Document approval

Cultural Competency Scoping Project Final Report has been endorsed and approved by:

__________________________________________

Peter De Natris
Executive Director
Community Access

Approved: 26 August 2013

Document version control

Distribution: Open

Document name: Cultural Competency Scoping Project Final Report

Version: Version 1.0

Document status: Current

File name: AT13/48055

Authoring unit: Prepared by Grace Leotta Affirm Organizational Development and Training, for Community Access

Date: 26 August 2013
Disclaimer

This independent project was undertaken with assistance from Ageing, Disability and Home Care (ADHC) in the Department of Family and Community Services. However, the information and views contained in this report are not intended as a statement of ADHC policy and do not necessarily, or at all, reflect the views held by ADHC, the NSW Government or the Minister for Ageing, Minister for Disability Services.

Acknowledgements

The consultant would like to thank the following people for their involvement, contribution, information and support:

Cultural Competency Scoping (Stage 3) Reference Group: Melinda Norton, Emanuela D’Urso and Gavin Wesson, ADHC Lifespan Supports and Diversity, Jacqui Astolfi and Sarah Beynon, ADHC Learning and Development, Grace Chan, Northern Sydney Central Coast Area Health Service, Joan Feeney, ADHC Metro South, Suzanne Granger ADHC Sector Development, Maria Katrivesis Consultant/trainer, Spyros Kehris, ADHC Western Region, Steffanie Von Helle, Community Relations Commission for a Multicultural NSW, Joanne Travaglia, School of Public Health and Community Medicine, UNSW.

ADHC Regional Forum and Workshop Organisers: Renina Boyd, ADHC Southern Region, Annalee Fortunado, Metro South Region, Kellie Gilbert and Anne Alexander, Hunter Region, Adam Gray, Western Region, Georgina Helman, Lianne Sheridan and Gauri Ahuji, Metro North Region, Rebecca Nelson and Amy Davidson, Northern Region, and other ADHC Managers and staff from the regions who were involved in opening or organising the forums or workshops.

ADHC staff and staff from ADHC funded agencies and peak organisations and community members who completed surveys or participated in regional forums and workshops.

Staff from NSW Government agencies who provided information: Julie Haraksin, Diversity Services NSW Attorney General and Justice, Echo Morgan and Paul Mortimer, Multicultural Services, NSW Family and Community Services Community Services, Shobha Sharma, Ezel Jupiter and Judy Saba, Cultural Diversity Operations Program NSW Police, Steffanie Von Helle, Community Relations Commission for a Multicultural NSW, Astrid Perry, Multicultural Health Unit South East Sydney and Illawarra Area Health.

Grace Leotta
Affirm
Organizational Development and Training
August 2013
# Table of Contents

**Executive Summary** ......................................................................................... i

**Recommendations** .......................................................................................... iii

1. **Introduction** ................................................................................................. 1

2. **The Process** .................................................................................................. 1

3. **Literature Review** .......................................................................................... 3

   3.1 The Method .................................................................................................... 3

   3.2 What is Cultural Competency? ...................................................................... 3

   3.2.1 Elements of Cultural Competency ............................................................ 6

   3.2.2 Cultural Competency Good Practice ....................................................... 8

   3.2.2.1 Approaches to Cultural Competency Practice ..................................... 8

   3.2.2.2 Cultural Competency in Practice: Some Local Examples .................. 12

   3.3 Enhancing Cultural Competency Practice .................................................. 13

   3.4 Cultural Competency and a Person Centred Approach ................................ 14

   3.5 Conclusion .................................................................................................... 15

4. **Key Findings and Discussion** ........................................................................ 16

   4.1 Cultural Competency Definition .................................................................. 16

   4.2 Cultural Competency Good Practice .......................................................... 16

   4.3 Cultural Competency Activity across ADHC and the Funded Sector .......... 17

   4.4 Staff Cultural Competency Needs ............................................................... 18

   4.5 Future Cultural Competency Activity within ADHC and the Funded Sector . 18

   4.6 Cultural Competency Core Competencies .................................................. 19

5. **A Proposed Cultural Competency Model for the Sector** ............................. 20

   5.1 Cultural Competency .................................................................................... 20

   5.2 Principles that Underpin the Model ............................................................. 20

   5.3 Levels and Measures of Cultural Competency ............................................ 21

   5.4 Implementing the Cultural Competency Model ........................................... 27

6. **Cultural Competency Core Competencies** ............................................... 31

**References** ........................................................................................................ 34

**Appendix: Findings Report** .............................................................................. 39

ADHC Staff and Organisational Surveys ............................................................. 39

ADHC Funded Services and Peak Organisations Regional Forums .................. 45

ADHC Staff and Funded Services and Peak Organisation Workshops .............. 52
Executive Summary

A key priority under *Valuing and Managing Diversity: Cultural Diversity Strategic Framework* and the *Stronger Together 2* reforms is the development of quality and relevant cultural competency strategies to build the capacity of staff working in Ageing, Disability and Home Care (ADHC) direct and funded services to work cross culturally.

Building the capacity of the sector to provide responsive services to a diverse community is critical to developing a sustainable service system within a person centred and individualised funding system and with the devolution of responsibility to the non-government sector.

The Cultural Competency Scoping Project involved a three stage process which focused on working with people from Culturally and Linguistically Diverse (CALD) backgrounds. Stage 1: an ADHC organisational survey, Stage 2: An ADHC staff survey, and Stage 3: a review of literature, consultation with ADHC funded services and joint workshops with ADHC staff and funded services. The final stage was undertaken by consultant Grace Leotta of Affirm Organizational Development and Training and undertaken between December 2012 and June 2013.

This report includes an outline of the scoping project process, a review of literature on cultural competency, project findings, recommendations for the adoption of a cultural competency model, key actions for its implementation, and the use of cultural competency core competencies to guide learning and development.

A person centred and individualised funding approach calls for an expansion of the definition and the elements of cultural competency which traditionally have assumed program based service delivery. Consultations with the sector show that a person centred approach is critical to cultural competency.

Cultural competency occurs at the interdependent systems, organisational and individual levels linked with effective community engagement, relationship building and collaboration, and person centred practice. It is an ongoing developmental strengths based process of change.

Cultural competency frameworks and standards provide a basis for the integration of cultural competency into policy, planning, governance, management, resourcing, evaluation, service delivery, work practice and staff training, as well as ongoing community engagement, involvement and partnership. Clear outcomes and measures, assessment and reporting on these support sustained development in cultural competency. Growth in cultural competency is achieved by the integration of cultural competency into all aspects of a service system and organisation and a critical thinking and reflective practice approach.

While a systematic and mandated approach to cultural competency is important, there is also a need to contextualise and localise cultural competency to the people who use services and to local communities. Therefore communities need to be consulted about actions required to ensure cultural competency in their local community.

Individual funding and a person centred approach present opportunities to build cultural competency by providing a choice for people with a disability, their families/carers and by requiring that services improve their practice in order to attract service users, including people from culturally and linguistically diverse backgrounds. Individual funding needs to be supported with resources for community outreach, engagement and relationship building, and for building inclusive generalist/mainstream services and communities.
Localisation provides opportunities for services to work collaboratively with local communities, culturally specific and multicultural services and networks and local generalist/mainstream services and communities.

Consultation with the sector has highlighted a commitment to cultural competency, person centred, individualised and flexible support, examples of good practice and a willingness to work together to enhance cultural competency. Existing strengths in cultural competency need to be supported with a holistic sector wide approach to create a culture of cultural competency.

Transition to the National Disability Insurance Scheme, DisabilityCare Australia, will extend the need for cultural competence beyond the ADHC funded sector, and demand additional strategies to support the development of cultural competency in a mainstream environment. These considerations are beyond the scope of this project, and will need to be addressed as the service system develops.

The proposed cultural competency model provides a framework for effective and accountable practice, and organisational and systemic change linked with community engagement and collaboration, to ensure quality, person centred and responsive service provision for people who have disability and their families and carers. The model links to the revised Standards in Action which promote transition to a person centred system. It outlines a set of guiding principles, defines features and key measures for cultural competency at the following levels:

- System
- Networks
- Organisational
- Individual worker and
- Community engagement
- Person centred support.

The establishment of specific Cultural Competency Standards is a cornerstone of the proposed cultural competency model. The disability sector has a history of the use of agreed and mandated Standards to embody the current philosophy and approach for working with people with a disability. Standards support the implementation of change in service provision, and guide service management, delivery, practice, monitoring and reporting.

Key pillars for the implementation of the model include:

- Cultural Competency Standards and measures which are linked to the Disability Services Standards
- Strategies for ensuring a diverse workforce
- The development of a cultural competency resource kit to support networks, organisations, teams and workers to take action increase and maintain their cultural competency
- The availability of quality language services across the state
- A learning and development strategy based on cultural competency core competencies to ensure ongoing learning
- A focus on community engagement and collaboration
- A commitment to building inclusive services and communities.

A change management approach based on partnership with national, state and regional disability and multicultural peak organisations and which builds on and showcases good practice will support the introduction, implementation and sustainability of the cultural competency model.
This approach may include supporting staff in development roles to integrate cultural competency in their service and sector development, expanding the ADHC CALD Strategy Groups to include non-government organisations, the establishment of community of practice groups focused on specific aspects of cultural competency, nomination of specific Cultural Competency Strategy Champions, provision of incentives such as resourcing of cultural competency initiatives, as well as outreach and engagement of organisations needing additional support to embrace cultural competency.

The model needs to be tested and have the input of with people with a disability and communities from culturally and linguistically diverse backgrounds.

As well a cultural competency model a set of eight cultural competency core competencies are outlined which form the basis of the learning and development strategy and ongoing learning and development. The core competencies are:

1. Define Cultural Competency in a person centred context
2. Culturally respectful, appreciative and sensitive
3. Self and culturally aware and knowledgeable
4. Interact and communicate culturally competently
5. Practice culturally competency
6. Engage culturally and linguistically diverse communities
7. Develop personal, team, organisational and sector practice
8. Manage a culturally diverse and culturally competent organisation or team.

**Recommendations**

*Recommendation 1*

The proposed Cultural Competency model including a definition, principles, levels and performance measures is used to inform the Cultural Competency Strategy.

*Recommendation 2*

The development and implementation of a Cultural Competency Strategy is undertaken through engagement and in partnership with people with a disability, their families and carers from culturally and linguistically diverse backgrounds, diverse communities and the wider community sector.

*Recommendation 3*

Cultural competency core competencies are used to develop and implement a broad sector (specialist disability sector, generalist/mainstream organisations and community) wide learning and development strategy.
1. Introduction

A key priority under the Valuing and Managing Diversity: Cultural Diversity Strategic Framework and Stronger Together 2 reforms is the development of quality and relevant cultural competency strategies to build the capacity of staff in Ageing, Disability and Home Care (ADHC)’s direct and funded organisations to work cross culturally.

With new directions in person centred service systems and devolution of responsibility to the non-government sector, the Cultural Competency Scoping Project has, for the first time, identified the cultural competency needs of the ADHC funded sector.

The Project which focuses on working with people from culturally and linguistically diverse (CALD) backgrounds will form the basis of a Cultural Competency Strategy for ADHC direct and funded services. With the establishment of the National Disability Insurance Scheme, DisabilityCare Australia, consideration will also need to be given to the engagement of mainstream/generalist services and the wider community.

ADHC has undertaken a three stage scoping exercise of cultural competency activity. The scoping project will form the basis of a Cultural Competency Strategy for ADHC and the ADHC funded sector. The first two stages of the project which have already been undertaken include an ADHC organisational and staff survey. The third stage undertaken by consultant Grace Leotta of Affirm Organizational Development and Training between December 2012 and June 2013, involved a review of literature on cultural competency, consultation with ADHC funded services and joint workshops with ADHC staff and funded services to develop an outline of a Cultural Competency model, options for its implementation and cultural competency core competencies.

This report outlines the scoping project process, a review of literature on cultural competency and project findings. It proposes a cultural competency model, actions for its implementation and cultural competency core competencies.

2. The Process

The process involved working with the Cultural Competency Scoping (Stage 3) Reference Group, particularly with ADHC Community Access, to undertake a literature review, prepare and facilitate direct consultation with staff from ADHC direct and funded services and peak organisations, and analyse and synthesise information from a variety of sources to propose future cultural competency activity within ADHC and the ADHC funded sector. Regional ADHC staff organised the consultation forums and workshops.

Stage three of the Scoping project involved the following phases:

1. A literature review incorporating brief interviews with staff from five NSW government agencies to discuss their approach.

2. Facilitation of eight forums for ADHC funded services and peak organisations in Burwood (Metro South Region), Dubbo and Griffith (Western Region), Parramatta (Metro North Region), Illawarra and Queanbeyan (Southern Region), Coffs Harbour (Northern Region), and The Entrance (Hunter Region). A total of 107 people participated in the forums which were held in February and March 2013. The following questions guided the forum discussions: What does cultural competency mean? What is happening in this region that demonstrates cultural competency good practice? What is required in this region to build/enhance
cultural competency? What are the opportunities to build/enhance cultural competency? What are the barriers to building or enhancing cultural competency? What specific action or support is required to build the cultural competency of the sector and of individual services?

3. Review of results of ADHC organisational and staff surveys.

4. Preparation of a briefing paper providing a summary of the literature review, ADHC organisational and staff surveys, and forum findings. This was distributed to staff who attended regional workshops.

5. Report to the Reference Group and consultation regarding the content and process of regional workshops with ADHC and the ADHC funded services and peak organisations.

6. Facilitation of six regional workshops with ADHC staff and staff from ADHC funded services and peak organisations in Parramatta (Metro North Region), Nowra (Southern Region), The Entrance (Hunter Region), Homebush (Metro South Region), Coffs Harbour (Northern Region) and Dubbo (Western Region). A total of 147 people participated in workshops which were held in May and June 2013. The workshop discussions were preceded by providing a briefing on the findings. The topics for discussion were: Our vision for a culturally competent person centred sector; what cultural competency looks like at different levels; measures and evidence of cultural competency at each level; what boards/management committees and staff in different roles need to know and do to work in a culturally competent way; and steps to make all this happen.

7. The preparation of this report, including a presentation to the ADHC’s Cultural Diversity Expert Advisory Group.

Limitations of the Process

The consultation process in this project centred on staff. Other than community members who attended the Forum and Workshop in Northern Region, the project has not involved direct consultation with culturally and linguistically diverse communities of people who use ADHC sector services.

Consultation with staff from ADHC direct and funded services and peak organisations involved different methods and therefore did not allow a direct comparison of responses. Also the number of ADHC staff surveyed was much larger one than the number of ADHC funded sector staff consulted through forums and workshops.

In geographically large regional areas the location of forums or workshops may have made it difficult for staff to travel to attend.

It is acknowledged that staff who completed surveys or attended forums or workshops may already have a high commitment to and knowledge of cultural competency and may not be representative of the sector.
3. Literature Review

The aim of the literature review was to identify good practice and evidence on cultural capabilities including the definitions, elements and evidence of cultural competency. The literature review then informed consultations with funded services and ADHC staff.

3.1 The Method

The review included literature searches of published work from the following databases: Education Resources Information Center (ERIC), PyscNET, PubMed, EBSCOhost (providing access to a variety of social work, sociological, nursing and medical sources), The Cochrane Library, ResearchGate and Google Scholar. The search terms used were cultural competency, multicultural competency and cultural responsiveness and related terminology.

Literature on cultural competency practice was also obtained from key websites such as the National Center for Cultural Competence (NCCC) in Washington DC and the Diversity Health Institute in NSW and from publications by government departments.

Brief consultations were held with representatives of other selected NSW government agencies regarding their approach to and practice of cultural competency.

While not the primary focus of this review, the findings of some of the key but limited literature on person centred approaches with culturally diverse communities have also been included.

Parameters of the Review

The focus of the literature review has been the definition of cultural competency, its key elements and components, implementation and evidence of implementation across different sectors and disciplines. Primarily literature from 2000 to the present was considered.

