

Culturally and Linguistically Diverse Communities (CALD) Leaders' Forum

Tuesday, 20 June 2017

10.30am to 3.30pm

Pavilion on the Park Veale Gardens

Cnr South Terrace and Peacock Road, Adelaide

Output Report

Health Performance Council



Government
of South Australia

Health Performance Council

PURPOSE OF THE FORUM

- Presentation from keynote speaker
- Engagement with CALD Leaders on CALD data
- Update community on HPC actions since last forum
- Provide input into HPC review topics

PARTICIPANTS

Delegates:

- Kathy Ahwan, Policy and Legislation, SA Health
- Marita Aldridge, BreastScreen SA
- Tania Alland, General Practice SA
- Lucia Arman, DASSA
- Allan Ball, Women's and Children's Health Network
- Alex Bird, DASSA
- Pen C, Carers Association
- Andrea Chavez Toledo, Heart Foundation
- Miriam Cocking, Catalyst Foundation
- Helen Connolly, Commissioner for Children and Young People, SA Government
- Priscilla de Pree, Resthaven
- Fiona Deckert, Town of Walkerville
- Robert Di Ciocco, ACH Group
- Anna Di Salvatore, Adelaide Primary Health Network
- Tracey DiBartolo, Australian Medical Association SA Inc.
- Alan Gamlen, Hugo Centre for Migration and Population Research, The University of Adelaide
- Ned Hanic, Service to Youth Council
- Quyen Hoang, Australian Migrant Resource Centre
- Natasha Huber, Drug and Alcohol Services of SA
- Nada Ibrahim, Centre for Islamic Thought & Education, University of South Australia
- David Jacquier, Volunteering SA&NT Inc
- Maria Johns, Multicultural Aged Care Inc
- Gillian Kariuki, Women's Health Service
- Dorothy Keefe, Transforming Health SA Health
- Helena Kyriazopoulos, Multicultural Communities Council of SA
- Ismael Lara, Adelaide PHN
- Roger Lean, Multicultural SA
- Paulina Lee, Northern Health Network
- Danial Les, Drug and Alcohol Services
- Gillian Lewis, SA Health
- Li Li, Northern Connections, Community Services Division, DCSI
- Ken Lodge, General Practice SA
- Sophia Matiasz, COTA SA

- Bernadette McGrath, Overseas Services to Survivors of Torture and Trauma
- Kashif Naqvi, Country SA PHN
- Lien Nguyen-Navas, Vietnamese Women's Association SA Inc.
- Olayide Ogunsiji, University of Western Sydney
- Evelyn O'Loughlin, Volunteering SA NT
- Enaam Oudih, Relationships Australia SA
- Ilze Radzins, Latvian Association
- Akhter Rahman, Norwood Village Medical & Dental Centre
- Pat Ranieri, Safety and Quality, SA Health
- Kerri Reilly, Country Health South Australia Local Health Network
- Jen Richardson, Prosperity Catalysts
- Ola Shahin, Apple of my eye
- Gosia Skalban, CALD, Domiciliary Care, DCSI
- Alison Smith, Adelaide Primary Health Network
- Robyn Smythe, Survivors of Torture and Trauma and Rehabilitation Service (STTARS)
- Mudite Tamm, Amber Aged Care
- Penny Thyer, Health System Development, SA Health
- Eugenia Tsoulis, Australian Migrant Resources Centre of SA
- Diana Voss, Southern Adelaide Local Health Network
- Olympia Vozvotecas, Volunteering SA & NT
- Tracey Watters, Palliative Care SA
- Jan Williams, Migrant Health Service

Health Performance Council (HPC):

- Steve Tully, Health Performance Council / Health and Community Services Complaints Commissioner
- Mary Patetsos, Health Performance Council
- Lisa Jackson Pulver, Health Performance Council
- Debra Kay, Health Performance Council
- David Roder, Health Performance Council
- Brett Rowse, Health Performance Council

HPC Secretariat:

- Jane Austin, Health Performance Council Secretariat
- Nick Cugley, Health Performance Council Secretariat
- Michelle Jones, Health Performance Council Secretariat
- Jill Fraser, Health Performance Council Secretariat

Chaired by:

- Mary Patetsos, Health Performance Council

Guest speaker:

- Paris Aristotle, Victorian Foundation for Survivors of Torture Inc.

