultural Broadcasters Association (NEMBC) is the peak organisation representing and resourcing ethnic community broadcasters.
www.nembc.org.au/

SBS radio broadcasts programs in 68 of the languages spoken in Victoria
www.sbs.com.au/radio/

Other stations include **3ZZZ and 3CR**.

Print media
Numerous newspapers, contact communities to find out most appropriate.

In summary:

- Identify the target audience/s for your message (these may include only a segment of a particular CALD community)
- Determine the language preference of your target group, literacy and recency of arrival.
- Consider current touch-points with government agencies and services, ethno-specific agencies, migrant resource centres, women's health centres and statewide organisations such as the Multicultural Centre for Women's Health, community and faith schools.
- Review age and gender profiles
- Ask the communities what their preferred form of communication is.
- Check availability of local media to meet requirements
  (Adapted from the NEMBC website)

Other Resources for working with Clients from CALD background

Where do you go if the information isn't in this kit?
The following sections contain list of agencies and online resources you can consult to expand on the information contained in this kit.

Translated Material - Information Available in Community Languages

DHSV
For a list of DHSV related information in community languages visit www.dhsv.org.au
Corporate Communication is responsible for maintaining all DHSV related information.

Internet Resources

The Health Translations Directory contains links to health-related translated information and over 10,000 resources in 65 languages. Additional material is progressively being added. The website is designed principally for use by health practitioners working with non-English speaking clients. There are a number of oral health fact sheets available in community languages: www.healthtranslations.vic.gov.au

The NSW Multicultural Health Communication Service has some useful dental information on their website: www.mhcs.health.nsw.gov.au

The Diversity Health Institute Clearinghouse website lists a range of material on multicultural health including fact sheets, reports, videos, CDs, journals, leaflets, posters and signs. Links are provided where possible so you can access the resource directly: www.dhi.gov.au/clearinghouse/

Interpreting and Translating Services

AUSIT
Ausit is the professional association for translators and interpreters in Australia and may assist with finding an interpreter or translator in a specific language.
Address: PO Box 134, Elwood 3184
Tel: 1800 284 181
national@ausit.org
www.ausit.org

NAATI (National Accreditation Authority for Translators and Interpreters Ltd.)
Is the advisory body for the Translation and Interpreting (T & I) industry in Australia. NAATI sets and maintains the standards of translation and interpreting at four accreditation levels. NAATI accredits translators and interpreters who meet the specified standards, conducts translator and interpreter accreditation tests, approves T & I courses at tertiary institutions in Australia, assesses T & I qualifications obtained from overseas tertiary institutions, provides advisory services relating to Translating & Interpreting service delivery, provides a Directory of Accredited and Recognised Translators and Interpreters available for work.
Address: Suite 14, Level 1, Lonsdale Court, 600 Lonsdale Street, Melb 3000
Tel: 9642 3301
info@naati.com.au
www.naati.com.au/

Regional Multicultural Resource Directories
A number of directories listing all Ethno-Specific Organisations have been developed. These are readily available through the internet.
www.vicnet.net.au/community/ethnic/
www.cyh.com/SubContent.aspx?p=341#2
www.multicultural.vic.gov.au

State-wide and Regional Multicultural Agencies

Action on Disability within Ethnic Communities - ADEC
ADEC offers a variety of Services & Programs including
Education Unit & Training Courses, Equity & Access Programs, Individual and Systemic Advocacy and Multicultural Carer and Disability Support
175 Plenty Road, Preston, Vic 3072
Phone: 03 9480 1666
info@adec.org.au
www.adec.org.au/

Centre for Culture Ethnicity and Health - CEH
The Centre for Culture Ethnicity & Health (CEH) is a state-wide organisation funded by DHS to build the capacity of Victorian health service providers to effectively meet the needs of clients and communities from culturally and linguistically diverse backgrounds
81-85 Barry Street Carlton Vic 3053
Phone: 9342 9700.
enquiries@ceh.org.au
www.ceh.org.au/

Department of Human Services - DHS
The DHS Diversity Unit promotes culturally and linguistically responsive service delivery, under the umbrella of the State's Whole-of-Government multicultural affairs agenda, through: the development of Departmental policy, working with key stakeholders, DHS Programs and regions to foster cultural diversity policy development, practice enhancement and collaborations with key agencies.
www.dhs.vic.gov.au/multicultural/

Department of Immigration and Citizenship
Can provide useful research and statistics
www.immi.gov.au

Ethnic Communities Council Victoria - ECCV
The Ethnic Communities' Council of Victoria is the peak non-government body representing ethnic communities throughout Victoria. The ECCV is made up of 195 member organisations.
Level 2, 150 Palmerston St. Carlton Vic 3053
Phone: 03 9349 4122
info@eccv.org.au
www.eccv.org.au

Multicultural Centre for Women's Health
A state-wide immigrant women's health organisation conducting health promotion with women from CALD background. Offers services in many languages
Suite 207, Level 2/134 Cambridge St, Collingwood Victoria 3066
Phone: 03 9418 0999 Fax: 03 9417 7877.
info@mcwh.com.au
www.mcwh.com.au

Ethnic Councils in regional areas
The Ethnic Councils in regional areas can assist with advice, referrals and some services in: Health and Aged Care Services, Youth Services, Language Services, Interpreting Services, Children Services, Migrant Settlement Services, Disability Services, Mental Health Services, Employment and Training Programs, Leadership Programs, Advocacy and Support.