It is recognised that reviews of the literature on specific aspects of cultural competency such as the client-worker relationship or cultural competency training and education may also be undertaken.

The body of knowledge relating to diversity has used a variety of terms relating to working with people from different cultural and language backgrounds, such as cultural awareness, cultural sensitivity, cultural appropriateness, cultural competence, cultural responsiveness, cultural proficiency, cultural humility and cultural safety.

In some cases the terms are used interchangeably. In other cases the different terminology reflects the change in language over a period of time, although different language is used in different sectors and different countries, the different levels or stages of cultural competency, or different concepts.

3.2 What is Cultural Competency?

The most widely used definition of cultural competence states that it is:

...a set of congruent behaviour, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or...
those professionals to work effectively in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989, cited in NCCC).

Using this definition, Rodriguez (2011) states that cultural competence is a “holistic and systemic response to cultural diversity” rather than an individual or one-off initiative (Rodriguez, 2011: 3).

The foundation of cultural competency is the ability of individuals, organisations and systems to respect, affirm, value and respond to the culture of individuals, groups or communities (Luquis & Pérez, 2003; Hernandez, Nesman, Mowery, Acevedo-Polakovic, & Calejas, 2009; Purnell, 2005).

Some models of cultural competency have focused on identifying attributes or components of cultural competence from a host of cultural competency definitions. Rosenjack Burchum (2002) states that the attributes of cultural competency are:

- **Cultural awareness**: consciousness of culture including one’s own, and the ways it shapes values and beliefs.
- **Cultural knowledge**: including information and frameworks to assist process of information.
- **Cultural understanding**: insights on the influence of culture.
- **Cultural sensitivity**: including how one’s own identity influences practice.
- **Cultural interaction**: personal contact, communication and exchanges that occur between people of different cultures.
- **Cultural skill**: ability to communicate, incorporate clients beliefs, values and practices and vary assessment, procedures and techniques to accommodate cultural beliefs and practices.
- **Cultural competence**: a process of development that is built on ongoing increases in knowledge and skills related to the other attributes.
- **Cultural proficiency**: commitment to change that provide for new knowledge and skills and sharing those through research and education.

Suh’s (2004) model includes the ability to care for culturally diverse populations, openness to diversity, and flexibility to adapt to different situations. The prerequisites to these are cultural awareness and cultural knowledge, cultural sensitivity, cultural skill and cultural encounter, which provide the environment for cultural competency to be manifested.

Campinha-Bacote (2002) describes a model of interlocking paradigms which encompass cultural awareness, cultural knowledge, cultural skills, cultural encounters and cultural desire.

Linguistic competence is often associated with cultural competence. Goode and Jones (2009) define linguistic competence as:

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity (Goode & Jones, modified 2009, NCCC).
One view of cultural competency is that it requires the same skills and processes required in ‘good’ professional practice, and therefore cultural competency is developed and embedded in professional work and generic competency, (Betancourt, 2006; Duke, Connor & McEldowney, 2009) or what Harris (2004) refers to as ‘everyday competence’.

Various perspectives on cultural competency define it as a dynamic, developmental process (Cross, et al, 1989) or continuum through which individuals, organisations and systems progress to become more culturally competent (Campinha-Bacote, 2002; Cross et al; 1989; Duke et al, 2009; Goode, Jones & Mason, 2002; Eisenbruch, Rotem, Waters, Snodgrass & Creegan 2002; Olavarria, Beaulac, Bélanger, Young & Aubry, 2009; Pacquiao, 2008; Purnell, 2005; Suh, 2004; Thompson-Robinson Reininger, Saunders, Davis & Ureda, 2006; Rodriguez, 2011). Rosenjack Burchum (2002), while also viewing cultural competency as a developmental process, depicts it not as a linear process but rather as a spiral expanding outwards, with the various attributes building on each other.

While the attainment of cultural competency is ongoing, it requires more than acquiring technical skills and memorising facts (Leonard and Plotnikoff, 2000 cited in Harris, 2004). It is reliant on a process and opportunities for reflection (Harris, 2004; Duke et al, 2009) as part of ongoing learning.


Saba (2010) refers to diversity capability which as a combination of competence and capacity is defined as:

...the professional and personal characteristics both current and potential which allow an individual, organization or system to respond with respect, professionalism and accuracy to all individuals… (Saba, 2010:17, from Diversity training materials adapted for the NSW Police Force, original source unknown).

Capability implies an ability to apply knowledge and skills at a particular time and context in a thoughtful, reflective and responsive way.

In his critique of the concept of cultural competency particularly in the health system, Kirmayer (2012) poses alternative approaches to working with diversity which focuses on issues of power both in health care institutions and clinical work, and particularly the power imbalance between systems and professionals and people who use services. Other concepts such as cultural responsiveness, cultural humility and cultural safety (which is used in Aotearoa in New Zealand) incorporate issues of power - particularly the need for awareness of power issues - and the process of changing power dynamics. For example Suh’s (2004) model requires practitioners to reflect on their own ‘cultural prestige’ and a commitment to a new way of thinking.

Cultural competency is therefore a social justice process (Ziegahn & Ton, 2011). Pacquiao’s (2008) model of culturally competent care involves advocacy for social justice and human rights for people who are vulnerable. The link between cultural competence and power are consistent with a broad notion of culture which is “inseparable from its social and economic context” (Gregg & Saha, 2006: 546).

Central to the notion of cultural competency is the need to increase the quality and responsiveness of services (Davis, 1997; Purnell, 2005; Renzaho, 2008) in order to achieve better outcomes for people using services.
In her efforts to conceptualise and assess cultural competency in children’s mental health services in the USA, Davis (2007) concluded that the conceptualisation of cultural competency requires individualisation at the family and organisational and community levels. While cultural competency needs to be based on agreed attributes it also needs to be locally defined and contextualised (Carberry, 1998 cited in Eisenbruch et al, 2002; Hernandez et al, 2009; Olavarria et al, 2009) through effective community engagement.

Clearly cultural competency is not a fixed or static concept but an evolutionary one (Rosenjack Burcham, 2002; Davis, 2007). Whatever the language or definition used, a key aim of cultural competence is to assist to ‘bridge the distance’ between people and service providers (Betancourt 2006; Gregg and Saha, 2006).

3.2 Elements of Cultural Competency

The elements of cultural competency encompass both its various components or attributes as outlined in the definitions, and the different levels at which cultural competency is required.

The National Center for Cultural Competence (NCCC) in the USA has encapsulated the elements of cultural competency into a framework which requires organisations to:

- Have defined set of values and principles and demonstrate behaviours and attitudes, policies and structures that enable them to work effectively cross culturally;
- Have the capacity to a. value diversity, b. conduct self-assessment, c. manage the dynamics of difference and institutionalisation of cultural knowledge and d. adapt to diversity and the cultural contexts of the community they serve;
- Incorporate the requirements above in all aspects of policy development, administrations, and practice/service/delivery, and involve consumers systematically (NCCC, 2004).

Eisenbruch et al’s (2002) model of cultural competency which has been adopted by the Australian National Health and Medical Research Council (NHMRC, 2005) has four dimensions:

- **Systemic:** effective policies and procedures, mechanisms for monitoring and sufficient resources are fundamental to fostering culturally competent behaviour and practice at other levels.
- **Organisational:** skills and resources are in place and a culture is created where cultural competency is valued as integral to core business and consequently supported and evaluated. Management is committed to diversity management including cultural and linguistically diversity at all staffing levels.
- **Professional:** Specific professions develop cultural competence standards to guide working lives of individuals.
- **Individual:** knowledge, attitudes and behaviours are maximised and made more effective within a supportive organisation and wider system.

Perry (2011) has used this model along with work undertaken in three Health regions of NSW and a large scale US study, to outline a model of care for hospitals. Vaughn (2009) also states that the focus of cultural competency is individual, professional, organisational and societal and at those levels includes awareness,
attitudes or beliefs, knowledge and skills. Purnell’s (2005) model describes attributes of professional and organisational cultural competence.

There is an interdependency between the varying levels of cultural competency, with the quality of services provided by individual practitioners influenced by the setting in which they work (Darnell & Kuperminc, 2006; Hernandez et al, 2009), and practitioners impacting and needing to impact on the organisation. Organisations in turn are impacted on by the systems in which they operate which can either promote or inhibit the provision of culturally competent services (Thompson-Robinson et al, 2006).

Organisational and individual professional practices need to be coupled with community engagement, consultation, collaboration and partnerships (Goode, 2002; Renzaho, 2008). Goode (2002) states that cultural competence involves working in conjunction with natural, informal and self-help networks within diverse communities. Community engagement is in itself a learning process and “should result in the reciprocal transfer of knowledge and skills among all collaborators and partners” (NCCC, Source: Taylor & Brown, 1997).

Hernandez et al’s (2009) comprehensive review of the literature in mental health services in the USA concluded that cultural competency occurs when there is compatibility among four key factors:

- **Community context**: the environments that affect organisations’ efforts to service their local community and individual response to mental health and how this context affects the way in which communities come into contact with services.

- **Cultural characteristics of local populations**: including how organisations respond to cultural differences.

- **Organisational infrastructure**: values, communication, community participation, governance, planning and evaluation, human resources, service array (or options), technical support.

- **Direct service support**: availability – services reflect the needs of the community, accessibility – facilitating individuals entry and movement through a service; and utilisation – promotion of the service and tracking service use patterns.

The Victorian Centre for Culture, Ethnicity and Health (CEH) (2010) outlines seven interrelated domains of cultural competence which provide a framework to improve service delivery to people from culturally and linguistically diverse backgrounds. These are:

- **Organisational values**: the value organisations place on cultural competence.

- **Governance**: embedding cultural competence in governance bodies, policies, standards and goals.

- **Planning, monitoring and evaluation**: program and operational plans address cultural competence issues and tracking and assessing progress.

- **Communication**: supporting effective and culturally appropriate exchange of information between organisations, their clients and staff.

- **Staff development**: equipping staff with the attitudes, knowledge and skills needed to deliver culturally competent services.

- **Organisational infrastructure**: identifying and allocating resources needed to plan, deliver and evaluate culturally competent services.
Services and interventions: delivering or facilitating services in a culturally competent manner.

Source: The Lewin Group, 2002

The US Technical Assistance Partnership for Child and Mental Health Cultural and Linguistic Competence Implementation Guide (2008) have a similar set of domains, with an additional domain of Collaboration - strategies that support the development of effective working relationships between providers, consumers and the community.

3.2 Cultural Competency Good Practice

3.2.1 Approaches to Cultural Competency Practice

The literature states that there are few studies on the effectiveness of cultural competence interventions (Vaughn, 2009). There are however, specific cultural competency frameworks and standards to guide practice and the use of these in assessment and reporting. Critical to these frameworks and standards is the link between individual and systemic levels of cultural competency. A small number of selected national, state, organisational and professional ones are described here.

National Standards

The US Department of Human Services in 2001 launched the National Standards on Culturally and Linguistically Appropriate Services in Health Care (CLAS) primarily for health care organisations. The 14 standards are organised in the three main domains: Culturally Competent Care, Language Access Services and Organisational Supports (Department of Health and Human Services, Office of Minority Health, 2001).


Ziegahn & Ton (2011) describe an innovative training program for health leaders by University of California Davis Center for Reducing Health Disparities which used CLAS to effect change in health systems and organisations through the development and implementation of plans and the integration of the standards into organisational management and practice.

The Australian Mental Health sector has developed National Cultural Competency Standards (MMHA, 2010). They are:

1. The service’s Strategic Business Plan, or equivalent, recognises the relevance of transcultural mental health issues in service planning, implementation and evaluation.
2. The service collaborates with key mental health government and broader community stakeholders working with people from CALD backgrounds.
3. The service engages in evaluation, research and development of culturally appropriate service delivery relevant to transcultural mental health.
4. The service ensures equitable access for people from culturally and linguistically diverse backgrounds, and their carers and families.
5. The service adheres to a Language Services Policy.
6. The service makes available and encourages:
   - mental health cultural competency training for its staff, with independently and externally evaluated state-endorsed cultural competency training to be used where available; and
• the use of culturally appropriate assessment and planning tools.

7. The service ensures CALD consumer and carer participation in service planning, implementation and evaluation.

8. The service has proactive support from senior management for developing trans-cultural mental health Initiatives.

The Standards are accompanied the National Cultural Competency Tool which is an organisational self-assessment tool aimed at enhancing workforce capacity in operating transculturally.

State Frameworks and Standards

In 2009 the Department of Health Victoria launched the Cultural Responsiveness Framework for Health Services which encompass six standards for cultural responsiveness:

Standard 1: A whole-of-organisation approach to cultural responsiveness is demonstrated.

Standard 2: Leadership for cultural responsiveness is demonstrated by the health service.

Standard 3: Accredited interpreters are provided to patients who require one.

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

Standard 5: CALD consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis.

Standard 6: Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness. (Department of Health Victoria, 2009).

Service reporting on achievement against the standards commenced in 2011.

In NSW the Community Relations Commission for a Multicultural NSW Multicultural Policies and Services Program (MPSP) requires all public agencies to report on their actions to enhance and promote multiculturalism as enshrined in the Community Relations Commission and Principles of Multiculturalism Act 2000. The Chief Executive Officer of each public agency is responsible for the implementation of the Principles. The Multicultural Planning Framework has been established to support agencies integrate multicultural activities in their planning cycle and to demonstrate their achievements in relation to the Principles of Multiculturalism (CRCa). The Framework outlines seven outcomes in the three areas of Planning and Evaluation, Capacity Building and Resourcing and Programs and Services. The criteria related to each outcome include three ranges of performance which allow agencies to demonstrate progression in achieving the stated outcomes (CRCb).

A Premier’s Memorandum requires all NSW government agencies to develop and maintain a current multicultural plan that addresses the Outcomes and Criteria of the Multicultural Planning Framework and which is adapted to meet the functional context and service delivery needs of the agency’s client group. Each multicultural plan should address (amongst others) the mechanisms used to seek diverse client and community feedback, the strategies used to attract and deploy staff to reflect the needs of diverse clients, the presence of language services and other communications which specifically target diversity and opportunities for skilled multilingual and multicultural staff to develop and share their skills at all levels of the organisation. The effectiveness of these multicultural plans is assessed on an annual basis.
basis and reported in Parliament every year through the Community Relations Report.

The *Multicultural Victoria Act 2011* requires all Victorian Government departments to report annually on their achievements and initiatives in multicultural affairs, including their use of language services, multicultural communications, major improvements made or initiatives developed that promote multiculturalism in Victoria and meet the identified needs of Victoria’s culturally and linguistically diverse communities, and multicultural representation on government boards and committees, progress under its cultural diversity plan (Victorian Multicultural Commission, 2012).

**Organisational Frameworks and Standards**

A practical framework for cultural competency at the organisational level was developed by Betancourt et al (2003) which includes organisational interventions such as workforce diversity recruitment, structural interventions such as the availability of interpreters and clinical interventions, such as cross cultural training for staff.

Through analysis of best practice standards in action in health care and consultation with communities on their requirements of services, Wu and Martinez (2006) identified a set of principles which are necessary to take cultural competency from theory to practice. They are:

*Principle 1:* Community representation and feedback are essential at all levels of the organisation.

*Principle 2:* Cultural competency must be integrated into all existing systems of the organisation, particularly quality improvement efforts.

*Principle 3:* Changes must be manageable, measurable and sustainable.

*Principle 4:* Making the case for cultural competency is critical element for change.

*Principle 5:* Commitment from leadership is a key factor to success.

*Principle 6:* Staff training is necessary on an ongoing basis.

Cultural competency standards within organisations are often based on mandated industry or sector standards. In their analysis of existing organisational standards Olavarria et al (2009) identified five key areas for standards for community health and social service organisations. They are:

*Organisational norms, principles and policies:* including inclusion of cultural competency in the mission statement, leadership commitment to cultural competency.

*Asset and need identification:* including identifying organisation and community strengths, resources, identification of assets and needs, and ongoing consultation.

*Human resources and management:* including representation of target groups employed at all levels.

