

Northern NSW  
Local Health District

# Multicultural and Refugee Health Strategy 2024 - 2029

# A message from our Chief Executive

Northern NSW Local Health District has worked closely with local communities to develop this Multicultural and Refugee Health Strategy. It acknowledges and responds to the healthcare and settlement needs of culturally and linguistically diverse (CALD) communities and refugee populations.

We recognise that recently arrived migrants and refugees need support to settle into and actively participate in community life.

Our region has experienced severe weather events and public health emergencies over the past few years. We are mindful these events have affected people from CALD and refugee backgrounds to a greater extent. There have been long-lasting impacts on people's health, housing, employment, education, and sense of connection and belonging. This has exaggerated the inequities and disadvantage faced by CALD and refugee communities.

As a District, we are committed to addressing the challenges faced by CALD and refugee communities accessing health support in our region. The Strategy sets out the key steps to ensure our services and staff provide the culturally safe and responsive healthcare and information needed.

We are committed to engaging and partnering with CALD and refugee communities to improve our health services.

I wish to thank all the Northern NSW Local Health District staff, services and community partners who have generously contributed to the development of this Strategy.

Tracey Maisey  
**Chief Executive**  
**Northern NSW Local Health District**

*Northern NSW Local Health District (NNSWLHD) acknowledges the Traditional Custodians of the lands and waters where we work and live.*

*We acknowledge the Traditional Custodians' living culture, their connection to country and their contribution to the life of this region.*

*We pay our respects to the Ancestors and Elders of the region, and to all Aboriginal people past, present and future.*

# Overview

## What is this strategy about?

The Northern NSW Local Health District Multicultural and Refugee Health Strategy 2024-2029 (the Strategy) will support our health services and staff respond to the unique health needs and challenges faced by people from culturally and linguistically diverse (CALD) backgrounds. It focuses on people with refugee experiences and vulnerable migrant populations, and the importance of trauma informed care.

This Strategy provides practical ways to improve cultural responsiveness of our health services. It covers four key areas:

1. excellent person-centred care that is culturally safe and trauma informed
2. working with CALD communities and partners to respond effectively to identified healthcare issues and needs
3. supporting and resourcing our staff and health services to deliver culturally responsive healthcare
4. creating systems that support and inform our service delivery.

## Why do we need this strategy?

As a health district with regional, rural and remote areas, we face different challenges to metropolitan areas:

- we have CALD communities that are relatively dispersed and isolated
- we are reliant on mainstream service models
- we often lack specific CALD funded services and supports that some of our more populated counterparts are funded for.

The health and wellbeing of people from CALD and refugee backgrounds may be impacted by:

- settlement experiences
- language and communication barriers
- low health literacy
- different cultural practices and health beliefs
- experiences of loss, racism and discrimination
- difficult migration experiences
- complex and chronic health issues
- experiences of torture and trauma.

Providing culturally responsive healthcare and implementing the actions in this Strategy will improve the health and wellbeing of CALD and refugee communities.

We all have a role to play to ensure an inclusive health system that values diversity and delivers equity.

## Alignment with other plans

A Refugee Health Flexible Funding grant from Multicultural NSW enabled the development of this Strategy.

The Strategy aligns with the principles in:

- NSW Plan for Healthy Culturally and Linguistically Diverse Communities
- NSW Refugee Health Plan 2022-2027
- Future Health: Guiding the next decade of care in NSW 2022-2032
- NSW Regional Health Strategic Plan
- National Safety and Quality Health Service Standards.

# Our strategy on a page

## 1. Excellent person-centred care

- 1.1 Improve access and quality of care for people from culturally and linguistically diverse backgrounds.
- 1.2 Improve the use of interpreter services.
- 1.3 Recognise and support cultural diversity and refugee experience when providing care.
- 1.4 Provide trauma-informed care.
- 1.5 Strengthen health literacy so people can actively make decisions about their health, know what services we offer, and how to access them.
- 1.6 Be a welcoming place for multicultural and refugee populations.

## 2. Working together through partnerships

- 2.1 Hear and act on the voices of people from culturally and linguistically diverse and refugee backgrounds.
- 2.2 Establish partnerships to engage more effectively with culturally and linguistically diverse communities and people from refugee backgrounds.