1. WELCOME AND INTRODUCTIONS

Welcome to delegates and acknowledgment that the CALD Communities Leaders' Forum met on Kurna Land.

We would like to acknowledge this land that we meet on today is the traditional lands for the Kurna people and that we respect their spiritual journey with their country. We also acknowledge the Kurna people as the custodians of the greater Adelaide region and that their heritage beliefs are still as important to the living Kurna people today.

Mary Patetsos, Deputy Chair Health Performance Council (HPC) welcomed delegates to the forum and updated delegates on the work of HPC since the 2016 Forum:

HPC was successful in advocating for the inclusion of CALD items in the Department for Health and Ageing's Integrated South Australian Activity Collection (ISAAC) data collection. ISAAC is the central repository of hospital data collections and currently only collects country of birth and Indigenous status from the hospitals (even though most hospitals collect more CALD data from patients).

The following 3 data items will be piloted in ISAAC from July 2017:

- preferred language
- religious affiliation (not mandatory) and
- interpreter required.

In August 2018 HPC plans to review the implementation of the inclusion of these items as part of ISAAC, examining the quality and value of their inclusion.



2. PANEL DISCUSSION 1: ‘How can the CALD community and researchers work together to access quality data and use it to improve health outcomes and community wellbeing? The challenges and uses of CALD patient-level data.’

Dr Nada Ibrahim, Senior Research Fellow, Centre for Islamic Thought & Education, University of South Australia chaired the panel discussion.

Panel members:

- Professor Lisa Jackson Pulver, HPC member
- Professor David Roder, Preventive Health Screening, University of South Australia and HPC member
- Dr Olayide Ogunsiji, Lecturer, School of Nursing and Midwifery, University of Western Sydney

Key points:

- Lisa provided an overview of the changes in Australian demographics using Australian Bureau of Statistics data and highlighted that health service providers often do not reflect the cultures of the consumers attending the health services.
- David presented the Australian incidence rates for breast, cervical and bowel cancers and reported that it is difficult to determine differences within Australia’s diverse population as CALD communities are grouped together. This means that some population group’s health outcomes could be better or worse but it is masked in the data. This makes targeting prevention and screening services difficult.
- Olayide shared her research practices highlighting the importance of partnering and collaborating with the community in the definition of the problem, data collection and analysis; the importance of using bilingual community educators with language skills but also high-level awareness of cultural nuances and norms and providing an honorarium to recognise their expertise.
- Panel members’ presentations can be found at: www.hpcsa.com.au

Discussion highlights:

- Recognition that CALD communities are not homogenous.
- How do we get our health practitioners to ask the questions about CALD backgrounds? Quality data can be collected when health consumers feel safe and secure. There is discomfort amongst health workers in asking the questions as they do not know what to do with the information once they have asked the questions. There is also a belief amongst health workers that the information is not necessary to provide ‘a good clinical service’.
- Importance of ensuring that Universities include the benefits for health outcomes of a culturally sensitive and responsive clinical services.
- The importance of having the data to interrogate the health system to see if it is working for different population groups.
- Concerns raised about the use of the term ‘Christian name’, should use the term ‘first name’ as this assumes a particular religious nomenclature.



3. PANEL DISCUSSION 2: *'How can we bridge the gap between policy, practice and service models?'*

Panel members:

- Prof Dorothy Keefe, Clinical Ambassador Transforming Health, SA Health
- Kathy Ahwan, Manager, Policy and Legislation, SA Health
- Alison Smith, Executive Manager Community Collaborations, Adelaide Primary Health Network

Key points:

- Dorothy discussed the changes made to the stroke clinical pathway as part of Transforming Health.
- Kathy identified the policy and legislative background within SA Health which provides the context for the development of an access and diversity framework for SA Health as a means of bridging the gap between policy and service models.
- Alison highlighted the role of Primary Health Networks as increasing the efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes and improving coordination of care to ensure people receive the right care in the right place at the right time using a co-design approach.
- Panel members' presentations can be found at: www.hpcsa.com.au

Discussion highlights:

- Dorothy was asked why it is so hard to transform health, in responding she reflected on the need for bi-partisan support and the importance of clinicians supporting the changes

- Kathy was asked about SA Health's language policy. SA Health has a language policy in use
- A delegate commented on the work of Breast Screen SA and the importance of a dedicated CALD health worker and using community development as a means of engaging recent arrival populations
- A delegate suggested the use of translated materials, phone applications and other visual tools to support communications in aged care
- The SA Health access and diversity framework needs to be multi-faceted in its approach to support the delivery of culturally relevant holistic health services and improve health outcomes and wellbeing