*Services and service delivery:* including adapting the service to meet needs, and availability of interpreting and translation.

*Community consultation, partnership and information exchange:* such as ongoing consultation and involvement of consumers in cultural competence building in the organisation.
Critical to all organisational approaches to enhancing developing cultural competency is the integration of cultural competency in the overall management of the organisation including planning, policy, resourcing and infrastructure, implementation, evaluation, service delivery and practice (Goode, 2002; Rodriguez, 2011).

‘Diversity’ cannot become marginalised as a sub-area but must become part of our perceived reality (Weerasinghe & Williams, 2002, cited in Sawrikar, 2009 p. 97).

For consistent embedding of cultural competency into organisational practice existing frameworks and standards need to be part of organisational reporting requirements which demonstrate evidence based on systematic assessment.

The Institute for Community, Ethnicity and Policy Alternatives (ICEPA) (2009) review of the literature on cultural competency reporting requirements for health services, states that the literature shows 17 domains of assessment and reporting on cultural competency. These range from corporate systems such as evidence of cultural competency inclusion in policies, strategic plans, quality assurance, and risk management processes, to integrated data collection systems and workforce diversity and training. The ICEPA report concludes that to achieve sustained cultural competency mandated measures combined with incentives for improvement are required. This approach needs to include:

- Strong accountability mechanisms.
- Performance against these mechanisms.
- Persuasive leadership for change at senior levels.
- The application of existing tools and initiatives to create cultural competence for example, risk assessment/management, continuous improvement cycles, triple bottom line reporting, safety and quality initiatives.
- Systematic change management strategies.
- An evidence base built on culturally competent research that can inform policy, planning, education and capacity building, and evaluation.
- Measures to build a culturally competent workforce.

Creating cultural competence requires a shift in thinking as well as practice. (ICEPA, 2009: 57)

**Professional Standards**

It is assumed that various professions specify competencies, standards or ethics for working with diversity. This section describes specific cultural competency standards for nurses in Aotearoa in New Zealand, and social workers and psychologists in the USA.

Standards for the registration of nurses in Aotearoa, New Zealand require the content of theory and practice in nursing programs to include cultural safety, the Treaty of Waitangi and Maori health. Standards and competencies require nurses to practice in a manner that the health consumer determines as being culturally safe, and to demonstrate the ability to apply the principles of the Treaty of Waitangi to nursing practice. These requirements are also included in the Nursing Council’s Code of Conduct. The Nursing Council’s definition of cultural safety is a broad one and includes ethnic origin or migrant experience, religious or spiritual belief, disability and other aspects of culture and diversity (Nursing Council of New Zealand, 2011).

The US National Association of Social Workers (NASW) launched *Standards for Cultural Competence in Social Work Practice* in 2001. The ten standards are:
1. Ethics and values
2. Self-awareness
3. Cross cultural knowledge
4. Cross cultural skills
5. Service delivery
6. Empowerment and advocacy
7. Diverse workforce
8. Professional education
9. Language diversity
10. Cross cultural leadership

These were followed in 2007 by the development of an accompanying set of indicators (NASW, 2007). Cultural and Linguistic Competence is also a specific standard included in other NASW Standards such as Standards for Social Work Case Management (NASW, 2013) and Standards for Social Work Practice with Family Care Givers of Older Adults (NASW, 2010).

In 2002 the American Psychological Association (APA) approved Guidelines on the Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (APA, 2002). The set of six guidelines are currently under review.

### 3.2.2 Cultural Competency in Practice: Some Local Examples

As described earlier, all public agencies in NSW are required to report on their actions to enhance and promote multiculturalism as enshrined in the Community Relations Commission and Principles of Multiculturalism Act 2000. A number of public agencies were contacted about their initiatives. The agencies which provided information for the Cultural Competency Scoping Project were the NSW Department of Attorney General and Justice, NSW Department of Family and Community Services - Community Services agency, NSW Police and NSW Health.

Some of the key features of the initiatives of the public agencies contacted are:

- The integration of strategies for working with diversity in operational planning and implementation.
- Senior management leadership and support and accountability for cultural competency.
- A combination of state wide priorities and local strategies to respond to local communities through the development of local plans based on the state level plan - in NSW Health, a specific a plan for meeting the needs of refugees.
- Simultaneous internal strategies such as development of programs and staff training, and community engagement with specific local diverse communities.
- Collaboration and partnerships with communities including collaboration for mutual learning.
- A mixture of specific programs for specific cultural and language groups and a generalist approach where all staff and all programs have the knowledge, skills and resources for working with diversity.
- Specific recruitment and employment of staff from culturally and linguistically diverse backgrounds, including in designated positions, and effective diverse workforce management.
- Promoting skills for working with cultural competency as core skills and embedding cultural competency training in generalist training, and therefore
close working relationships between diversity units and Learning and Development Units.

- A reflective practice approach to ongoing staff learning and development.
- Promotion and championing of cultural diversity/cultural competency.
- Resourcing through specific direct work positions, staff in diversity units, and resources for direct staff.
- Specific measures to understand the composition of the client group (through consultation and feedback and representation on advisory bodies) and regular data collection and analysis to inform the development of strategies and allocation of resources.

All the agencies view their work as an ongoing process to continue to build and integrate organisational capability to work with diverse communities. These approaches and specific strategies are consistent with the frameworks and standards outlined in the previous section and provide vivid practical examples of a multi-level approach to building cultural competency.

The NSW agencies that perform the best under the MPSP are those which have showed improvement over a period of time and which have invested in making cultural competence part of the governance of the organisation. That is, there is clear endorsement and support at the leadership level, with clear lines of reporting and accountability throughout and across the organisation. The engagement of discreet business units and regional offices is one indicator of a more culturally competent organisation. The higher performing agencies are those in which cultural competence is perceived as a responsibility integrated throughout all levels of an organisation. Lower ranked agencies tend to focus their efforts at the frontline, thereby making it very difficult for the staff who understand the practical importance of cultural competency to advocate for policy or cultural change further up the organisation’s hierarchy.

Another initiative of NSW public sector agencies is the NSW Public Sector Capability Framework, which is the sector-wide tool for describing the knowledge, skills and experience of NSW Government employees. Cultural awareness is included in the Framework (NSW Public Sector Capability Framework).

### 3.3 Enhancing Cultural Competency Practice

A framework which recognises the interdependent multi-level nature of cultural competency provides a model of change (NHMRC, 2005) for systems and organisations. A set of shared standards or outcomes enables systems and organisations to take a planned approach to embed cultural competency in all areas including policy, planning, governance and management, service delivery, work practice, and staff recruitment, employment and development.

As discussed earlier cultural competency is a process of ongoing development and incremental change. Davis (2007) states that there is no clear point at which full cultural competency is achieved and therefore a method for assessing change is required. Ongoing self-assessment is therefore important in monitoring progress, identifying areas of strength and growth, future planning and ongoing capacity building (Goode et al, 2002; Olavarria et al, 2009).

Goode et al (2002) state that self-assessment needs to be conducted in a safe and non-judgmental environment. This promotes honest sharing of awareness of the levels of cultural competency, provides opportunities for sharing of perspectives and the use of information to continue the change process. It also facilitates a reflective practice approach to enhancing cultural competency.
While a systematic and mandated approach to competency is important, the literature points to a need to contextualise and localise cultural competency to people who use services and local communities and therefore to involve them in defining, tracking development and evaluating cultural competency (Davis, 2007; Goode et al, 2002; Hernandez et al, 2009; Olavarria et al, 2009). If improved service delivery and outcomes is the aim of cultural competency, individual and community experiences of services need to inform policy management and practice. Community engagement and partnership are therefore critical to the ongoing development of cultural competency.

The focus on the acquisition of cultural competency as an ongoing process of learning and change at systemic, organisational and professional levels acknowledges the level of change that is required in practice and also mirrors the changing nature of communities and of culture itself (Gregg & Saha, 2006).

### 3.4 Cultural Competency and a Person Centred Approach

At this stage there is limited literature on person centred approaches and cultural competency. Hasnain, Sotnik and Ghiloni (2003) describe the use of person centred planning with people from culturally diverse backgrounds in career planning. They report that people with disabilities experience positive gains in employment options as a result of culturally responsive person-centred practices.

Bui and Turnbull’s (2003) study of the use of person centred planning with Asian American families with children with disabilities, found that some of the values of person centred planning and Asian American family cultural values were not consistent. For example, the family and community value the prevalence of the group over individual interests; the precedence of duties over rights; and respect for authority, elders and professionals. However, they concluded that with modifications person centred planning may be effective with some families. The changes they recommend are consistent with cultural competency – namely establishing a relationship with families, organising the logistics of meetings, organising an interpreter, and methods of culturally appropriate communication.

The benefits of a person centred approach to culturally diverse communities include the positive emphasis given to cultural difference, the inclusion of family members, friends and community members. Trainor’s (2007) study of the work of person centred planning facilitators in two culturally diverse communities found that person centred planning can be culturally responsive. She calls for further examination of person centred planning to increase family participation and self determination by young people.

In their review of person centred planning literature Van Dam, Ellis and Sherwin (2008) note Cambridge and Carnaby’s (2005) findings of the importance of cultural sensitivity in the development of successful person centred plans. While there is limited literature on person centred approaches and cultural competency, the literature does point to the correlation between cultural competency and patient or client centred care (Rodriguez, 2011).

Saha, Beach and Cooper (2008 cited in Ziegahn and Ton 2011) state that cultural competence and patient centred care are complementary at both the interpersonal or worker-patient levels and at the systems level. At the interpersonal levels both cultural competence and person centred approaches prioritise individual uniqueness, beliefs and values, involvement of family and friends. At the systems level both concepts intersect on various points including aligning services to meet individual needs and preferences. Betancourt (2006) views cultural competence as an
expansion of patient centredness. Davis (2007) points to the overlapping nature of child and family centred and individualised care and cultural competency.

### 3.5 Conclusion

Cultural competency is an evolving concept with various attributes. It occurs and is required at the interdependent systemic, organisational, professional and individual levels. It represents a proactive, dynamic and holistic response to cultural diversity.

Cultural competency is a continuous process of becoming - a developmental strength based process of ongoing change dependent on the integration of cultural competency into policy, planning, governance, management, resourcing, evaluation, service delivery, work practice and staff training. It requires a systemic approach which includes the articulation of a framework, clear standards, outcomes, measures, and processes for assessment and reporting.

Systemic and organisational leadership, ongoing community engagement, involvement and partnership are required to support ongoing learning and reflective practice at all levels.

While a systematic and mandated approach to competency is important, there is also a need to contextualise and localise cultural competency to local communities and therefore involve people who use services and communities in defining and assessing development in cultural competency.

Cultural competency is ultimately about good professional practice, effective management, community collaboration, policy development and implementation which ensure quality, person centred and responsive service provision for good outcomes for people who use services and their families and carers.
4. Key Findings and Discussion

There is consistency with the literature and the outcomes of the consultations with staff from ADHC direct and funded services in several key areas. These include the components of cultural competency, the fact that it occurs at different levels and key strategies required to build cultural competency. A full report of the findings is included in the Appendix: Findings Report. The following provides a summary of key findings, discussion and recommendations. It is followed by the description of a proposed Cultural Competency Model and Cultural Competency Core Competencies.

4.1 Cultural Competency Definition

Cultural competency is viewed as a multifaceted concept which comprises attitudes, awareness, understanding and knowledge, skills and practice. It occurs at various levels from the broad system, to the organisation and to the individual worker level. It also requires community engagement and collaboration.

Staff from ADHC direct and funded services stated that person centred practice is central to cultural competency. Sound knowledge, skills and leadership in person centred practice are therefore necessary to building cultural competency.

The ADHC sector is pioneering person centred, culturally competent, individualised and flexible service delivery focused on community inclusion. This calls for an expansion of the definition of cultural competency and its elements reconsideration of the definition of cultural competency and at which levels it occurs.

The proposed definition of cultural competency is:

+Cultural competency is sector, organisational and individual capability to work collaboratively with culturally and linguistically diverse communities to design and provide person centred, responsive and flexible support and build inclusive communities.+ 

Collaboration with other disability services and with culturally specific/multicultural services and communities is required to achieve streamlined service pathways and a holistic and whole of life approach to meeting the needs of people with a disability their families/carers. Cultural competency in relation to people from culturally and linguistically diverse backgrounds needs to be considered within a broader framework which promotes inclusion and responsiveness, and therefore involves working with generalist/mainstream services and the broader community.

4.2 Cultural Competency Good Practice

Findings from all sources show that cultural competency occurs at the interdependent policy, organisational and individual levels linked with effective community engagement, relationship building and collaboration. At the policy level it includes having a framework, a philosophy incorporating human rights and social inclusion, clear standards and measures on which organisations are assessed and self assess.

At the organisational level it includes building cultural competency into the governance and management of the organisation, designing flexible services, employing staff from diverse cultural and language backgrounds, ongoing training and development and mentoring of staff to support reflective practice, active outreach to communities, and networking and collaboration.
At the individual level it includes awareness, attitudes, knowledge, skills and practice, including working effectively with interpreters and collaborating with other services and communities, and ongoing learning, critical thinking and reflective practice.

Building cultural competency is an ongoing process which is guided by a clear framework that supports the integration of cultural competency into all aspects of a system and organisation. There are examples of national, state, organisational and professional cultural competency and standards to guide practice and the use of these in assessment and reporting, such as National Standards for Health Care in the USA, National Standards for Mental Health in Australia and Standards for Health services in Victoria.

In NSW agencies are required to develop a plan under MPSP. All these approaches provide a basis for incorporating cultural competency into policy, planning, governance, management, resourcing, evaluation, service delivery and work practice, staff training, as well as ongoing community engagement, involvement and partnership.

Cultural competency also needs to be localised to the people who use services and to local communities. It requires community capacity building to increase access to services, enhance the diversity of the workforce and provide the basis for collaboration.

Consultations highlighted a variety of good practice ranging from cultural competency self assessment/audit tools, a diverse workforce, engagement with communities and community leaders, cultural competency training, and resources such as a DVD on working with interpreters. Staff from both ADHC direct and funded services have an interest in sharing examples of good practice through practice forums and the collection of resources and tools.

### 4.3 Cultural Competency Activity across ADHC and the Funded Sector

As well as examples of good practice in cultural competency, consultation with the sector highlighted a commitment to cultural competency, person centred, individualised and flexible support, and a willingness for ADHC direct and funded services to work together to enhance cultural competency.

An individualised funding approach provides opportunities to provide flexible support and enhance cultural competent service delivery with communities being involved in designing appropriate service. Individualised funding needs to be accompanied with resources for community engagement and relationship building at both the broader community level and with individuals and families. Language services also need to be funded separately to individual packages.

Access to quality language services poses a challenge for services in all regions but particular those in regional areas, who require affordable language services and interpreters for new and emerging communities. Both regional and metropolitan regions proposed new models for employing bi/multilingual staff, such as the employment of staff by an alliance or the employment of staff by one agency and support secondary employment to work with other agencies.

Ongoing community engagement is essential to building relationships with communities to ensure information on and access to service delivery and to creating partnership with communities to develop appropriate supports and services.

An asset based community development approach to community engagement capacity building and a focus on creating inclusive communities is promoted by the
sector as an effective way for building the capacity of CALD communities and the wider community. A focus on inclusion necessitates a cross sector approach to building cultural competency.

4.4 Staff Cultural Competency Needs

Staff need to be supported and guided by an organisation and system that requires, promotes and enables cultural competency through a clear framework, standards, measures and leadership from management. Staff require resources such as access to language services and skills to work with interpreters. Learning and development begins with staff induction and continues with a variety of ongoing learning and development opportunities, and facilitation of reflective practice through supervision, mentoring and practice forums. Staff in direct support roles require a high level of skill in person centred practice and skills in conducting assessments.

Flexibility to provide individualised services and to participate in community engagement empower staff to provide culturally competent services. Staff require data collection and measurement systems which allow staff to include the additional time they spend in relationship building, community engagement and collaboration.