## 3. Value, develop and empower our people

- 3.1 Support our people to build confidence and capability to deliver culturally safe and responsive and care.
- 3.2 Support our multicultural staff to thrive and remain employed in our health service.

## 4. Innovation and research

- 4.1 Improve our collection and use of data to understand our cultural and linguistic diversity and inform service design and delivery.



# Our multicultural and refugee communities

Northern NSW is home to a growing number of people from culturally and linguistically diverse (CALD) backgrounds. In addition to planned migrations, there are support groups actively helping to settle families from refugee backgrounds to establish themselves as a valued part of our local communities.

Multicultural and refugee families in Northern NSW are dispersed across the region's cities and towns. The proportions may seem relatively low, but the numbers are significant and their needs are complex. Some language and cultural groups are in small, isolated communities and are not especially visible. They have limited service supports to advocate for their cultural needs. This can lead to increased vulnerability and poorer health.

## People born overseas

In 2021 approximately 40,250 (13%) people residing in the LHD were born overseas, with 14,300 (5%) born in a country where English is not the first language.

## English proficiency

In 2021, of the 13,254 people in the LHD who spoke English and another language, 8% reported difficulty in speaking English.

## Arrivals since 2016

Since 2016, people born in India, Philippines and Thailand made up 51% of arrivals from countries where English is not the first language.

## Aged 25 - 44

In 2021 there were 5,221 people aged 25-44 in the LHD who were born in a country where English is not the first language. There were more women (59%) than men (41%) in this age range.

## Older people

In 2021 there were approximately 3,500 people aged 65 and over in the LHD who

were born in a country where English is not the first language.

## Seasonal workers

Some communities in the LHD are the temporary home of seasonal agricultural workers from Pacific Island countries. This population provides crucial workforce to our vibrant region.

## Diversity

In 2021 there were 136 different languages spoken at home and 166 different birthplaces recorded.



# Multicultural communities in our Local Government Areas (LGAs)

2021 Data

LGA	Number of people born overseas	Biggest populations from countries where English is not the first language come from	Top languages used at home other than English and Australian Indigenous languages
<b>Tweed</b>	15,019	Philippines, India, Germany	Portuguese, Spanish German
<b>Byron</b>	7,939	Germany, Brazil, France	Spanish, German, French
<b>Ballina</b>	5,890	South Africa, Germany, India	German, Spanish, Italian
<b>Lismore</b>	4,596	Germany, Philippines, India	German, Italian, Punjabi.
<b>Kyogle</b>	935	Philippines, India, Germany	German, Spanish, French.
<b>Richmond</b>	1,420	Philippines, Germany, Netherlands	Tagalog, Italian, German
<b>Clarence</b>	4,451	Philippines, India, Germany	Punjabi, German, Mandarin

## Top 10 languages spoken at home other than English in NNSW LHD, 2021

Languages	Number
<b>Spanish</b>	1294
<b>German</b>	1274
<b>Portuguese</b>	984
<b>Italian</b>	975
<b>French</b>	959
<b>Tagalog/Filipino</b>	781
<b>Punjabi</b>	776
<b>Japanese</b>	753
<b>Australian Indigenous Languages</b>	608
<b>Thai</b>	582

# The health of culturally and linguistically diverse people in Northern NSW

People living in our region who were born overseas may be living in small, isolated communities. This increases their vulnerability and isolation. They may experience health and wellbeing challenges impacted by:

- increased disease and health risk factors, including mental health issues
- untreated conditions due to poor access to health care in their country of birth
- migration and settlement experiences, including grief, loss, isolation, and financial stress
- the stresses associated with organising visas, safe housing, health care, schooling, and employment
- fear of the impact of diagnoses of health conditions for themselves or their family members on approval processes for visa or temporary residency. (1,2,3,4)

People whose first language is not English have a higher risk of low health literacy. This means they are:

- less likely to access the services they need
- less likely to understand issues related to their health
- more likely to experience social isolation.

This can lead to behaviours that negatively impact physical and mental health.

The way our health services are set up can sometimes make accessing the right health care difficult. Challenges for people from culturally and linguistically diverse backgrounds include:

- lack of access to culturally safe services
- lack of access to health information that is easily understood, culturally appropriate, and provided in an accessible place and format
- limited understanding and respect from health service staff about differing cultural beliefs regarding health and health care
- not knowing what services are available and how to access them
- inadequate assessment of the need for, and provision of, interpreter services
- being asked to interpret for family members
- not being able to afford health care, especially for people who are not eligible for Medicare.