Regional Program Coordinators:	Phone	Council
Ballarat	03 5320 5180	City of Ballarat.
Bendigo	03 5434 6000	City of Bendigo.
Geelong	03 5227 0866	City of Greater Geelong.
Gippsland	03 5133 7072	Gippsland Migrant Resource Centre.
Horsham	03 5382 7679	Wimmera Development Association.
Mildura	03 5018 8265	Mildura Rural City Council.
Shepparton	03 5832 9700	Greater City of Shepparton.
Swan Hill	03 5036 2453	Swan Hill Rural City Council.
Wangaratta	03 5722 0774	Wangaratta Rural City Council.
Warrnambool	03 5564 7860	Warrnambool City Council.
Wodonga	02 6022 9267	City of Wodonga

Ecumenical Migration Centre - EMC
The EMC is part of the Brotherhood of St. Laurence. The Centre's activities include: Casework/counselling, community development and organisational support for new and emerging communities, service development and special projects across sectors, policy analysis and advice, information, action research and publications.
95-97 Brunswick Street, Fitzroy Vic 3065
Phone: 03 9416 0044
Fax: 03 9416 1827
emc@bsl.org.au

Migrant Organisations

Geelong Migrant Resource Centre
153 Pakington Street, Geelong West VIC 3218
Telephone: 03 5221 6044
Fax: 03 5223 2848
gmrc@diversitat.org.au
www.diversitat.org.au

Gippsland Multicultural Services
100-102 Buckley Street, Morwell VIC 3840
Telephone: 03 5133 7072 Freecall: 1300 304 552
Fax: 03 5134 1031
gmrc@gippsland.net.au
www.gmsinfo.com.au

Migrant Resource Centre North West Region
45 Main Road West, St Albans VIC 3021
Telephone: 03 9367 6044
Fax: 03 9367 4344
mrcnw@mrcnorthwest.org.au
www.mrcnorthwest.org.au

Migrant Information Centre (Eastern Melbourne)
333 Mitcham Road, Mitcham VIC 3132
Telephone: (03) 9873 1666
Fax: (03) 9873 2911
sherbst@miceastmelb.com.au
www.miceastmelb.com.au

New Hope Foundation and
Southern Ethnic Advisory and Advocacy Council
18 Chester Street, OAKLEIGH VIC 3166
Telephone: (03) 9563 4130
Fax: (03) 9563 4131
www.newhope.asn.au
www.seaac.org.au

South Eastern Region Migrant Resource Centre
Level 1, 314 Thomas St, Dandenong, VIC 3175
Telephone: (03) 9706 8933
Fax: (03) 9706 8830
sermrc@sermrc.org.au
www.sermrc.org.au

Spectrum MRC
251 High Street, Preston VIC 3072
Telephone: (03) 9484 7944
Fax: (03) 9484 7942
mrcne@mrcne.org.au
www.mrcne.org.au

Migrant Resource Centre Westgate Region
78-82 Second Avenue, Altona North Vic 3025
Telephone: (03) 9391 3355
Fax: (03) 9399 1796
info@wrmc.org.au
www.wmrc.org.au

Victorian Multicultural Commission –
www.multicultural.vic.gov.au

The Victorian Foundation for Survivors of Torture Inc. – Foundation House
6 Gardiner Street, Brunswick, Vic, 3056
Phone: (03) 9388 0022
info@foundationhouse.org.au
www.foundationhouse.org.au

Foundation House at Dandenong
Level 5, 280 Thomas Street, Dandenong, Vic, 3175
Telephone: 03 8791 2450

Training Providers

Action on Disability within Ethnic Communities - ADEC
Produce an annual training calendar.
Tel: (03) 9480 1666
175 Plenty Road
Preston, Vic 3072
info@adec.org.au
www.adec.org.au

Centre for Culture, Ethnicity and Health - CEH
Produce an annual training calendar
Tel: (03) 9342 9700
enquiries@ceh.org.au
www.ceh.org.au

Signage

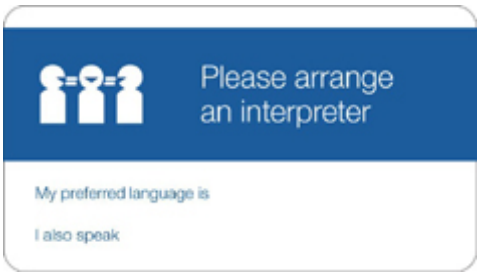
The Victorian Interpreter Card is a wallet-sized card that aims to help Victorians with limited English access government services by:

- helping them request interpreter assistance
- making it easier for staff to arrange language assistance in the correct language

The card features the national Interpreter Symbol.

Victorian Interpreter Card

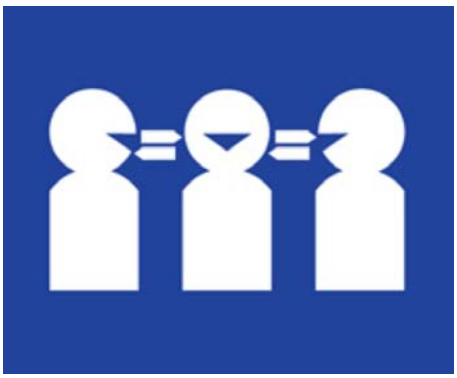
The Interpreter Card identifies the cardholder as a non-English speaker and indicates their first language.
Available from DHS or DVC (Department of Victorian Communities)



National Interpreter Symbol

This symbol indicates which receptionist/area the consumer should go within a given facility if they require interpreting services

This symbol is available from DHS or DVC (Department of Victorian Communities)



'Do you need an interpreter' signage in bookmark or poster size
This is useful as this question is translated into community languages that consumers can simply point to.