Staff from culturally and linguistically diverse backgrounds are supported by recognition of their language skills, career development pathways and a welcoming and inclusive work environment. Consultation highlighted the importance of an organisational culture that promotes cultural competency as expected practice and organisational ‘core business’.

4.5 Future Cultural Competency Activity within ADHC and the Funded Sector

ADHC direct and funded services have a range of strengths in cultural competency on which to build. Future cultural competency activity requires a holistic sector wide approach. The proposed cultural competency model outlined in the next section, aims to integrate and implement cultural competency at all levels and links with the updated Standards in Action, which support the transition to a person centred service system (ADHC, 2012). The model comprises:

- Cultural competency principles;
- Levels of cultural competency and measures; and
- Key actions for implementing the model.

Recommendation 1

The proposed Cultural Competency model including a definition, principles, levels and performance measures is used to inform the Cultural Competency Strategy.

The model needs to include testing and input through direct consultation, with people with a disability and communities from culturally and linguistically diverse backgrounds and the wider community sector.

Recommendation 2

The development and implementation of a Cultural Competency Strategy is undertaken through engagement and in partnership with people with a disability, their families and carers from culturally and linguistically diverse backgrounds, diverse communities and the wider community sector.
4.6 Cultural Competency Core Competencies

A set of eight competencies have been developed. They are informed by the definitions of cultural competency in the literature and consultations, the NSW Public Sector Capability Framework and key standards on cultural competency. A full outline of the core competencies is included in the final section of the report. The core competencies are:

1. Define cultural competency in a person centred context
2. Culturally respectful, appreciative and sensitive
3. Self and culturally aware and knowledgeable
4. Interact and communicate culturally competently
5. Practice culturally competently
6. Engage culturally and linguistically diverse communities
7. Develop personal, team, organisational and sector practice
8. Manage a culturally diverse and cultural competent organisation or team.

The competencies are linked to the Cultural Competency model and are part of the learning and development strategy, one of the key strategies to implement the model. The competencies can be used to inform specific training and development on cultural competency, incorporate cultural competency in induction and other training programs, facilitate the development of individual and team learning and development plans, inform self assessment and performance appraisal processes and act as a basis of the development of specific indicators and/or competencies for specific roles. Ultimately core competencies can inform the definition of roles and recruitment and employment processes.

**Recommendation 3**

Cultural competency core competencies are used to develop and implement a broad sector (specialist disability sector, generalist/mainstream organisations and community) wide learning and development strategy.
5. A Proposed Cultural Competency Model for the Sector

5.1 Cultural Competency

Cultural competency is sector, organisational and individual capability to work collaboratively with culturally and linguistically diverse communities to design and provide person centred, responsive and flexible support and build inclusive communities.

5.2 Principles that Underpin the Model

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person centred and person driven</td>
<td>People with a disability with their families/carers and support network pursue their own goals and shape and influence the support to meet their needs and achieve their goals</td>
</tr>
<tr>
<td>Respect, valuing and celebration of diversity</td>
<td>Cultural and linguistic diversity is respected, valued and celebrated</td>
</tr>
</tbody>
</table>
| Rights and inclusion                          | • The provision of services and supports in a culturally and linguistically appropriate way is a human right  
|                                               | • People with a disability, their families and carers have a right to be included in services and the wider community |
| Strengths/asset based approach                | Individuals, families, networks and communities culture and language are strengths and assets from which services and the whole community benefit |
| Responsive                                     | Support and services are provided flexibly respond to individuals’, families’ and communities’ cultural identity, needs and aspirations |
| Integration                                    | **Cultural competency is integrated/embedded into all aspects of planning, policy and service delivery** |
|                                               | • Working with cultural and linguistic diversity is ‘core business’ and organisational systems and processes support cultural competency |
| Collaboration and partnership                 | Service providers work in partnership with people who have a disability, and their families and carers, culturally and linguistically diverse communities and collaboratively with other services |
| Developmental                                 | Building cultural competency is an ongoing process of development based on mutual learning, reflective practice and continued responsiveness to individuals, families and communities |
| Whole of sector approach                      | The whole community sector works in a coordinated to achieve inclusion |

Project Report 20
5.3 Levels and Measures of Cultural Competency

Cultural competency occurs at the interdependent levels of the:

- System
- Networks
- Organisations
- Individual workers and is linked to community engagement and capacity building and person centred support.

System

The system incorporates Standards, plan, policies and procedures, mechanisms for monitoring and evaluating, funding and resource allocation. Key features of a culturally competent system include:

**Cultural Competency Standards**

Agreed Cultural Competency Standards are linked to the Disability Services Standards and incorporate the following key components: demographic profile, governance, planning, policy, assessment and evaluation, service delivery, recruitment, employment and induction of staff and volunteers, ongoing learning and development, language and communication, information collection, community engagement and collaboration, reporting and accountability outcomes.

**Plan**

A Diversity Plan and Report similar to the current NSW Multicultural Planning Framework which requires NSW agencies develop a report on their actions to enhance and promote multiculturalism.

**Policies and Procedures**

As well as specific Cultural Competency Policies and Procedures including a Language Policy, a cultural and linguistic diversity consideration or ‘filter’ is applied to all policies to ensure cultural competency is integrated into all aspects of the system and individual organisations.
Measures and Reporting
Cultural Competency Standards provide the basis for the development of outcomes, specific measures, data collection and reporting. A Results Based Accountability approach enables the development of quantitative, qualitative and specific client outcome measures.

Service Structures and Processes
Cultural competency ensures ease of access to services. Clear entry points such as service hubs, outreach services and partnerships with culturally specific and multicultural services enable access. Service eligibility criteria based on needs rather than a diagnosis of disability enables ease of access to services and individualised and person centred service provision.

Service Delivery
Flexibility for innovative, responsive, person centred services developed with local diverse communities.

Funding and Resourcing
Cultural Competency Standards provide the basis for the funding of non-government organisations and therefore evidence on the ability to meet the Standards is built into tender selection criteria, contracts/service agreements and reports.

Cultural competency is effectively resourced through the funding of community engagement development/community capacity positions, funding and resourcing of community engagement processes, funding of appropriate and quality language services, including interpreters and translation, funds for CLAS for staff in non government organisations, funds to support staff to achieve NAATI accreditation, provision of training on disability issues for interpreters, and funding and sourcing of learning and development and development opportunities such scholarships for staff from culturally and linguistically diverse backgrounds.

The provision of resources and tools for networks of services, organisations and individuals such as how to obtain and use information on community demographics, engage communities, how to work with interpreters and conduct culturally appropriate assessments facilitates the development of cultural competency.

Learning and Development
Cultural Competency Standards and Cultural Competency Core Competencies provide the basis for comprehensive and ongoing learning and development and support reflective practice. Learning and development is targeted to specific roles and provided in a variety of ways such as face to face and on line, in community settings, and through learning circles.

As well as specific cultural competency training, cultural competency is embedded in all other training. As in policy development, a cultural and linguistic diversity consideration or ‘filter’ is applied to all other training. It is integrated in all training on Person Centred approaches. Learning and development includes supervision, coaching, mentoring and communities of practice. Learning and development is provided through partnership with communities and multicultural peak organisations.

Community Engagement
Community engagement occurs at all levels including in developing a Cultural Competency Strategy and evaluating cultural competency at the systems and organisational level.
**A Whole of Government Approach**

Building inclusive communities relies on an infrastructure of generalist/mainstream, culturally specific and multicultural community supports and services, some of which are funded by either state government agencies or the Commonwealth government. A whole of government approach or joint strategies with other government agencies builds the capacity of the sector to promote inclusive communities. Cultural competency is included in the National Disability Insurance Scheme, DisabilityCare, Australia.

**Key System Performance Measures**

1. Cultural Competency Standards.
2. Cultural and linguistically diversity is incorporated in policies and procedures.
3. Cultural competency measures based on Standards and a Plan.
4. Designated funding for cultural competency initiatives.
5. A Cultural Competency Learning and Development Strategy linked to Cultural Competency Core Competencies.
6. Community engagement strategy, structures and processes.
7. Cultural competency included in sector planning.
8. Cultural competency included in tender processes, contracts and service agreements.
9. Partnerships with multicultural peak bodies.
10. Whole of government and collaborative strategies with other agencies included in The Multicultural Planning Framework.

**Networks**

Networks include local and regional networks of services, community groups and individuals working together to build cultural competency. Networks facilitate community engagement, ease of access and entry to services, create options and resources for people with a disability to facilitate inclusion, and opportunities for mutual learning and collaboration.

Collaboration occurs between disability services, between disability and culturally specific or multicultural services and networks, and generalist/mainstream services. Alliances or consortiums are created to engage communities, employ workers and develop innovative service options.

**Key Network Performance Measures**

1. Networks of disability and culturally specific and multicultural representatives.
2. Disability networks have a cultural competency strategy on which they report.
3. Partnerships between disability and culturally specific and multicultural services or communities.
4. Partnerships between disability services to engage communities, provide services or employ staff.

**Organisations**

Integrating cultural competency into all aspects of the governance, planning, management, service delivery, evaluation, and stakeholder engagement within organisations creates an organisational culture of cultural competency. Cultural competency strategies based on a coherent organisational plan are developed and implemented by each business unit or team. ADHC and ADHC funded services self
assess, are monitored and report on compliance with shared Standards and measures.

**Key Organisation Performance Measures**

1. A Cultural and Linguistic Diversity Plan with specific measures to comply with Cultural Competency Standards which may include:
   - **Governance and management:**
     - A commitment to cultural competency is addressed in the organisation’s mission/purpose, vision, philosophy and values.
     - Members of the organisation’s community are represented on the board of governance/management committee.
     - Cultural competency performance criteria for managers.
     - Cultural competency criteria in quality assurance/continuous improvement processes.
   - **Planning and policy:**
     - A current community profile and client profile which guides planning.
     - Cultural competency is addressed in all levels of plans, including the strategic plan, business/operational plan, program plans, team plans, project and individual workplans.
     - A cultural competency policy and cultural competency addressed in organisational policies and procedures.
     - Recruitment and employment: Cultural competency addressed in recruitment and employment such as recruitment and selection criteria and process, employment contracts and job descriptions.
   - **Diversity of workforce:**
     - Staff profile
     - Staff feedback showing evidence of team inclusion
     - Staff support, development and appraisal, including cultural competency included in:
       - Staff induction and orientation.
       - Staff individual and team supervision.
       - Staff individual and team learning and development plans
       - Staff meetings.
       - Staff appraisal processes.
       - Ongoing learning and development including mandatory participation in cultural competency training.
   - **Resource allocation and use:**
     - Budget for language services, community engagement, learning and development, service delivery and other initiatives to meet the needs of diverse communities.
     - Production and/or use of resources e.g. promotional resources.
     - Time allocation for building cultural competency such as community engagement and relationship building activities, and partnerships.
   - **Service delivery:** Cultural competency is addressed in:
     - Eligibility criteria.
     - Service entry and assessment process and tools.
     - Personal centred planning, practice and service provision.
     - Links to advocacy services.
   - **Communication and language:**
     - Use of interpreters in community engagement, assessment, planning and service delivery.
o Production and availability of translated information including in general service information as well as specific information such as translated assessment tools, translated client plans.

- Community engagement:
  o A community engagement plan with measures.

- Networking and collaboration:
  o Participation in multicultural interagency networks.
  o Participation and commemoration of key events/activities such as Harmony Day, Refugee Week and local events/activities.
  o Partnerships with culturally specific/multicultural organisations, community leaders/groups.

- Administration: Collection of data on:
  o Cultural and linguistic diversity of client group.
  o Information on individual cultural, language and religious needs and preferences.
  o Activities to meet specific needs/enhance cultural competency.
  o Client and community feedback including complaints.

- Monitoring and evaluation:
  o Service user, community staff and stakeholder feedback including complaints and its inclusion in the Cultural and Linguistic Diversity Plan.
  o Review of Cultural and Linguistic Diversity Plan.
  o Cultural Competency self assessments against Plan, Standards and measures.
  o Achievement of individual outcomes based on person centred plans.

- Organisational specific initiatives and their results, such as Cultural Competency Champions, action learning groups, development of resources, culturally specific/multicultural advisory group, community outreach activities.

2. Reporting on the Cultural and Linguistic Diversity Plan and Measures:
   - Report as part of funding agreement.
   - Reporting in Annual Reports.

**Individual Worker**

Individual workers (paid and unpaid) have the appropriate values, knowledge, skills and practice to work with individuals, families/carers, communities and colleagues from culturally and linguistically diverse backgrounds. A commitment to cultural competency is an expectation of employment and included in recruitment and selection criteria and job descriptions. Staff are supported through induction, ongoing tailored learning and development opportunities and opportunities for reflective practice.

**Key Individual Worker Performance Measures**

1. Ability to articulate organisational philosophy and values related to cultural competency and demonstrated practice which is congruent to philosophy and values.
2. Participation in:
   - Induction and orientation which includes cultural competency.
   - Mandatory cultural competency learning and development.
   - Regular supervision, coaching/mentoring where cultural competency is addressed.
   - Staff/team supervision where cultural competency is addressed.
3. Use of interpreters and translated material.
4. Knowledge of and contacts with culturally and linguistically diverse organisations, networks and resources.
5. Cultural competency strategies in workplans and learning development plans.
6. Appropriate consultation with cultural mentors/consultants.
7. Cultural competency measures related to specific role/position and workplans.

Community Engagement

Community engagement is required at all the other levels. It includes promotion of services, outreach to specific communities, relationship building with individuals, families and communities, community capacity building to foster inclusive communities and collaboration with communities to design appropriate services.

Key Community Engagement Performance Measures

At the System Level
1. A community engagement plan with measures.
2. Community participation structures and processes such as consultation structures, community involvement in learning and development, resource development and evaluation of the system and individual organisations, partnerships with peak bodies/networks.
3. Resourcing of community engagement including funds provided for community engagement.

At the Network Level
1. A local collaborative community engagement plan.
2. Community involvement in interagency networks.
3. Local initiatives developed in partnership with the community.

At the Organisations Level
1. A community engagement plan with measures based on knowledge of community demographics and issues, targeting of communities, participation in community events/activities, production and/or use of resources for engagement for example translation of promotional material, community involvement in the organisation such as in planning activities, training staff, committees/working parties.
2. Community involvement in the organisation such as on the board/management committee, working parties/advisory groups, staff selection panels.
3. Community involvement in organisational processes such as staff training, development of resources, evaluation/self assessment on cultural competency.
4. Specific initiatives developed in partnership with the community.
5. Community feedback including complaints and its use in the Cultural and Linguistic Diversity Plan, cultural competency self assessment and other quality assurance/continuous improvement processes.
6. Referrals from the community.

At the Individual Worker Level
1. Community engagement activities included in individual workplans.
2. Knowledge of and contact with community organisations, groups and networks
3. Participation in community events/activities.
4. Community feedback including complaints and its use in workplans and learning and development.
Person Centred Support

Person centred and individualised support enable greater responsiveness to the identity, needs and preferences of individuals, families/carers and communities from cultural and linguistically diverse backgrounds and enables increased access to appropriate services.

Key Person Centred Performance Measures

1. Person and family/carer identities and cultural, language and religious needs are included in assessments and addressed in person centred plans and service delivery.
2. Person and family/carer feedback showing evidence of choice and decision making.
3. Use of culturally and linguistically appropriate information with the person and family/carers.
4. Appropriate communication with the person and family/carers such as use of interpreters, translated material, use of technology.
5. Person’s family/carers/natural supports are included in the plan and support process.
6. Development of culturally and linguistically appropriate person centred tools.
7. Use of person centred tools with individuals and families and with staff in supervision.
8. Person and family/carer participation in inclusive activities and communities of choice.
9. Link to advocacy services including multicultural advocacy services to promote rights and access.
10. Capacity building with generalist/mainstream organisations, person’s cultural/language community or general community to support inclusion.
11. Participation of people with a disability and their families/carers in decision making processes such as planning meetings.
12. Person and family/carer feedback is used to improve service delivery.
13. Flexible use of funds, staffing and other resources to meet individual needs.
14. Achievement of outcomes based on the individual’s person centred plan.
15. Individuals/families are managing their own funding packages.
16. Individuals/families are involved in selecting their staff.
17. Person’s/families’ natural supports or community members are paid carers.