1. Khatri RB, Assefa Y. Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC Public Health*. 2022 May 3;22(1):880.

2. Byrow Y, Pajak R, McMahon T, Rajouria A, Nickerson A. Barriers to Mental Health Help-Seeking Amongst Refugee Men. *International Journal of Environmental Research and Public Health*. 2019 Jan;16(15):2634.

3. Posada N, Krchnakova R, Crawford J, Gilbert J, Jursik B, Sarkozy V, et al. Equitable access to developmental surveillance and early intervention –understanding the barriers for children from culturally and linguistically diverse (CALD) backgrounds. *Health Expectations*. 2015;18(6):3286–301

4. Harrison R, Walton M, Chitkara U, Manias E, Chauhan A, Latanik M, et al. Beyond translation: Engaging with culturally and linguistically diverse consumers. *Health Expectations [Internet]*. [cited 2019 Oct 24];0(0). Available from: <http://onlinelibrary.wiley.com/doi/abs/10.1111/hex.12984>

# The health of people from a refugee background in Northern NSW

People from refugee backgrounds include refugees (humanitarian entrants and people on refugee visas), people from refugee-like backgrounds and asylum seekers or migrants who have had similar experiences to refugees.

Some people have been sponsored or supported by family or community organisations to settle in Australia.

People from refugee backgrounds have high health needs due to their experiences. They especially need early access to mental health services, oral health care and disability services, as well as trauma informed care.

## The health needs of people from refugee backgrounds include:

- mental health issues brought on by exposure to persecution, conflicts, torture, trauma and grief and loss from death or separation from family members. Many people from Afghanistan, Ukraine, Syria, Iraq, Iran and Myanmar are worried about family members who are still affected by ongoing conflict in their countries of origin, or in other very dangerous situations

- problems with oral health from lack of access to a nutritious diet, fluoridated water, adequate oral hygiene and, in some cases, torture to the mouth and face
- physical consequences of torture and armed conflict, such as musculoskeletal pain or hearing loss and other disabilities
- increased exposure to infectious diseases - intestinal parasites, hepatitis B, tuberculosis, malaria
- poor nutrition due to social and economic factors in their country of origin and/or extended periods of food insecurity while in refugee camps or other settings
- undetected or inadequately managed chronic diseases - high blood pressure and diabetes
- the impact of Adverse Childhood Experiences (ACE) on health and wellbeing
- growth and development issues in children because of malnutrition, previous illness and trauma.

*“It is common for people from a refugee background to have had poor access to oral health care. Often they arrive needing urgent treatment – holistic assessment and treatment is essential when they first arrive.”*

Local Refugee Support Volunteer

## References

1. Ziersch A, Due C, Walsh M. Discrimination: a health hazard for people from refugee and asylum-seeking backgrounds resettled in Australia. *BMC Public Health*. 2020 Jan 28;20(1):108.

2. Power R, Ussher JM, Hawkey A, Missiakos O, Perz J, Ogunsiyi O, et al. Co-designed, culturally tailored cervical screening education with migrant and refugee women in Australia: a feasibility study. *BMC Women's Health*. 2022 Aug 20;22(1):353.

3. Common health needs of refugees and migrants: literature review. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO



# What we have heard from our communities

## Respect culture and beliefs

*"They do not ask about our beliefs and what is important to us – they just tell us 'This is what you have to do' or 'This is the medicine you have to take'. It is about respect."*

*"Respect us, listen and try to understand."*

*"Ask us: 'Do you have cultural needs?' so that you know what is important to us."*

## Feeling welcome and finding the way

*"It is hard to find your way around the hospital."*

*"Who can help us understand the services that are available?"*

## Getting support when bad things happen

*"We received an expensive bill from the ambulance service that we could not afford to pay."*

## Being involved in care

*"Things don't get explained. Nobody tells me about specialists and other doctors. I did not know I could ask for my results."*

*"At the hospital, nobody explains why we have to wait – we have to work it out ourselves."*