4. KEYNOTE SPEAKER – PARIS ARISTOTLE AO

Helena Kyriazopoulos, Chief Executive Officer, Multicultural Communities Council of SA introduced the keynote speaker:

Paris Aristotle, CEO of Victorian Foundation for Survivors of Torture Inc (Foundation House), 2017 Victorian Australian of the Year and Officer of the Order of Australia and advocate for refugee and asylum seekers, presented on the topic of 'Health challenges of new arrival survivors of torture and trauma'.

Key points that emerged from Paris Aristotle's presentation:

- Paris shared the global state of affairs in relation to refugees and asylum seekers arguing that given the magnitude of the problem, there is more Australia could do. Australia has a good resettlement program that supports refugees in their arrival and that refugees have clear legal protections and entitlements. However asylum seekers are not afforded the same protections.
- Paris explained the reactions and experiences of trauma through sharing the Foundation House trauma recovery framework. He explained that trauma may manifest as both physical and/or mental health issues and the importance of re-establishing a sense of safety, security and meaning to life.
- The keynote presentation can be found at: www.hpcs.com.au

Discussion highlights:

- Paris was asked how to work to avoid political point-scoring? He suggested respectful dialogue, recognising the complexity of asylum seeker policy and the need to do things differently.
- Paris was asked about breaches to the rights of the child in detention centres and what is needed to shift policy and leverage for change? He responded that in the current climate criticism from the United Nations does not bring about change. He suggested acknowledging the difficulties of the 'wicked problem' and the need to continue to seek practical outcomes.



5. UPDATE ON RESEARCH ACTIVITY

Evelyn O'Loughlin, Chief Executive Officer, Volunteering SA/NT introduced Dr Nada Ibrahim, Senior Research Fellow, Centre for Islamic Thought & Education, University of South Australia who provided an update on her research activity.

Key points that emerged from Nada Ibrahim's presentation:

- Nada shared her research work, which involves tailoring evidence-based programs specifically for the Muslim community to set up culturally and religiously appropriate services for survivors/victims of family violence, perpetrators, families afflicted with domestic violence and children that grow up in those homes.
- Her particular focus is the prevention and recovery approach to domestic and family violence that empowers men, women, children, community leaders and communities to address domestic violence. Some of her research included documenting prevalence of domestic violence, risk factors that leads to its perpetration and the experiences of Muslim victims with the court system.
- The programs include: 13-weeks inspired NAFSi personal leadership, Conversations about Gender for Community Empowerment, Muslim Leaders Empowerment Program for DV, MATE (Moving Australia Towards Gender Equality) Muslim-tailored. Other programs specifically addressing needs of children growing in DV homes and perpetrators needs will also be rolled out in the future.

Discussion points:

- Nada received a comment that domestic violence is in all religions and cultures and was asked what needs to be done from a Muslim perspective to address gender inequality when the inheritance laws are not equal between the two?
Nada made a statement to clarify that in inheritance laws based on the relationship and financial responsibility sometimes men get more than women but there are other times when women get exactly the same proportion as men if not more than men in inheritance. Nada referred delegates to her article in the conversation: <https://theconversation.com/explainer-what-islam-actually-says-about-domestic-violence-77245>

6. HPC FEEDBACK

Mary Patetsos and Steve Tully asked to hear from delegates with improvement suggestions for the health system. Many of the themes were captured throughout the day's panel discussions and also in review cards (Attachment 1)

Delegates commended SA Health for being at the forum, presenting on current policy development and talking about diversity. There were equally strong representations of frustration because of experiences with previous failed policy change attempts.

There was a strong call for creativity in policy making, development of long-term partnership with communities and suggestion for a future Leaders' Forum to be focused on new ideas and innovation.

Steve Tully outlined how customised 'care plans' as a requirement for assessment against National Safety and Quality Health Service (NSQHS) Standards will be in place by 2019. Such plans will need to recognise individual requirements with involvement from consumers and carers.

NEXT STEPS

- Output report and presentations will go to all delegates including guest speakers via a weblink to www.hpcsa.com.au
- HPC's CALD Communities Leaders' Forum planning group will re-convene to discuss outcomes and next steps, including:
 - Considering the topic suggestion for a future forum on new ideas and innovative research and practice in CALD;
 - Work with SA Health to influence the development of the Access and Diversity Framework and the implementation plan for the framework.