5.4 Implementing the Cultural Competency Model

Implementing the Cultural Competency model is dependent on key factors/pillars:

- Cultural Competency Standards
- A cultural competency resource kit for organisations
- Language services
- A learning and development strategy incorporating cultural competency core competencies
- Community engagement and collaboration
- Building inclusive services and communities.
Key Implementation Pillars

- Cultural Competency Standards and Measures
- Diverse Workforce
- Resource Kit
- Language Services
- Learning and Development
- Community Engagement and Collaboration
- Building Inclusive Services and Communities

A Change Management Approach supports the key pillars.

**Cultural Competency Standards and Measures**

The areas on which to develop Standards and examples of key measures have been described in the previous section.

**Diverse Workforce**

A diverse workforce including boards or management committees of non-government organisations, staff at all levels and volunteers is integral to cultural competency. Ensuring a diverse workforce includes recruiting for diversity, acknowledging the skills of diversity through for example the establishment of a system of language allowance like staff in the non-government sector, and creating welcoming and inclusive workplaces for ensuring governance bodies and managers are committed and skilled in diversity management and in building a culture of cultural competency.

A diverse workforce is supported by innovative approaches such as the employment of staff especially from emerging communities and in regional NSW to work across different organisations to ensure people with a disability and their families/carers have access to staff from their background if they so choose, and providing support and career pathways for bi/multilingual staff.

**A Cultural Competency Resource Kit**

A resource kit can accompany the Standards but can also be provided prior to the Standards being launched. The contents of the kit can include organisational and individual self assessment/audit tools, information on working with interpreters and resources to assist with community engagement. The Kit may include web based resources, DVDs or YouTube and paper resources. It can commence with the collection and promotion of existing resources including those that have been...
developed by the sector such as Cultural Competency Self Assessment Tools, DVDs on Working with Interpreters and examples and stories of good practice.

**Language Services**

Ensuring access to quality language services includes:

- Funding the provision of language services across the state.
- Providing mandatory training on working with interpreters for managers and also staff who have contact with clients or the community.
- Working with interpreting services to provide training/briefing on disability and related concepts and terms, to establish a pool of interpreters who have knowledge of disability.
- Supporting bi/multilingual staff including those from non-government organisations and members of new and emerging communities to become accredited by NAATI.
- Establish a language allowance in the non-government sector.
- Working with peak or culturally and linguistically specific organisations to ensure accurate and quality translated material.

**Learning and Development**

A learning and development strategy for the sector ensures knowledge and skills based on core competencies and a common language for discussing cultural competency and for building a sector wide culture of cultural competency. It needs to encompass the following:

- Strategies to ensure that governance bodies, managers and staff at all levels have knowledge and skills in person centred practice.
- The development of learning and development programs targeted to specific roles.
- Development of induction programs on cultural competency.
- A strategy to ensure that cultural competency and working appropriately with culturally and linguistically diverse communities and workforce is embedded in other training programs including, management training, training for particular roles and disciplines and ensuring that all trainers or facilitators have skills in cultural competency.
- Mandatory working with interpreters training.
- The provision of learning and development or resources on facilitating reflective practice in supervision, teams and interagencies.
- The resourcing of local or regional practice forums to share good practice, reflect and build on practice, build communities of practice and facilitate action learning.
- The establishment of cross regional opportunities to share good practice. This may include conference and web based groups and resources.
- The facilitation of coaching and mentoring for organisations, individuals and networks needing to build their cultural competency which may include linking organisations or individuals with high levels of cultural competency or members of diverse communities with those needing support to build competency.

Learning and development needs to involve organisations and individuals who work with communities from diverse cultural and language backgrounds. For example through joint projects to develop or provide training programs. Learning and development needs to be multifaceted. For example provided in a variety ways such as workshops, visits to other community where appropriate, on line, and through
practice forums. It needs to be ongoing and facilitate links to the local community and cultural competency and reflective practice.

**Community Engagement and Collaboration**

A local community engagement strategy to link and build relationships with local culturally diverse communities includes the development and dissemination of information on services and resources. Strategies could include local, social and community language media, visits to local culturally specific or multicultural organisations, contact and participation in multicultural/interagency networks, contact with community leaders, development of a calendar of key community events and participation in those events, and organising specific community engagement activities.

An Asset Based Community Development approach like that used in the Inclusive Communities project provides a model of engagement, collaboration across disability specific, CALD and generalist services, community capacity building and inclusion. Community engagement and collaboration needs to be resourced with state-wide funding of community development positions. The positions link people with a disability to services and the community, facilitate service engagement with communities, link services with each other and work with communities to build inclusive communities. Resources such as information and tools on how to engage communities can support quality and appropriate community engagement.

Individualised funding does not resource relationship building with individuals or families or with communities. Relationship building needs to be specifically resourced and it also needs to be included in data collection.

**Building Inclusive Services and Communities**

A person centred approach and individualised funding heighten the need for inclusive generalist/mainstream services and communities. This can be achieved through collaboration among disability, culturally specific and multicultural services and networks and generalist/mainstream services and networks, whole of community engagement and development and use of the proposed Cultural Competency Standards and Core Competencies to facilitate the development of the human service sector to ensure inclusion.

**A Change Management Approach**

Building cultural competency is an ongoing process. A cultural competency model providing a framework, common language and clear process for developing cultural competency will support the change process. A partnership with national, state and regional disability and multicultural peak organisations ensures a coordinated approach to implementing the Strategy, effectively channels resources and models collaboration.

Resourcing staff in development roles such as the Community Care Supports Program (CCSP) Development Officers supports them to integrate cultural competency in their service and sector development. With localisation the local/place based CALD Strategy Groups linked with may ADHC CALD Strategy Groups provide a sector structure for cultural competency planning, implementation and monitoring.

The establishment of community of practice groups focused on specific aspects of cultural competency such as cultural competency resources, learning and development and community engagement process will harness the interest and commitment to building cultural competency and provide a structure for ADHC and
ADHC funded agency partnership in the implementation of a cultural competency strategy. Cultural Competency Champions within the sector, local areas and organisations will promote cultural competency and its benefits and model culturally competent practice.

Processes for ongoing discussion such as workshops or forums on the Strategy to share experience and learning, undertake problem solving and future planning will maintain the focus on the model. Embedding cultural competency in all other ADHC sector initiatives enables cultural competency to be integrated more easily into practice.

Incentives such as resourcing cultural competency initiatives can encourage organisations and networks to embrace innovation. Show casing good practice and new initiatives or ‘stories of change’ rewards the practice and inspires and motivates the sector to continue to build cultural competency. Equally important in a change management approach is outreach and engagement of organisations not responding, struggling with or needing additional support to take action to build cultural competency.

6. Cultural Competency Core Competencies

The core competencies defined are embedded in the cultural competency model identified in the previous section. The cultural competency core competencies are:

1. Define cultural competency in a person centred context
2. Culturally respectful, appreciative and sensitive
3. Self and culturally aware and knowledgeable
4. Interact and communicate culturally competently
5. Practice culturally competently
6. Engage culturally and linguistically diverse communities
7. Develop personal, team, organisational and sector and practice
8. Manage a culturally diverse and cultural competent organisation or team.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| Define Cultural Competency in a Person Centred Context | • Define cultural competency in a person centred context.  
• Define cultural competency principles.  
• Define levels of cultural competency.  
• Define Cultural Competency Standards and provide examples of Standards in Action related to own service and role. |
| Culturally Respectful, Appreciative and Sensitive  | • Demonstrate respect and appreciation of individuals and communities of different cultural, language and religious backgrounds.  
• Demonstrate an ability to identify the strengths and assets of diversity.  
• Show sensitivity to cultural, language and religious values, beliefs and practices. |
<table>
<thead>
<tr>
<th><strong>Self and Culturally Aware and Knowledgeable</strong></th>
<th><strong>Interact and Communicate Culturally Competently</strong></th>
<th><strong>Practice Culturally Competently</strong></th>
</tr>
</thead>
</table>
| • Describe and examine personal, cultural background, personal and cultural values, attitudes to diversity and acknowledge assumptions and biases and the impact on practice.  
• Adapt behaviour as required to ensure cultural respect and responsiveness.  
• Describe the history, patterns and policies of migration and resettlement and their impact.  
• Identify experiences of exclusion and Commonwealth and State Anti-Discrimination legislation and their requirements.  
• Identify information to understand people from culturally and linguistically diverse backgrounds and to respond appropriately.  
• Identify responses to disability in diverse communities.  
• Research the cultural and linguistic demographic information of the community.  
• Identify resources relevant to working with culturally and linguistically diverse communities.  
• Acknowledge cultural diversity and heritage in the team and colleagues from other agencies. | • Build rapport with people from different language and cultural backgrounds.  
• Identify the components of cross cultural communication.  
• Identify the need for language services, and how to organise and use them.  
• Demonstrate cross cultural communication with people with a disability, their families/carers, members of culturally diverse communities and colleagues.  
• Produce and obtain appropriate resources for effective communication.  
• Use resources to communicate to people from culturally and linguistically diverse backgrounds. | • Implement Cultural Competency Standards plans, policies, procedures in work practice.  
• Incorporate relevant cultural knowledge into practice and role.  
• Incorporate cultural strengths and assets into practice and role.  
• Use resources relevant to working with culturally and linguistically diverse communities.  
• Adapt and develop practice to respond to individuals/families/communities and colleagues from culturally and linguistically diverse backgrounds.  
• Consult with cultural mentors/consultants. |
<table>
<thead>
<tr>
<th>ADHC Cultural Competency Scoping Project</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Develop and implement plans to enhance practice.</strong></td>
</tr>
<tr>
<td><strong>Participate in relevant networks.</strong></td>
</tr>
<tr>
<td><strong>Participate and/or establish partnerships to respond to the needs of individuals, families and communities from culturally and linguistically diverse backgrounds.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Engage Culturally and Linguistically Diverse Communities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participate in community activities and events.</strong></td>
</tr>
<tr>
<td><strong>Participate in community information, education and outreach activities.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Develop Personal, Team, Organisational and Sector and Practice</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participate in a variety of ongoing learning and development and reflective practice activities to enhance personal cultural competency.</strong></td>
</tr>
<tr>
<td><strong>Contribute to the learning and development of others.</strong></td>
</tr>
<tr>
<td><strong>Participate in team, organisational and sector, planning, policy, service delivery, evaluation and community engagement.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Manage a Culturally Diverse and Cultural Competent Organisation or Team</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implement and model the Cultural Competency model and Standards.</strong></td>
</tr>
<tr>
<td><strong>Develop and implement plans, policies, procedures and practice to enhance cultural competency.</strong></td>
</tr>
<tr>
<td><strong>Incorporate cultural competency in all organisational/team plans, policies, procedures and practices.</strong></td>
</tr>
<tr>
<td><strong>Recruit and employ for a culturally diverse and competent workforce.</strong></td>
</tr>
<tr>
<td><strong>Develop, supervise and support staff and teams for culturally competent practice.</strong></td>
</tr>
<tr>
<td><strong>Obtain and manage resources for cultural competency.</strong></td>
</tr>
<tr>
<td><strong>Plan and undertake community engagement activities to build and maintain relationships with culturally and linguistically diverse communities.</strong></td>
</tr>
<tr>
<td><strong>Establish partnerships and work collaboratively to enhance cultural competency and ensure culturally competent, person centred and inclusive service provision.</strong></td>
</tr>
<tr>
<td><strong>Advocate for policies, practice and resources to ensure culturally competent, person centred service and inclusive delivery.</strong></td>
</tr>
<tr>
<td><strong>Monitor and evaluate practice to achieve cultural competency, standards, plans and indicators.</strong></td>
</tr>
</tbody>
</table>
References


Ageing Disability and Home Care (ADHC) Department of Family and Community Services NSW. (2012). Standards in action Practice requirements and guidelines for services funded under the Disability Services Act (2nd ed.)


National Center for Cultural Competence (NCCC). *Conceptual Frameworks / Models, Guiding Values and Principles*. University Center for Child and Human Development. Georgetown University Medical Center.
http://nccc.georgetown.edu/foundations/frameworks.html


NSW Public Sector Capability Framework www.pscapabilities.nsw.gov.au


Appendix: Findings Report

The following are findings from the ADHC Staff and Organisational Surveys, regional forums with ADHC funded services and peak organisations, and regional workshops with ADHC staff and staff from ADHC funded services and peaks.

ADHC Staff and Organisational Surveys

Stage 1 and 2 of the Cultural Competency Scoping project involved organisational and staff surveys to identify among other factors, culturally competent practice strategies, barriers, needs, gaps and growth areas.

Selected findings from the Staff and Organisational Surveys and the analysis summary of both surveys, from the ADHC surveys report follow.

Cultural Competency Staff Survey

A 2012 survey of ADHC staff resulted in responses from 1,799 staff members or approximately 13% of staff. About 20% of those answering the country of birth question indicated that they were born in a non-English speaking country, and 22.5% of respondents speak a language other than English (LOTE) at home. Staff who speak a LOTE at home were most highly represented in Metro South Region (33.9%), and according to work role within Respite (34.4%) and Home Care (25.3%). Within Home Care 33% of Care Workers speak a LOTE at home. 5.6% of respondents stated that they are from an Aboriginal background and/or are a Torres Strait Islander.

What Does Cultural Competency Mean?

Respondents were asked to describe how they know that they, or someone else, is working in a culturally competent manner.

Figure 1: Working in a Culturally Competent Manner

- 36% of respondents indicated that culturally competent practice involves respect and acceptance of clients and/or work colleagues from culturally diverse backgrounds.
31% stated that awareness, sensitivity, and knowledge about culture is an important cultural competency.

16% highlighted the need to share information and communicate effectively with clients, including the use of interpreters.

12% indicated that client satisfaction and feedback is the best indicator of culturally competent practice.

Differences in perceptions of what cultural competency means were most evident when analysed across roles:

- Respect for and acceptance of clients was frequently cited as being central to cultural competence by Group Home staff (45%).
- Awareness, sensitivity and cultural knowledge were particularly important to Community Support Team (CST) staff (42%).
- Client satisfaction and positive feedback were most important to Home Care Staff (20% of respondents).
- 21% of Home Care workers noted the importance of communication and information provision.

Levels of Cultural Competence Confidence

Staff were asked to indicate up to four pre-defined elements of cultural competency in which they feel most and least culturally competent. More than half of all respondents indicated that they are most confident in:

- Applying a person centred approach to assess the needs of clients, carers and families from diverse backgrounds
- Being aware of the cultural backgrounds and customs of clients, carers, and fellow employees, and
- Knowing how to engage and communicate with people from diverse backgrounds.

Over half of respondents indicated that they are least confident in:

- Using interpreters and translated materials to communicate with clients and carers, and
- Seeking information from community contacts to improve individual practice in working cross culturally.

Most managers and staff not involved in direct client contact felt confident in:

- Creating a work environment where difference is valued, and
- Being aware of my own values, beliefs, attitudes, assumptions and culture.

Managers and staff without client contact were notably less confident in knowing how to engage and communicate with people from diverse backgrounds.

People who speak a language other than English at home felt more confident than others in “understanding that culture, religion, beliefs and values influence how people regard and respond to disability”. However, as with other staff, they expressed least confidence in using interpreters and seeking information from community contacts.
When asked “What would enable you to develop these (cultural competency) skills?”:

- 55% indicated that formal training, education or workshops are required
- 25% suggested that more opportunities to apply their skills, and to work with staff and clients from culturally diverse backgrounds, would be the foundation for improving their cultural competency
- 18% requested the provision of additional culture specific information and resources.

Response patterns were generally similar across all groups. There were some obvious differences in responses when analysed across roles, with Home Care and Group Home workers more likely to say that formal training would increase their cultural competency.