## We like our local service

*"Our local service is exceptional – it is not too busy to help us."*

## We can help

*"I could help other people from my culture understand how it works here."*

*"We could be trained to help people from our community."*

## Understanding and being understood

*"I asked for an interpreter, I was told 'Your English is fine – you do not need an interpreter' but I did need an interpreter."*

*"I use Google Translate – so the doctor can understand me!"*

*"When I call, they say 'hello' and then talk so fast I cannot understand them. I say: 'slow down please'. Please be patient."*

*"I would have liked to get written information in my language, especially when I first came here, and my English was not so good."*

*"We asked for an interpreter when we arranged the appointment but when we arrived, nothing had been organised. It was not recorded anywhere, and the staff did not know how to request an interpreter."*

## Support of refugees is critical

*"We are supporting refugees to come and live in our community. They have experienced great trauma and loss – of loved ones, of possessions, of financial security."*

*"They will not understand what people are saying without an interpreter."*



# What we have heard from our staff

## Recognising culture

When providing treatment, it can be challenging to consider cultural beliefs about health and health care and to offer culturally safe models of care.

*“We need to ask people about their culture.”*

## Refugees

Funded refugee support is limited in the Northern NSW area. It is mainly arranged through local volunteer groups. We know refugee families have additional vulnerabilities. They need support with service navigation and care coordination.

## Having the tools to be culturally responsive

Staff would like support to increase confidence and capability in caring for people from diverse cultures and languages.

Staff would like access to resources to support cultural responsiveness, such as culturally appropriate written information in languages.

Staff recognise the need for, and would like support, in providing trauma-informed care.

## Being partners in care, and service planning and evaluation

It is challenging to find culturally appropriate ways of engaging with people from CALD backgrounds in LHD formal structures.

We need to help people understand their health and how to manage their health conditions.

*“Let’s talk with people about their journey through our health system.”*

## Preventive health care

Preventive healthcare and culturally accessible information and education are important with refugee families and temporary workers.

Mental health, oral health and particular chronic diseases or conditions may need urgent attention due to complex migration and refugee experiences.

## Using interpreters

Staff lack confidence in assessing interpreter need, and support for their patients.

Some places feel pressure to use family members as interpreters.

*“There is a difference between conversational English and medical English.”*

## Supporting our culturally and linguistically diverse staff

CALD staff and their families may need support to settle into local communities.

For some professions (e.g. nursing), Australian expectations of their role differs from the country where they were trained and worked previously.

## Knowing our local communities

Staff noted that they are not aware of the level and mix of cultural and linguistic diversity presenting to their local health services for health care.

They would like to know more about the refugee families in the region.

## Being welcoming

Staff would like our facilities to be welcoming to people from many cultures.

*“We could use QR codes or pictures so people can read information in their preferred language.”*

# Measuring our progress

The Strategy will inform planning and delivery of healthcare services for local multicultural populations. The review and update of the Strategy will be informed by regular monitoring and evaluation of the work delivered over the next five years, along with active engagement of community partners.

## How we will guide and monitor our progress:

- Principles of the Strategy will be included in other strategic planning documents, to embed practices and principles that ensure culturally responsive healthcare for CALD communities.
- The Planning Partnerships and Allied Health Services Directorate will coordinate and implement many of the key actions and help staff and community partners to deliver and improve our health services and programs.
- The NSW Multicultural Health Steering Committee and a CALD Champions Group will be established to progress the Strategy.
- NNSWLHD provides annual reports to Multicultural NSW through the Multicultural Policies and Services Program, including progress on the following actions:
  - improve access and quality of healthcare for all people from CALD backgrounds through models of care
  - support people from CALD backgrounds to be active partners in decisions about their healthcare through inclusion
  - respond to peoples' individual needs, language, and culture, through leadership and staff cultural responsiveness
  - increase understanding of the needs, experiences, and identities of CALD communities through improved data collection.
- Evaluation will focus on individual services and health sites to assess local impacts and improvements. Process evaluation (activities undertaken), impact evaluation (immediate effects of the activities and actions) and outcomes evaluation (assessing the overall progress and performance of the Strategy) will guide this work.