FORUM CLOSED AT 3:30PM.

Thank you to all participants for your valuable contributions.

Thanks also to the CALD Communities Leaders' Forum Planning Group:

- Helena Kyriazopoulos – Multicultural Communities Council of SA
- Tina Karanastasis – Ethnic Link Services, UnitingCare Wesley Port Adelaide / Federation of Ethnic Communities' Councils of Australia (FECCA)
- Evelyn O'Loughlin – Volunteering SA/NT
- Kathy Ahwan – SA Department for Health and Ageing
- Mary Patetsos and Steve Tully - Health Performance Council

ATTACHMENTS

Attachment 1: Review Card Summary Report

Attachment 1:

Culturally and Linguistically Diverse (CALD) Communities Leaders' Forum

Summary of Review Card

Review cards were distributed to seek feedback on the value of forums to the participants and how HPC Secretariat might improve forums in the future. The findings from this report will be considered by the CALD Communities Leaders' Forum Working Planning Group.

Method

Review cards were distributed on the participant's seats during the lunch break. A limitation of this design was that those who left at or before the lunch break would not have completed a review card. We were unable to track the number of participants that left at lunch; however there was a natural attrition throughout the afternoon sessions. We would like to acknowledge idenk for the design of the review card.

Response rate

A total of 55 participants attended the forum (excluding 11 HPC members or secretariat or keynote). A total of 19 completed review cards were collected at the end of the forum with a response rate of 35%.

Outputs and outcomes

A total of 18 of 19 participants who completed the review card rated the event out of ten in terms of 'outcomes and outputs'. The average score was 7.2 out of 10, with a range of 5-10.

Design and running

When rating the 'design and running' of the forum 17 of 19 participants responded. The average score was 8.2 and the range was 6-10.

What was best about the event?

There was overwhelming support from participants about the diversity of high quality speakers together with the panel forums. Paris Aristotle the keynote speaker got special mention on multiple occasions. The opportunity to network was appreciated by a participant and more question time was requested by another participant.

What would you like to have been different?

The participants identified three key areas for improvement. Most responses were in relation to the practical running of the event and outcomes.

The most frequent response in relation to the practical running of the event was a request for better timing (starting on time, more time for questions, too long day, shorter panel presentations), workshop activities and a request for hot food for lunch.

Participants requested a greater focus on *outcomes* and a practical path working together with the CALD communities to get there.

What will you tell others?

When asked what they would tell others about the forum several participants mentioned their work with CALD communities. Several participants reflected on the need for more collaboration and information sharing with CALD communities.

Another participant will tell others about the following three things:

1. *'Importance to identify CALD sub-groups and their needs to provide data to support and measure intervention.'*
2. *'Importance of dedicated CALD worker within health networks.'*
3. *'Importance to train health care providers in cultural awareness.'*

One participant stated *'it is no longer ok to not act in this space'*. While another participant reflected on their sense of stagnation: *'Stagnated in victim mode. More focus on how together we (CALD and others) know what the policy makers are doing in measuring their own compliance to their policies. A benchmark to measure the Departments improvement same as service providers has to measure.'* A participant mentioned being able to talk about HPC and some of the work it is doing.

What should happen next?

In terms of what should happen next; the following suggestions were made:

- ***Change, action and outcomes***

'Changes of mindset of both providers and communities – grassroot level action'

'Change the people up top.'

'SA Health finalise the Access and Diversity Framework and CALD awareness program be developed across the State'

'Where to from now? What are the key actions to be focusing on to produce better outcomes for all consumers and minimise costs of services?'

- ***Another forum***

'Organising continued forums, after consulting with community spokespeople re issues to discuss and inspire'

'I think get participation from universities on how they are working around CALD communities and how they include it in their curricula'

'Innovation'

- ***HPC to report back***

'Could we have a report from the day and some suggestions/recommendations, leading to an action plan?'

'Summary of actions and follow-up outcomes'

One word summarises how you feel now?

Participants were asked to identify one word that best summarises how they felt at the end of the forum. Words were entered into www.wordle.net. In the image below the size of word is representative of frequency of the word (n=17). Where a participant used multiple words, hyphens were used. On one occasion 'better informed' was truncated to 'informed'.