Managers

28.9% of respondents manage other staff within ADHC, and 75.7% of these manage staff from culturally and/or linguistically diverse backgrounds. 80.4% of the managers who responded to the relevant question consider the diversity of their team an asset, though 19.35% felt that the diversity of their team could also be a source of tension and division.

Table 1: Skills Required by Managers

<table>
<thead>
<tr>
<th>What core skills and effective behaviours are required to confidently manage a culturally diverse team?</th>
<th>Number of respondents</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding</td>
<td>159</td>
<td>39</td>
</tr>
<tr>
<td>Communication</td>
<td>114</td>
<td>28</td>
</tr>
<tr>
<td>Respect</td>
<td>96</td>
<td>24</td>
</tr>
</tbody>
</table>
Views on ADHC’s Response to Cultural Diversity

Staff perceptions of cultural competency and diversity at an organisational level were explored through several questions.

- 70.4% of those for whom the question was deemed to be applicable felt that they are given opportunities to develop their cultural competency skills.
- 81.1% for whom the question was applicable, believe that ADHC is responsive to their cultural needs and preferences.
- 89.4% of the respondents who felt this question was applicable to them, feel that ADHC values and promotes the cultural diversity of its staff.

Training

- 25.7% of respondents reported that they had participated in training or another cultural competency activity in the last year.
- 85.8% said that they felt more confident or effective in their interactions with people from culturally and linguistically diverse backgrounds as a result of this training/ activity.
- 83.2% of all participants expressed an interest in future training.
- Staff from Metro North, Metro South and Western regions were most likely to report that they had received training in the previous year, while those in the Hunter and Northern least. Training in non-metropolitan regions was more frequently centred on Aboriginal culture.

Cultural Competency Organisational Survey

All six ADHC regions responded to the Cultural Competency Organisational Survey, as well as the following directorates: Home Care Directorate, Office of the Senior Practitioner/ Intervention Support Program, Criminal Justice Program, Large Residential Centres and Specialist Supported Living, Accommodation Support Directorate, Asset Management and Procurement, Operational Performance and Prevention and Pathways

An Organisational Survey showed that the following cultural competency elements should be prioritised in planning of strategies:

- Policies and procedures that support the development and implementation of cultural competency
- Flexible service delivery options, which may be more responsive to the cultural needs of clients, carers and families.
Opportunities and Barriers to Good Practice in the Area of Cultural Competency

Identified opportunities for developing cultural competency are:

- Leveraging on the Ability Links Coordinators positions
- Introduction of the person centred approach
- Induction and training
- Employee networking
- An inclusive workforce which supports management policies and reflects growing diversity in today’s workforce and broad client base
- New approaches to consultation and engagement with diverse client, community and workforce base
- Improved data collection
- Partnerships and sharing knowledge and good practice through links with regions and the sector
- Alternate learning modalities.

Identified barriers to culturally competent practice are:

- Lack of understanding of what cultural competency means. There is a tendency to equate ethnic/culture specific knowledge with cultural competency.
- Systemic responsiveness. Cultural competency is not embedded in all policies, is marginalised, and therefore funding is not given priority. A lack of formal mentoring, networking and training/development support groups for staff is also an impediment to systemic responsiveness.
- Service provision and culturally competent responses are not sufficiently coordinated between agencies – focus on building partnerships to exchange ideas and successes.
- Non-metropolitan areas have few ethno-specific organisations, small ethnic communities, a lack of community infrastructure, recruitment and retention difficulties, and geographical barriers. These are barriers to the development of good practice in rural areas.
- Time and competing priorities and lack of resources.
- Concerns about the perceived costs of interpreters.
- Competing staff training demands.

A More Culturally Competent ADHC

Respondents were asked to describe how a more culturally competent ADHC would appear and operate. Regions and directorates identified a similar range of factors including:

**Greater systemic responsiveness**

This entails evidence of cultural diversity within all policies and practice, the involvement of all staff in planning, appropriate policies and procedures, leadership that supports and encourages diversity in the workplace and a culture of inclusion and valuing differences, and partnerships.

**Improved service provision**

Accurate identification of cultural and linguistic implications of clients/carers on practice, deeper understanding and responding to the needs of individuals and communities, accessibility of services, a foundation on reflective practice, access to
relevant information and resources, and genuine application of a person centred approach and respectful individualised services.

**Workforce and recruitment**

Inclusion of cultural diversity considerations in the use of ethnic media in recruitment, agency recognition of the need to develop the cultural competency of staff, improved communication across the agency and linkage with the sector, professional development of culturally and linguistically diverse staff.

**Cohesive engagement and partnerships strategies**

An agency that works effectively and has closer links with ethnic communities, multicultural and community services, and capitalises on this source of expertise, networks, knowledge and experience.

**Training**

Improved through regular review of cultural competency elements, investment through the training calendar and shared training with the sector.

**Staff and Organisational Analysis Summary**

Respondents to the Staff and Organisational Surveys recognised attitudinal factors, such as respect and acceptance, cultural awareness, knowledge of specific cultures, and the use of communication aids as being associated with culturally competent practice. Awareness of one’s own culture and its impact upon interactions with other people, or reflective practice, is central to cultural competency. There is clearly a need for strategies which promote reflective practice as a key cross cultural capability.

There was a predominant perception in the Staff Survey that training, exclusive of other strategies, is the basis for increased cultural competency. This perception, at an individual and organisational level, may limit the development of more sophisticated cultural competency strategies.

Staff across all work locations and roles generally believe that ADHC values and promotes the cultural diversity of its staff, is responsive to individual cultural needs and preferences, and provides opportunities for the development of cultural competency skills.

Staff felt that interaction with culturally diverse communities presents opportunities for innovative solutions at both an organisational and individual staff level in order to address the identified systemic, service delivery, workforce training and resource barriers. There was a positive level of recognition by both staff and regions/directorates that partnerships with communities will be the basis for achieving positive outcomes. Regions and directorates cautioned on the risk that cultural knowledge is simplistically equated with cultural competency, and this tendency is apparent in the perceptions expressed by individuals through the Staff Survey.

Through the Organisational Survey, regions and directorates indicated support for systemic change as the means to a more substantive and lasting approach to the issue. Findings indicated that strategies for development of cultural competency need to be developed in ways which are tailored to the priorities and constraints of the range of roles across ADHC.

Cultural competency as a concept needs to be contextualised in relation to work roles and responsibilities, and training content developed accordingly. The feedback has shown that staff and regions and directorates are at varying levels of understanding and awareness of culturally competent practice. Clear articulation of
the meaning of cultural competency will be required to increase understanding of staff.

Regions and directorates identified many paths to building competency and the following indicators of individual and organisational cultural competency:

- Greater systemic responsiveness
- Leadership that supports and encourages diversity in the workplace
- Skill development
- Responsive service provision
- Inclusive recruitment and retention
- Collaboration and cohesive community engagement and partnerships
- Communication
- Self awareness and reflective practice.

Feedback supports sustained organisational commitment to a broad based and multi level approach to cultural competency, incorporating all the elements identified above. Source: ADHCa, 2012.

**ADHC Funded Services and Peak Organisations Regional Forums**

Eight regional forums were held with staff from ADHC funded services and peak organisations. The forums sought input on the meaning of cultural competency and its elements, examples of cultural competency good practice in the region, opportunities and barriers to building/enhancing cultural competency, and specific action/support required to build/enhance cultural competency. The results of the forums are as follows:

**The Meaning of Cultural Competency**

Forum participants identified a clear link between a person centred approach and cultural competency. Cultural competency includes taking the time to understand a person’s or family’s needs including cultural needs and to build a trusting relationship of mutual learning. It requires skills in engagement and assessment to have meaningful conversations.

If people with a disability and their families/carers are experiencing a cultural competent service they are ‘reached out to’, welcomed, engaged, and treated as an individual. They are able to communicate with the service in their preferred language and their needs including cultural needs, are considered and appropriately responded to. They receive an individualised, person centred service in which they have choice, and which empowers them to ‘steer’ their own service. Families, carers and natural supports are included in the support process and individuals and families are supported at key transition points. The relationship between people with a disability their families/carers and services is characterised by positive communication and trust. People’s right for an appropriate non-judgmental and non-racist service is fulfilled.

Cultural competency encompasses the following:

**Attitudes**

Cultural sensitivity, acceptance, respect and appreciation of cultural and individual differences, open mindedness, not making assumptions, and non-judgmental and inclusive practice.
**Awareness, understanding and knowledge**

Self awareness including awareness/insight into one’s own culture, biases and preconceptions and awareness of the impact of these on others; the intersection between the worker’s and the person’s culture; understanding social inclusion/human rights/anti-discrimination principles and practice; knowledge of patterns, history and policies of migration and settlement and their impact on different generations of migrants; culture and cultural mores; understanding that ‘culture’ is not just about ethnicity (but identity, lifestyle, socio-economic and other factors).

**Organisational practice**

Building cultural competency into the culture of the organisation; a diverse workforce including skilled bilingual workers; information in different languages; appropriate policy and practice; flexible and innovative design and delivery of inclusive and equitable services; openness to families or individuals using their personal support networks; critical thinking and reflective processes; quality improvement processes; partnerships with the wider community and active links with culturally specific services; adapting to new emerging cultures in the area.

**Personal practice**

Person centred - seeing a person holistically, identifying strengths, working with the person’s goals so they receive services in a way that satisfies their personal needs, including cultural needs, working with the person’s natural supports; ability to engage, build rapport and be empathic; good communication including, working skilfully with interpreters and asking conversational style questions; understanding and researching the person’s/family’s culture; removing barriers to achieve access and being adaptive, flexible and responsive; good connections with different communities; remembering that individuals are individuals and that there are differences within cultures; maintaining confidentiality; being genuine and authentic; and practising self reflection.

**Learning and development**

An ongoing process of learning, of reflective and critical thinking and continuous improvement which leads to ability – at the individual and organisational level; a paradigm shift which acknowledges diversity as the norm; mentoring from culturally competent agencies; building up skills of all workers, including bilingual workers.

**Community engagement and community building**

Engaging and building relationships to create trust; participating in shared learning; using technology to communicate, if appropriate; outreaching to the community and providing information and community education about services; service hubs for access.

**Resources**

Access to skilled interpreters, accurately translated information, and signage in community languages.

“People with a disability and their families don’t notice anything different (if they are experiencing a culturally competent service) – because cultural competence is built in – they can communicate with a worker in the same language, the workforce is diverse and reflective of the community, staff are all trained in cultural competency.”

Forum participant

Cultural competency occurs at the policy, organisational and individual level.
At the **policy level** it includes: having a framework, a philosophy incorporating human rights and social inclusion, and clear standards and measures on which organisations are assessed and self assess.

At the **organisational level** it includes: building cultural competency into the governance and management of the organisation, designing flexible services, employing staff from diverse cultural and language backgrounds, ongoing training and development and mentoring of staff to support reflective practice, active outreach to communities, and networking and collaboration.

At the **individual worker level** it includes: awareness, attitudes, knowledge, skills and practice, including working effectively with interpreters and collaborating with other services and communities, and ongoing learning, critical thinking and reflective practice.

For some forum participants the term cultural competency implied a textbook approach to acquiring competence and a duality between competence and incompetence rather than a process of ongoing learning supported by critical thinking and reflection. Alternate terminology to cultural competency was proposed and included **cultural inclusiveness** and **cultural responsiveness**. It was also stated that people/families are not just Aboriginal or from CALD backgrounds, they can be both, and therefore the focus should be on inclusion. An inclusion focus also encompasses acceptance, respect and responsiveness to all people including those of diverse ages, genders, sexuality and lifestyle.

> "Cultural competency needs to be built into the culture of the organisation - cultural diversity/competency is the norm."

**Examples of Cultural Competency Good Practice**

Forum participants were asked to name examples of good cultural competency practice in their region. The following is not an inventory but rather a list of examples of the types of good practice across the sector:

**Resources**

A Cross Cultural Competency DVD, Working with Interpreters DVD, demographic data, a list of CALD community groups, booklets in different languages, Home and Community Care (HACC) website, a documented step by step access to Translating and Interpreting Service (TIS), and resources accurately translated in community languages or Plan English. **Examples:** Working with Interpreters DVD developed in Metro South Region; Regional summary of cultural diversity (community profile information) to share with staff in Hunter Region.

**Diverse workforce**

A CALD recruitment process within and across services; and bi/multilingual staff and volunteers. **Examples:** Recruitment of staff from CALD backgrounds in Western Region; CALD Mentoring project in Metro North, volunteers from Indian backgrounds as a result of partnerships with the local Indian community in Northern Region.

**Language services**

Funded interpreting and translating services.

**Positions**

Such as Multicultural Access Project (MAPs) Workers, HACC Development Workers, and Council Aged and Disability Workers.
Networking and partnerships

Multicultural Forums, brokerage and consultancy from different culturally specific organisations, and joint training. **Examples:** A partnership between Multicultural Disability Advocacy (MDAA) and Ningana Enterprises in Western Region; the Interagency participates Cooma Cultural festival in Southern Region.

Learning and development

Training on Training Calendars on Cultural Competency, Cultural Intelligence, and Cultural Awareness, training of bi/multilingual volunteers; communities providing training for staff, mutual learning with communities. **Examples:** Cultural briefings in Southern Region; Learning Circles in Metro North Region.

Organisational practice

Leadership to guide organisational culture, role modelling, cultural diversity across the organisation, organisational cultural diversity plan/strategy and on staff meeting agenda. **Example:** CALD Strategy Standing agenda on staff meeting agenda in Metro North Region.

Community information, engagement and outreach

Information sessions and radio programs for specific communities, links with cultural and religious community leaders, and participation in and celebration of events such as Harmony Day or the cultural events of particular communities, communities outreaching by volunteering, active in local clubs. **Examples:** Building Inclusive Communities project in Metro North Region, partnerships between disability services/program and multicultural services in Metro South Region.

Service provision

Providing supports through clients; cultural/language community; services working flexibly and taking time to build relationships with individuals and families to facilitate service access and inclusion of natural supports, person centred practice and use of person centred tools, matching workers to clients with same cultural background.

Sector development

Interagency/network strategies to build the cultural competency of the sector. **Examples:** Community Care Forum has CALD specific strategies in Southern Region; HACC Forum CALD Working Party in Metro South Region.

Some good practice examples are community lead initiatives, such as WOW Women of the World, which support learning in organisations and Deadly Senior Girls where Elders from Aboriginal and other communities link with each other, in Northern Region.

In Western Region it was stated that examples of good practice in providing culturally competent services to Aboriginal communities could serve as models of good practice for working with CALD communities. Good practice examples include training for all staff on working with Aboriginal communities, mentoring for Aboriginal staff, and relationship building and acknowledgement of protocols. In several regions it was stated that positive initiatives in working with Aboriginal communities such as Aboriginal specific Ability Links Coordinators could serve as appropriate models of practice for working with CALD communities.

Opportunities and Barriers to Building/Enhancing Cultural Competency

Individual funding and a person centred approach present opportunities by providing choice to people with a disability, their families/carers and by requiring that services improve their practice in order to attract service users, including people from CALD
The National Disability Insurance Scheme (NDIS)/DisabilityCare will not only increase the availability of supports but the flexibility of service provision which may increase access to people from CALD backgrounds.

“NDIS and individualised packages which provide greater client choice – puts cultural competency on the agenda.”

Forum participant

A concern was expressed that people not linked to services such as CALD families with young children with a disability may not benefit from NDIS/DisabilityCare.

Forum participants strongly expressed the view that the cost of interpreters should not be met through a person’s or family’s package. It was stated that language services are services’ costs and services need to be funded for the cost of language services.

Resources, information and skills and collaboration with by peak organisations such as MDAA, National Disability Services (NDS) NSW Ethnic Communities Council, Ethnic People with Disabilities and local peak organisations provide practical opportunities of mutual benefit.

In regional NSW the increasing diversity of the population provides opportunities to recruit and employ staff from CALD backgrounds some who have qualifications.