# Important links and resources

## Working with CALD communities and refugees

Northern NSW Intranet has access to interpreter services and multicultural resources and can be found at [Interpreter Services in Northern NSW LHD](#)

The Standard Procedures for Working with Health Care Interpreters can be found at [health.nsw.gov.au/multicultural/Pages/Health-Care-Interpreting-and-Translating-Services.aspx](http://health.nsw.gov.au/multicultural/Pages/Health-Care-Interpreting-and-Translating-Services.aspx)

The NSW Multicultural Health Communication Service provides assistance with translations and has a data base of existing translated health information and can be found at [mhcs.health.nsw.gov.au/](http://mhcs.health.nsw.gov.au/)

Cancer Institute has provided detailed multicultural data providing information on languages and birthplaces by LHD and LGA, as well as cultural and health profiles and resources. These can be found at [Tools and resources to deliver improved cancer outcomes in multicultural communities | Cancer Institute NSW](#)

Multicultural Strategies Officer can be contacted for further information about multicultural communities and support to improve better access. Please contact: Rita Youssef-Price 02 66399 109 or email [rita.youssefprice@health.nsw.gov.au](mailto:rita.youssefprice@health.nsw.gov.au)

## My Health Learning modules to support working with interpreters:

- **Risks in Using Family to interpret** (10mins, Course code 178402786)
- **Assessing the need for an interpreter** (12mins, Course code 178399920)
- **Face to face communication with interpreters** (10mins, Course code 178758010)
- **Telephone interpreting**

(10mins, Course Code 182749228)

- **Interpreting in family conferences** (10mins, Course code 176822249)
- **Interpreting in mental health interviews** (10mins, Course code 184028031)
- **Culturally Responsive Health Care** (20mins Course code 39962639)

[Delivering healthcare to refugee communities in regional NSW](#) is an online guide for healthcare workers and community partners on how to establish trauma informed and culturally safe health services for refugee communities in regional NSW.

## NSW Plans

- [NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023](#)
- [NSW Refugee Health Plan 2022-2027](#)

## Services for CALD communities

- NSW Health Care system information booklet can be found at [refugeehealth.org.au](http://refugeehealth.org.au) and is available in 21 languages. [English version link](#)
- **Transcultural Mental Health Centre** provides mental health support for CALD communities and can be found at [Transcultural Mental Health Centre \(TMHC\)](#)
- [Service Finder](#) provides information about 300 different health service types in 16 languages.
- [STARTTS](#) provides psychological treatment and support, and community interventions, to help people and communities heal the scars of torture and refugee trauma. This includes training to NSW Health staff.

# Meanings

## AMEP classes

Adult Migrant English Classes are held in many TAFE colleges to support people from culturally and linguistically diverse and refugee backgrounds to become more proficient in English. They also provide practical information about living in Australia.

## Asylum seeker

people who have fled their own country and applied for protection as a refugee but have yet to receive confirmation of their refugee status.

## Consumers

anyone who has used, currently uses, or will use health care services. It also includes their family and caregivers.

## Culturally and Linguistically Diverse (CALD)

broad term used to describe communities with diverse languages, ethnic backgrounds, nationalities, traditions, societal structures, and religions.



## Culturally responsive care

an extension of person-centred care that includes paying attention to social and cultural factors with people from diverse cultural backgrounds.

## Health literacy

the ability of people to access and understand information about health and healthcare and apply that to their lives, use it to make decisions and act on it.

## Person/people from refugee backgrounds

this refers to several groups of people, who might have similar health presentations, but differing levels of vulnerability depending on their experiences and their visa status:

- Refugees (humanitarian entrants and people on refugee visas).
- People from refugee-like backgrounds, e.g. asylum seekers and relatives of people who are refugees or asylum seekers.
- Other migrants who have had similar experiences to refugees/asylum seekers but did not arrive in Australia as refugees or asylum seekers.

## Social determinants of health

the political, social, economic, and cultural forces such as wealth, gender and education that can impact on an individual's health outcomes.

## Torture

any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person at the instigation of or with the consent of a public official or other person acting in an official capacity.

## Trauma-informed care

a strengths-based approach which understands and responds to the impact of trauma, including ensuring that care does not retraumatise.