Specific positions such as MAPs Workers and Ability Links Coordinator positions build connections between communities and services. The geographical boundaries of such positions pose a barrier especially in communities which are scattered across regions or localities. Localisation of ADHC enhances opportunities for collaboration between ADHC and the funded sector, working with focus on local communities using a community development approach.

A significant number of people from CALD backgrounds who use services are a significant asset for the sector. Creating opportunities for them to share their stories within services or as part of training programs or conferences, through new technologies such as a YouTube clip or Facebook or other social media will create valuable engagement resources for the sector.

Local diverse communities are a source of skills and knowledge which may benefit organisations by providing Board/Management Committee members, employers or volunteers. Community leaders can be strong allies in promoting services and access to services and can provide cultural briefings or training. A range of community activities and events such as Harmony Day and local community events provide an opportunity to engage communities.

Access to interpreters, particularly face to face/onsite interpreters is a barrier to communities and services. The increasing use of Skype may increase access to interpreters when interpreters are not based in the same location as the service or the client.

Lack of time, funding or skills for outreach work is a challenge for organisations, particularly small ones. Outreach is not accounted for in data collected through the Minimum Data Set (MDS) and there is a widespread concern that with the change to an individualised funding model there will be fewer funds for community outreach, engagement and relationship building.

A range of factors limit access to services. These include lack of information in community languages, an inability of services to provide a worker of a specific gender, or meet dietary requirements or a perception that it cannot these requirements, negative experiences of breach of confidentiality, isolation of people even from their own cultural, language or religious communities, and in regional
ADHC Cultural Competency Scoping Project

areas geographical isolation on large properties, long waiting lists for services including for CALD specific services. These may be coupled with the families’ fear of stigma or shame or beliefs which limit access.

People from CALD backgrounds are also impacted on by negative community attitudes which in turn are fuelled by wider political forces.

Competition among services which leads to lack of referrals also limits access. A competitive funding environment does not support collaboration.

A perception within services that the population is not culturally diverse limits their ability to outreach to communities or to invest in building cultural competency. Generally in the sector lack of opportunities for ongoing skill development including of direct care staff or staff not being given permission to participate in training also limits cultural competency. The review of National Training Packages for accredited training provides an opportunity to influence the content of future Packages to ensure cultural competency is included as a core competency.

Specific Action Required to Build/Enhance Cultural Competency

The specific action/support required to build/enhance the cultural competency of the sector or individual organisations includes:

Information, resources and support
Information on community demographics and emerging needs; data on service usage by CALD communities; resources such as a toolkit on various aspects of cultural competency such as a checklist on key areas of cultural competency, fact sheets about cultural practices, information on marketing services to and engaging with communities, and examples of person centred assessments; Plain English information, a clearinghouse of information (similar to NSW Health) on cultural competency; support to respond to change; support for sole workers; access to ADHC resources, such as Quick Cultural Guides for funded services.

Framework, standards, policy and approach
A strategic approach to building cultural competency linked to other strategies such as those for building family resilience; a set of Cultural Competency Standards/core elements against which services are measured; a Framework and Plan for funded services similar to the Multicultural Plan state government agencies need to develop; when piloting a new program, pilot in a geographical area that has a high CALD population and to CALD clients are part of the pilot; mandate cultural competency.

Regulations
Flexibility in funding agreements to negotiate local community needs; flexibility with funding of individual packages to use for community development, for example as in Aboriginal flexible respite funds; ease of geographical boundaries so clients can continue with a service after they have moved and also recognise that communities live across state government regions; funding that allows person centred and flexible outcomes rather than centralised set outcomes, and recognition of unexpected/unplanned outcomes.

Resourcing
Resourcing such as funding for: employment of bi/multilingual workers, language services, learning and development engagement and outreaching activities/events including funding of staff time; regionalised and equitable funding that recognises the CALD proportion of the population; recurrent funding rather than episodic and inconsistent ‘CALD funding’; funding to ensure viability of small organisations; generally more funding for service provision and for frontline workers.
Accountability and measurement
Measuring organisations against Standards; an audit which includes feedback from clients; an audit tool for self assessment; funding linked to cultural competency including the ability to meet the needs of local communities; changes to reporting so services can report the time they spend with a person – it can take longer with people from CALD backgrounds; a Diversity Plan with measures; real measures of person centred outcomes – the match between assessment and outcomes; a Results Based Accountability approach which measures qualitative outcomes.

Language services
Availability of interpreters, particularly on site interpreters; interpreters who understand disability; accurately translated information; greater use of interpreters by services.

Access
Centrally located hubs/multipurpose centres to enable ease of access; streamlined assessment processes to minimise barriers to services; ‘no door is the wrong door’ approach – the service which has first contact has to obtain and provide information to assist the person/family to get to the appropriate service; build the cultural competency of mainstream services to enable linking of CALD clients.

Service delivery
Flexibility to provide person centred support; flexibility of staff to work within a non-western model; specific CALD position like the Ability Links Coordinator positions; consistent service types across regions.

Community information, engagement and outreach
Local or regional community development projects using an Asset Based Community Development (ABCD) approach to engage, outreach to and work with local communities especially new and emerging and possibly scattered communities; develop processes for a two way learning process, such as a Learning Circle between services and communities; links with key organisations, cultural leaders and contacts in emerging communities; information and education for the newer emerging communities about services and choices via local media, SBS Radio, social media, events such as Expos, Council events, particular cultural or activities/community events, local festivals, BBQs, Men’s Sheds, schools, for example through Schools as Community Centres (SaCCs).

Community education so people are able to identify themselves as carers; state wide training and media programs for CALD communities on a person centred approach and promoting a less stigmatised views of disability; a community liaison/outreach position employed by a consortium, located in one organisation which auspices the position, but works with several organisations, and across local government areas/localities; building community connections and involvement at the neighbourhood level; activities to increase community awareness of cultural diversity; elders from different communities getting together; links through young people who are linked with each other, for example through sport; appropriate venues for community events for example not using venues where there is alcohol and gambling which conflicts with some religious practices. The rollout of Individual Packages needs to include time for building relationships.

Organisational capacity building
Build cultural competency into the whole culture of the organisation; board/management committee members from CALD backgrounds; incorporate cultural competency in governance, organisational philosophy, policies and procedures, selection criteria for Chief Executive Officers (CEOs), Key Performance Indicators (KPIs) and in ongoing performance reviews, strategic plans (informed by Project Report 51
local demographic information), operational and workplans, job descriptions, staff supervision, team meetings, induction and training; mentoring to services on a variety of issues such as how to promote services; support for very small local services, for example through collaboration with other services; managers ‘on board’ and committed; diverse workforce including bilingual workers.

**Learning and development**
Induction and training when workers begin their employment; reflective practice groups/peer reflection at staff meetings; specific time for direct care staff to meet; mentoring; good practice forums; innovative training in a variety of ways including face to face and on line training; specific training targeted to particular roles such as the Intake Officer; training on assessment skills and engagement including asking questions, having conversations and working with interpreters; person centred practice training; linking with Units of Competency in Certificate III and Certificate IV in Disability provided by TAFE/OTEN; utilise existing interpreter training; establish communities of practice to showcase practice, hear concerns and meaningfully engage on redirecting practice.

**Collaboration and partnerships**
Networking and partnerships across agencies to share and build skills; partnerships between culturally specific/multicultural services and disability/HACC services; partnership at the client level disability/aged services and culturally specific services, for example conduct joint home visits; utilise consortiums to employ workers, for example a bi-multilingual worker can be employed by a consortium and work with individuals/families receiving packages from different organisations; link ADHC funded services to the Multicultural Forum and to the MAPS Workers; locally; undertake interagency reflective practice.

“Collect and share resources, stories, scenarios, feedback, and examples of flexible service provision.”
Forum participant

**ADHC Staff and Funded Services and Peak Organisation Workshops**
Six workshops were held, one in each region with ADHC staff and ADHC funded services. The workshops developed a vision for a culturally competent person centred sector, outlined what cultural competency looks like at the systems, organisational, individual, and community engagement and collaboration levels, what Boards/Management/Committees and staff in particular roles need to know and do and strategies for implementing all of this. The results of the workshops are as follows:

**A Vision for a Culturally Competent Person Centred Sector**
A vision for a culturally competent person centred sector included the following components:

**Person centred and driven**
Person directed support with people with a disability making their own choices and driving the support; a needs based focus; individual funding and NDIS/DisabilityCare enabling the way support is provided; a person centred approach is balanced with an evidenced based approach.
**Strengths based**
A strengths process including in assessment which replaces a deficit model of assessment and service provision.

**Community driven**
Communities have a voice and the capacity to respond and take up services.

**Inclusion**
A focus on belonging rather than difference.

**Information and Access**
People with a disability, their families and carers have the information they need, ease of access to services and supports including advocacy and outreach. Technology is used to provide information.

**Cultural capacity**
Cultural competency is integrated in all aspects of an organisation and system and embedded in all practice; service providers have cultural integrity.

**Greater diversity**
Greater diversity in an organisation’s client group and workforce; specialisation of services; different service structures such as lead agencies.

**Collaboration and partnerships**
Networks and collaboration which enable integrated, seamless service delivery.

**Flexibility**
Flexible individualised support, tailored made, creative, innovative and different ways of providing services which are co-designed with the community; independent case management.

**Accountability**
KPIs based on agreed Standards against which the sector, organisations and individuals, self assess, report and are measured.

> “People are drivers of their own futures.”

---

**Cultural Competency at Different Levels**

**System Level**
For a system to be culturally competent and person centred it needs to be a rights based, including the right to language services, inclusion and needs based system. Individual funding supports a needs based system but a diagnosis as a basis for accessing support counters this. Entry based on needs rather than a diagnosis would remove barriers to access for people who do not have a diagnosis or who are concerned about the stigma of a diagnosis. A system requires Cultural Competency Standards linked with the NSW Disability Services Standards, measures/indicators and a monitoring and evaluation system to measure progress against the Standards. There is not clear consensus among ADHC staff and those from funded services about whether an accreditation, verification or certification process is required, but there is a general agreement that a process for monitoring and reporting against agreed Standards and measures or KPIs is important.
A common concern across the sector is the limitation of MDS in collecting data relevant to cultural competency. Data collected needs to expand to include qualitative data including people’s experience of services, and stories of engagement and relationship building. Individual client outcomes developed through a person centred plan also need to be collected and used for reporting.

A program similar to the NSW Multicultural Policies and Services Program (MPSP) with which NSW agencies need to comply can used to for funded agencies. This enables cultural competency to be including in tendering criteria, funding contracts/agreements and reports. This includes the requirement of Diversity Action Plans as well as the inclusion of diversity in Strategic Plans, and other Plans. The Plans need to need to include resource allocation to build cultural competency.

A cultural diversity consideration needs to be used when developing all policies and procedures.

The capacity of the sector needs to be built to integrate cultural competency into all aspects of the sector. The empowerment of people with disability and their families/carers from culturally and linguistically diverse backgrounds is part of the capacity building process. Participants in a couple of workshops proposed the establishment of a Cultural Competency Ombudsman with grassroots contacts and workers to facilitate communities having a voice.

“Individuals’ needs, wants, dreams and passions should be the foundation on which the system is built. How can we de-program the system?”

Workshop participant

**System Level Measures/Evidence**

- Cultural Competency Standards, Policies and Procedures
- Development of all policies includes a cultural consideration/filter
- A Cultural Competency Strategy, a plan to implement it and a process to obtain qualitative feedback
- An Accountability Framework - Cultural competency for funded organisations is a funding requirement
- KPIs e.g. on governance, planning, and recruitment, employment and staff development (diverse and skilled workforce), community engagement, and evaluation based on Standards
- Data collection systems which capture cultural competency related data
- Evaluation processes using quantitative and qualitative including data narratives/sties and feedback
- Cultural competency is embedded in all training programs
- Funds for staff who have language skills
- Scholarships for staff from CALD backgrounds.

**Organisational Level**

Cultural competency at the organisational level requires that it is integrated into all aspects of organisational governance, management and service delivery to create a culture of cultural competency through the use of systemic wide Cultural Competency Standards and Policies. Organisations need to address cultural competency in the following key areas:
Mission, Vision, Values, Plans and Policies

Respect for and valuing of diversity and a practical commitment to cultural competency is included in an organisation's Mission, Vision, Values, Plans and Policies and Procedures.

Governance and Management

The Board/Management Committee of a non-government organisation needs to reflect diversity; senior managers in government and non-government services with cultural competency performance measures.

Resources

Organisation's need to allocate resources for cultural competency such as financial resources such as a specific training budget, allocate time and people resources to building cultural competency and produce and or use language resources such as translated material and professional interpreters.

A culturally competent and diverse workforce

Culturally competency needs to be included in recruitment criteria and employment practices, induction programs and considered as core and mandatory training, addressed in supervision and staff meetings through for example a standing agenda item; learning and development needs to be provided in a range of ways and needs to be ongoing. The ability to speak a community language needs to be recognised through the expansion of CLAS (Community Language Allowance Scheme) to the non-government sector. Staff development and career pathways are required particularly for direct care staff from culturally and linguistically diverse backgrounds.

Flexible service delivery and practice

Organisations need to work with communities to design services which give people real choice, work in flexible ways such as visiting prospective service users at home, rather than conducting assessments by telephone, be open to supporting natural supports or members of a person's community become paid carers, and develop staff employment options such as forming an alliance to employ staff from culturally and linguistically diverse backgrounds.

Community engagement and community development

Organisations require knowledge of their communities and a planned approach to engage with specific communities. The focus of community engagement needs to be relationship building to work collaboratively with communities to design and provide appropriate services. Community engagement needs to be accompanied with the use of appropriate information and use of language services. Communities can be actively engaged in an organisation by providing training to staff or advising the organisation through membership of an Advisory group. Active participation in community events and activities such as Harmony Day, Refugee Week and events of local communities was identified as not only essential but also an area on which organisations need to be measured.

Collaboration

As well as collaborating with communities, organisations need to collaborate with each other to create integrated and seamless service delivery. Collaboration also is necessary for sharing good practice.

Evaluation

Self assessment against Cultural Competency Standards will enable organisations to measure the progress on the ongoing process of building cultural competency.
feedback and complaints need to be used as part of evaluation. Evaluation needs to expand from output based evaluation to qualitative evaluation.

**Welcoming**

Organisations need to be visually culturally competent and welcoming for example through signs in community languages, posters depicting diversity, and flags of local communities.

> “Cultural competency is good business.”

**Organisational Level Measures/Evidence**

- Cultural competency is integrated/embedded in planning including strategic, business and workplans, policies, systems, recruitment, employment contracts, and training programs.
- A diverse workforce.
- Use of interpreters.
- Cultural competency audit against Standards, using a combination of quantitative and qualitative measures including client and community feedback.
- Number of referrals which match the demographics.
- Cultural competency is embedded in all training programs.
- Prioritised and allocated resources to build cultural competency.
- Diversity of organisational profile.
- Increase in diversity in the client profile.
- Cultural competency is a standard agenda item for Senior Managers meetings.
- Equal Employment Opportunity (EEO) for training at different levels.
- Organisational assets such community languages spoken in the organisation.
- Cultural information is discussed as part of assessment and included in plans and there is evidence in plans and client notes.
- Cultural competency is discussed in staff supervision.
- Feedback from clients, community and diverse workforce.
- Team climate assessed through team climate surveys.
- Evidence of community engagement.
- Pilot projects in response to and co-designed with the local community.

**Individual Worker Level**

At the level of the individual worker cultural competency is manifested though a range of qualities, knowledge, skills and a practice approach.

**Qualities**

Culturally aware and respectful, sensitive, accepting, valuing and embracing diversity, empathy, openness, open minded, non-judgmental flexible, dynamic, shows initiative, passionate/enthusiastic, observant, creative, insightful of own culture/personality, willing to learn, a commitment to social justice, human rights and equitable access.

**Knowledge**

Of the community and of available resources, relevant cultural information, and anti-discrimination legislation; understanding of migration and resettlement.
**Skills**

Active listening, conversational skills for assessments, able to establish a positive one to one relationship with people with a disability and find common ground, appropriate information provision, ability to organise and work skilfully with an interpreter, ability to capture cultural goals, coordination and Asset Based Community Development skills.