# Excellent person-centred care

Action	Responsibility	Measure	Timeframe
1.1 Improve access and quality of care for people from culturally and linguistically diverse backgrounds			
1.1.1 Develop a “CALD Quality Assessment Tool” for health services to develop practices and strategies to address areas for improvement	Planning Partnerships and Allied Health Services Directorate Service Managers	4 x services supported to undertake self-assessment per year	December 2024 and annually thereafter
1.2. Improve the use of interpreter services			
1.2.1 Provide training in interpreter use for all sites including:  Face to face “Working With Interpreters” training sessions  Incorporate information on “Use of Interpreters” within health literacy training  Promotion of HETI and other online training on Working with Interpreters  Include a CALD focus in “Trauma Informed Care” training	Planning Partnerships and Allied Health Services Directorate  Health Literacy HETI  Director Workforce	5 training sessions run annually  Interpreter Use training included in health literacy training  HETI and other online Interpreter training modules promoted across the LHD  CALD focus is included in trauma informed care training	Ongoing
1.2.2 Develop easy to access resources for staff to support Interpreter use and enable culturally responsive care	Planning Partnerships and Allied Health Services Directorate	All services have access to resources	December 2024
1.2.3 Raise awareness and promote availability of Interpreters with culturally and linguistically diverse patients/clients and people from a refugee background	General Managers and DONs Health Service Managers Planning Partnerships and Allied Health Services Directorate	Increase in recorded request for and use of interpreters  Awareness raising resources developed and used across the LHD	December 2024 and annually thereafter
1.2.4 Provide information and resources on the CALD Assist app and promote its appropriate use	Planning Partnerships and Allied Health Services Directorate	Self-reported use of the CALD Assist app through the Cultural Responsiveness Self-Assessment Tool	June 2025

Action	Responsibility	Measure	Timeframe
1.3 Recognise and support cultural diversity and refugee experience when providing care			
1.3.1 Increase the use of easy communication materials (e.g. Easy Read or Teach Back) with culturally and linguistically diverse patients and patients from a refugee background	Health Literacy Health Service Managers Planning Partnerships and Allied Health Services Directorate	“Teach Back” training and information included on intranet page, in Working with Interpreters Training, health literacy training, and in CALD and Refugee Responsiveness Assessment Tool	December 2024 and annually thereafter
1.3.2 Ensure staff are using translated health information as required	Health Service Managers	Evidence of access and use of translated material	Ongoing
1.4 Provide trauma-informed care			
1.4.1 Encourage trauma informed care by all staff for culturally and linguistically diverse consumers and especially people from refugee backgrounds	Health Service Managers	Staff receive Trauma Informed Care training	December 2024 and annually thereafter



Action	Responsibility	Measure	Timeframe
1.5 Strengthen health literacy so people can actively make decisions about their health, know what services we offer, and how to access them			
1.5.1 Work with Healthy North Coast (HNC) and local GPs to promote and provide information about local health services	Planning Partnerships and Allied Health Services Directorate  Health Literacy	HealthPathways information is reviewed  Collaboration with HNC is established	December 2024 and ongoing
1.5.2 Work with health service sites to present at local TAFE Adult Migrant English Program (AMEP) classes about health services and hear from participants about health needs	Site and Service Managers  Planning Partnerships and Allied Health Services Directorate	Presentation developed  Partnerships established  Attendances at local TAFE AMEP classes each year	December 2024 and annually thereafter
1.5.3 Provide information about health services at local multicultural and community events	Community Engagement Manager  Health Service Managers	Local multicultural and community events attended and information provided	Ongoing
1.5.4 Promote the inclusion of people from culturally and linguistically diverse and refugee backgrounds in open days and other service navigation events	Community Engagement Manager	Planned events are inclusive of CALD populations	December 2024 and annually thereafter
1.5.5 Recruit culturally and linguistically diverse volunteers to assist consumers with their interactions with health services	Community Engagement Manager  Volunteer Co-Ordinator	Volunteers recruited	December 2024 and ongoing
1.5.6 Add information for people from culturally and linguistically diverse backgrounds in top languages on NNSWLHD webpage	Media Unit  Planning Partnerships and Allied Health Services Directorate	Information is provided in top community languages on NNSW LHD webpage	December 2025