**Practice**

Person centred, ability to merge clinical skills with cultural competency; flexible practice to meet individual needs while understanding the whole family and community; a positive presence in the community for example through participation in community events and networking activities; reflective practice, role modelling and sharing knowledge and skills with others.

It was stated that workers need to be supported by their organisation to continue to develop cultural competency and to work in a culturally competent way. Some of these supports are discussed in the previous section and include clear Standards and policies, targeted formal and informal ongoing training, supervision, opportunities to mentor or be mentored, and debriefing. It is recognised that staff in direct care roles often miss out on reflective practice opportunities with peers and that these opportunities need to be actively created and promoted. A language allowance for staff in non-government similar to CLAS acknowledges the languages spoken by staff in non-government organisations.

**Individual Worker Level Measures/Evidence**

- Ability to work with interpreters
- Participation in cultural competency training including in working with interpreters, mentoring, supervision, other learning opportunities and reflective practice
- Participation in Harmony Day, community meetings and other relevant activities/events and sharing information with colleagues
- Positive client and family/carer feedback
- Cultural competency self assessments and manager assessments/performance appraisals with examples of practice which demonstrate cultural competency
- Ability to find resources to meet the needs of the community/client which demonstrates ability to network and level of contact with other agencies
- Cultural mentors.

**Community Engagement and Collaboration**

Community engagement involves dissemination of information in a variety of formats including through the use of technology, taking time to build relationships with individuals and families/carers so they feel comfortable using services, visiting community groups or organisations such as English classes where in which people from diverse backgrounds participate, participating in community events such as Harmony Day, Refugee week, community events of specific cultural and language communities, organising or participating in a CALD/Multicultural Expo community, outreach, moving away from office based work, for example conducting a home based rather telephone assessment, and participating in networks such as multicultural interagency. Community engagement also involves holding community forums and ensuring that CALD communities are engaged in mainstream engagement and consultation.
Workshop participants stated that capacity building is also required so communities can access services. In small and emerging communities this may involve community building to support communities to include people with a disability. The Building Inclusive Communities project an Asset Based Community Development approach to working with communities undertaken in Metro North Region provides a model for community engagement and relationship building.

Capacity building is a reciprocal process with members of diverse communities facilitating organisational sector capacity building by training staff, being members of Boards and Advisory Committees, co-designing services, volunteering and working as paid staff in organisations, and participating in cultural competency assessments.

Community engagement needs to be resourced through specific funds for activities and resources and the availability of positions such as community development positions and positions which link individual and families/carers to services such as CALD positions similar to Ability Links Coordinator positions.

Community engagement involves widespread collaboration across disability services and networks between disability services and networks and culturally specific and multicultural ones. Again, this can result in mutual learning, cultural sharing of knowledge and resources, capacity building and practical initiatives like joint projects.

This approach to engagement needs to be sensitive, based on an understanding of community protocols and the complexity of communities and be relationship based to ensure ‘real’ rather than tokenistic engagement. For effective community engagement and access to services activities are required which promote, ‘normalise’ and celebrate diversity and work to increase community awareness create positive community attitudes to diversity.

“Community engagement: Constructive conversations between different cultures.” Workshop participant

**Community Engagement and Collaboration Measures/Evidence**

- A community engagement plan with pathways to services for local communities
- Evidence of organisational and workers’ knowledge of the local community
- Clients accessing services reflects demographics
- Resources for community engagement
- Evidence of community partnerships and networks
- Number of brochures, newsletters and other promotional material translated into languages for groups which are often missed (specific communities targeted)
- Database of community activities of agencies showing number of consultation activities, topics addressed, attendance; evidence of staff participation in community events/activities
- Culturally diverse boards/management committees, diverse workforce
- Evidence of communities involved in designing services relevant to them
- Evidence of building community strength and resilience; a case study of a community showing how the community is better off
- Communities and individuals feedback, showing increase in satisfaction with the service’s cultural inclusiveness
- Evidence of seamless service delivery
- Evidence of clients receiving accessible information on available services.
### Cultural Competency Related to Different Roles

<table>
<thead>
<tr>
<th>Boards/Management Committees</th>
<th>Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Composition</strong>&lt;br&gt;Members from CALD backgrounds including people who use the service who are active and influential and reflect the ‘client’ community</td>
<td><strong>Qualities</strong>&lt;br&gt;• Commitment to cultural competency&lt;br&gt;• Flexible</td>
</tr>
</tbody>
</table>

#### Knowledge, Skills and Practice

- Understanding of cultural competency
- Participate in training in Governance best practice and cultural competency training
- Knowledge of demographic data relating to the local community
- Adopt the cultural competency as an organisational value and commit to working with CALD communities
- With the Chief Executive Officer drive Cultural Competency in the organisation
- Include cultural competency in policies and ensure training, funding, opportunities, service provision etc. are available
- Have relationships and access to culturally diverse organisations, networks and communities
- Good Governance practice such as strategic and succession planning
- Systems and reporting structures on CALD strategies
- Ensure interagency sharing and collaboration through staff availability, training and resources
- Annual Report includes work with diverse communities
- Secure funding to meet needs of CALD communities.

- Knowledge of the community, community needs and of diversity of staff; access relevant data, use systems, construct and understand up-to-date profiles – maintain mindfulness of current and emerging issues – keep up awareness of this in the organisations
- Able to address community needs
- Culturally competent and model cultural competency and exercise leadership
- Include cultural competency in plans, policies, meetings, 
- Ensure Cultural Competency Standards are met - undertake audits, measure progress in cultural competency and develop and implement improvement plans
- Incorporate cultural competency in recruitment; recruit in a way which is equitable and recruit culturally diverse workforce
- Ensure appropriate training in cultural responsiveness/inclusive practice and support/release staff to attend learning and development
- Match staff and clients
- Supervise, coach, mentor staff and empower staff to make
<table>
<thead>
<tr>
<th>Community Development (Disability)</th>
<th>Assessors/Planners and Case Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge, Skills and Practice</strong></td>
<td><strong>Knowledge, Skills and Practice</strong></td>
</tr>
<tr>
<td>Know the history of the community</td>
<td>Possess listening skills</td>
</tr>
<tr>
<td>Develop a profile of disability community</td>
<td>Communicate in simple, clear language and be aware of when to use interpreters; identify the person’s communication style</td>
</tr>
<tr>
<td>Identify what’s most important e.g. social plans and information from community leaders</td>
<td>Engage people</td>
</tr>
<tr>
<td>Know how to consult</td>
<td>Ask better questions including person centred and strength based questions</td>
</tr>
<tr>
<td>Develop CALD Plans; consultation plan to ‘reach out’ to people of all backgrounds in that community</td>
<td>A range of communication techniques</td>
</tr>
<tr>
<td>Understand local disability supports (services and informal supports)</td>
<td>Thorough assessment tools</td>
</tr>
<tr>
<td>Knowledge of networks</td>
<td>Skills to work with interpreters</td>
</tr>
<tr>
<td>Culturally specific partnerships</td>
<td>Work with people as individuals and with them develop their plan</td>
</tr>
<tr>
<td>Awareness of how different systems function: policy, funding, legal, cultural systems</td>
<td>Conduct face to face assessments</td>
</tr>
<tr>
<td>Knowledge of important local events</td>
<td>Conduct assessments in a timely manner</td>
</tr>
<tr>
<td>A voice for people from CALD backgrounds and people with disabilities</td>
<td>Have completed cultural competency training and participate in ongoing training</td>
</tr>
<tr>
<td>Establish relationships with key people and organisations and workers e.g. other Community Development Workers</td>
<td>Identify and research the background of the person/family</td>
</tr>
<tr>
<td>Build partnerships to help promote disability</td>
<td>Know/understand cultural profile of the community</td>
</tr>
<tr>
<td>Run workshops with and in organisations and in community.</td>
<td>Know/understand what is acceptable and not acceptable in communities</td>
</tr>
<tr>
<td></td>
<td>Know/understand cultural attitudes and perspectives</td>
</tr>
<tr>
<td></td>
<td>Know/understand cultural expectations of various services/supports, that is, respite means different things to different people</td>
</tr>
<tr>
<td></td>
<td>Understanding of person centred practice and approach and how this applies in a cultural context</td>
</tr>
<tr>
<td></td>
<td>Know/understand organisational expectations</td>
</tr>
<tr>
<td></td>
<td>Respectful of culture and beliefs, sensitive, and non-judgemental</td>
</tr>
<tr>
<td></td>
<td>Open to difference and ability to be flexible</td>
</tr>
<tr>
<td></td>
<td>Build networks with services in the community</td>
</tr>
<tr>
<td></td>
<td>Prepared to review practice and change as required</td>
</tr>
<tr>
<td></td>
<td>Challenge other workers to increase access</td>
</tr>
<tr>
<td></td>
<td>Share experiences, skills and knowledge at staff meetings, performance management meetings.</td>
</tr>
</tbody>
</table>
### Direct Care Workers

**Knowledge, Skills and Practice**

- Know what resources are available at any point in time
- Know/understand cultural community demographics – including age groups, cultural groups; and issues such as economic pressures experienced by sole parents
- Know/understand legislation and standards
- Know/understand reporting and legal requirements
- Know/understand networks in the wider sector
- Know/understand how to listen to the client
- Know/understand how to work with an interpreter
- Know about resources e.g. printed information
- Be connected with agencies
- Educate the family to use Translation and Interpreting Services (TIS)
- Good non-verbal communication
- Understands individuals within cultures
- Can produce accessible printed information e.g. with pictures, double spacing, in Plain English
- Shared bilingual workers
- Guided by clear and shared values.

### Front Office/Reception Staff

- A good knowledge of the organisation
- A sound understanding of local communities
- Work with interpreters
- Listen
- Address individual needs
- Actively link and support for example, make phone calls for clients
- Welcoming and respectful

### Learning and Development Providers

**Knowledge, Skills and Practice**

- Ensure trainers are culturally competent – to provide quality training
- Learning and development ‘savvy’

### Work Health and Safety (WHS)

- Understand guidelines - what service providers are prepared and not prepared to do
- Adopt a more flexible risk management strategy that
- Innovative learning and development delivery
- Knowledge and awareness of:
  - Community profile
  - Emerging trends
  - Staff profiles and can access existing resources within this profile and encourage Culturally Competency Champions
  - Use narratives
  - Provide training to various stakeholders e.g. NGOs
  - Acknowledge that training is a point of entry for change
  - Learning and Development should be proactive rather than reactive
  - Support the development of personal insights
  - Acknowledge that diversity is a resource
  - More flexible funds are required.

- accommodates legislative and organisational needs and individual/cultural situations
- Address issues such as dress code and footwear
- Assess safe and unsafe working environments
- Respond to issues relating to food such as preparation, open cooking, dietary requirements
- Address gender specific requirements for service delivery
- Respond to individuals'/families' awareness and understanding of WHS requirements – balance WHS with needs so as not to offend.
Implementing a Cultural Competency Strategy

Next Steps
Workshop participants were asked what was required to implement a Cultural Competency Strategy based on the vision and levels of cultural competency they outlined. Key actions for implementation are:

**Standards, policies and measures**
Standards, measures and self assessment tools for organisations and teams, performance agreements, inclusion of cultural competency tender processes (a tender criteria), funding contracts, reports on achievements.

**Resources**
A toolkit with a template/checklist for all levels incorporating cultural competency in key areas such as the mission statement, language policy, which services use to self evaluate, self assessment/audit tools, tools for teams to facilitate discussion on cultural competency, information on working with interpreters, resources to assist with community engagement such as how to obtain information on the cultural and language composition of the local community, strategies on community engagement, quality translated information.

**Learning and development and sharing of good practice**
Learning and development opportunities, including workshops, online self paced training, sharing, promotion and documentation of good practice across regions and across the sector, and promotion of organisations which provide cultural competency training.

**Resourcing**
Resourcing such as funding of language services; funding for members of new and emerging communities to become professional interpreters; funding of CALD specific positions such as MAPs and Ability Links Coordinators; community engagement initiatives; staffing resources to enable community engagement.

**Community engagement and collaboration**
Practical action such as inviting community representatives to speak at a Board meeting, promotion and participation in network meetings, participation in Multicultural days, Harmony Day, and activities and events in local communities, collaboration with other agencies such as Medicare Local, information to communities on services and choices available.

“Localisation will allow a greater capacity to work with the community – to ASK – LISTEN – DESIGN.”

Workshop participant

A change process: A multifaceted change process as well as the previously outlined strategies, may also include CALD Strategy Groups which also included representatives of funded services, workshops and meetings, Cultural Competency Strategy as a standing meeting agenda item within organisations and for interagencies, Cultural Competency Champions and Ambassadors from the community, training, tools (similar to the approach taken with Person Centred practice).

Individual agencies can undertake specific steps such as developing a community, client and service profile, including cultural competency in their Strategic Plan,
involving communities in service reviews, and including cultural factors in intake and allocation of staff, staff supervision and case studies when undertaking case reviews.

“Give an award for the most creative CALD initiative and thereby share the components that made it successful.”

Workshop participant

Some Key Areas for Action

Language Services

Accessing interpreters is difficult for some organisations as some languages are not available in the required time frame. While organisations in regional NSW face difficulties in accessing interpreters particularly onsite/faceto face interpreters, services in metropolitan regions also experience difficulties in accessing interpreters for languages spoken by new and emerging communities. Costs of interpreters are a barrier for organisations. Funds for language services as well as financial support for staff to undertake NAATI accreditation, which now involves going to Sydney for an assessment would increase the pool of language services.

A Diverse Workforce

A diverse workforce is critical to cultural competency. In regional areas where there maybe be only one person working in the sector who speaks a particular language, innovative ways of employing staff are required. In the Northern Region it was suggested that a pool of bi-multilingual staff who work across different agencies would benefit the community. This was also suggested in Metro North region.

Recognition of the language skills of staff in non-government organisations through the provision of an allowance such as CLAS acknowledges and values the language assets in an organisation and community.

“Diversity is a resource.”

Workshop participant

Barriers to recognition of overseas qualifications, which would enhance the diversity of the workforce, pose a challenge to the employment of staff such as therapists. This is compounded by a lack of local senior workers to provide professional supervision particularly in regional areas, where there may only be one worker.

Learning and Development

Learning and development is viewed as integral to the ongoing development of cultural competency. It needs to be part of a broader change strategy and be included in the mission and culture of the organisation.

Cultural competency needs to be included in induction and then targeted to specific roles such as Boards, Assessors, and direct care staff, and reception staff. It needs to be provided in a variety of ways and cater to different learning styles. Innovative learning and development needs to be explored. The HACC self paced online training was identified as a positive training model which can be used for some aspects of cultural competency training. The community and staff from diverse backgrounds need to be involved in developing and providing the training. Learning and development needs to be contextualised to the local community and be informed by the community profile, emerging trends in population and local issues.

A community partnership approach to the provision of training was demonstrated by partnership between Hunter ADHC and STARTTS (the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors) to develop and
facilitate a training program for HACC staff in working with clients from refugee like backgrounds.

Some organisations/staff require more knowledge and skills in Person Centred Practice, especially as the sector is linking a Person Centred approach and Cultural Competency. Learning and development is also about fostering a reflective practice approach through reflective discussions in team meetings, supervision and interagencies, sharing of good practice and promotion of cultural competency through Culturally Competency Champions.

**Cross Sector Cultural Competency Building**

In both the Forums and the Workshops it was stated that cultural competency of other agencies including generalist/mainstream services can be a barrier to inclusion. It was stated that the loss of funding of Community Settlement positions funded by Department of Immigration and Citizenship (DIAC) and funding only for the first five years of settlement also impact on community capacity, pathways to services and sustainability of collaboration between disability and culturally specific and multicultural services and communities. An infrastructure of culturally specific and multicultural services and networks is necessary and partnerships between such services and networks and generalist/mainstream ones are necessary for service access and inclusion.