Action	Responsibility	Measure	Timeframe
1.6 Be a welcoming place for multicultural and refugee populations			
1.6.1 Create 'Welcoming' signage for the front of local services in the top local languages	Director Corporate Services  Site Managers  Planning Partnerships and Allied Health Services Directorate	Signage in place	December 2025
1.6.2 Include pictures of people from culturally and linguistically diverse backgrounds in print media and publications	Site Managers  Health Literacy  Media Unit  Planning Partnerships and Allied Health Services Directorate	Health related posters displayed	December 2025 and ongoing
1.6.3 Investigate use of QR codes on posters for patients to access information in other languages	Planning Partnerships and Allied Health Services Directorate	Use of QR codes on posters utilised	December 2025



## 2. Working together through partnerships

Action	Responsibility	Measure	Timeframe
2.1 Hear the voices of people from culturally and linguistically diverse and refugee backgrounds			
2.1.1 Actively build relationships, recruit and support culturally and linguistically diverse people and people from refugee backgrounds to be involved in service planning, development and evaluation	Community Engagement Manager  Service and Program Managers  Planning Partnerships and Allied Health Services Directorate	People with CALD and refugee backgrounds are involved in service planning, development and evaluation  Culturally responsive practices and activities are developed and promoted	December 2024 and ongoing
2.2 Establish partnerships to engage more effectively with culturally and linguistically diverse communities and people from refugee backgrounds			
2.2.1 Establish and support a Northern Rivers Multicultural Forum (NRMF) with external partners to strengthen multicultural networks and deliver locally focused initiatives	Planning Partnerships and Allied Health Services Directorate in collaboration with community partners	Meetings are held bimonthly	June 2024 and ongoing
2.2.2 Collaborate with community partners including members of the NRMF to increase capacity and engagement of CALD and refugee communities	Planning Partnerships and Allied Health Services Directorate in collaboration with community partners	Community stakeholders are enabled to develop and undertake projects	December 2024 and ongoing
2.2.3 Partner with multicultural communities and people from refugee backgrounds to include them in the co-design of culturally responsive practices and activities that respond to their identified health needs	Service and Program Managers  Planning Partnerships and Allied Health Services Directorate	Culturally responsive practices and activities are developed and promoted	December 2024 and ongoing

### 3. Value, develop and empower our people

Action	Responsibility	Measure	Timeframe
3.1 Support our people to build confidence and capability to deliver culturally safe and responsive and care			
3.1.1 Identify and support local champions in key services and/or sites across the District	Planning Partnerships and Allied Health Services Directorate	Champions identified and a process in place to work with champions across the LHD	June 2025 and ongoing
3.1.2 Highlight success stories with clients/ patients from culturally and linguistically diverse backgrounds	Media Unit Planning Partnerships and Allied Health Services Directorate	Positive patient outcomes highlighted through existing media unit platforms	December 2024 and ongoing
3.1.3 Develop an intranet page specifically for staff to access resources and information to support culturally responsive care	Media Unit Planning Partnerships and Allied Health Services Directorate	Multicultural Health and Interpreter Services Intranet page established	December 2024
3.2 Support our multicultural staff to thrive and remain employed in our health service			
3.2.1 Develop an orientation and mentoring program for new staff from culturally and linguistically diverse backgrounds	Director Workforce Planning Partnerships and Allied Health Services Directorate	Orientation and mentoring program developed	December 2025
3.2.2 Work with concierge positions to develop a local “Welcome Pack” for families of new staff from culturally and linguistically diverse backgrounds	Director Workforce Nursing and Medical concierge positions Planning Partnerships and Allied Health Services Directorate	Welcome packs developed	December 2024

## 4. Innovation and research

Action	Responsibility	Measure	Timeframe
4.1 Improve our collection and use of data to understand our cultural and linguistic diversity and inform service design and delivery			
4.1.1 Provide local demographic data to services to assist in care planning and increase awareness of CALD communities and their needs	Planning Partnerships and Allied Health Services Directorate	Local demographic data is provided to services and to community providers	December 2024 and ongoing
4.1.2 Work with managers of clinical services to improve recording of CALD and interpreter use data in EMR, using cycles of activity and review	Corporate Services (Clinical Information Systems) Planning Partnerships and Allied Health Services Directorate	Audits of health records undertaken annually Improved recording of the fields	December 2024 and annually thereafter
4.1.3 Use and analyse Health Care Interpreter Service (HCIS) reports to plan future action	Planning Partnerships and Allied Health Services Directorate	HCIS reports are analysed on a regular basis	Ongoing



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