

Department of Health multicultural health action plan 2023–27



Contents

Secretary’s foreword	4
Introductory message from Kat Theophanous MP	5
Acknowledgements	6
Acknowledgement of Traditional Owners	6
Aboriginal and Torres Strait Islander recognition statement	6
Treaty and truth in Victoria	6
Language statement	6
Overview	7
Victoria’s cultural diversity	8
Diversity and intersectionality within Victoria’s multicultural communities	8
Community strengths, cultural knowledge and leadership	9
Why a multicultural health action plan matters	10
The department has a responsibility to improve health equity	10
The plan enables the department to uphold legislative and policy obligations	12
Multicultural communities experience significant health and wellbeing disparities	13
Our multicultural health approach	16
Our approach builds on existing multicultural health efforts	16
Our approach considers priority populations and intersectional community support needs	17
Our plan for 2023–27	19
Snapshot of our plan	19
Our vision and aim	20
Our improvement goals and actions	20
Implementation and accountability	45
Appendices	46
Appendix 1: Key terms and definitions	46
Appendix 2: Victoria’s multicultural legal and policy frameworks	49
Appendix 3: Victoria’s targeted multicultural health programs, policies and training	50
Appendix 4: Resources and practical supports	52
References	55

To receive this document in another format, [email the Diversity and Access team](mailto:diversity@health.vic.gov.au) <diversity@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.
© State of Victoria, Australia, Department of Health, March 2024.

Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.

We thank cohealth for permission to use their image on page 4 of this report.

ISBN 978-1-76131-459-9 (pdf/online/MS word)

Available from [the department’s website](https://www.health.vic.gov.au/populations/improving-health-for-victorians-from-culturally-and-linguistically-diverse-backgrounds) <https://www.health.vic.gov.au/populations/improving-health-for-victorians-from-culturally-and-linguistically-diverse-backgrounds>. (2311651)

Secretary's foreword



Victoria is home to one of the most culturally diverse societies in the world. Victorians come from more than 300 ancestries, speak more than 290 languages and follow more than 200 different faiths. Our diversity is one of our greatest strengths and brings many social and economic benefits.

We recognise the strength and resilience of multicultural communities that settle in Victoria and the deep social, cultural and economic contributions every person brings to our state.

Our culture shapes our communities, our daily interactions and our way of life. Culture goes to the heart of who we are and how we connect with others; it defines our sense of identity and belonging. Culture also shapes our health and wellbeing and how we experience health care.

It is important that every Victorian can access high-quality health care when they need it, regardless of who they are, where they live, their language, culture, ethnic or religious background, age, gender, sexuality, ability or circumstance.

Everyone deserves to be treated with dignity and respect.

The Department of Health is responsible for ensuring all Victorians can access health care and health information that is inclusive, accessible and safe.

As a major employer in Victoria, the Department of Health must ensure our workplace and the policies, programs and services we design, commission and manage are not only free from discrimination and racism but also culturally competent. This will ensure we can respond to people's diverse cultural, ethnic, linguistic and religious backgrounds, needs and preferences.

Working to improve health inequities is our core business. But we need a plan to guide our efforts and to hold us accountable to the communities we serve.

It is my pleasure to present the *Department of Health multicultural health action plan 2023–27*. Alongside our department's current and forthcoming action plans for gender equality, disability, LGBTIQ+ inclusion and Aboriginal inclusion, the new multicultural health action plan will enhance our focus on health equity across many aspects of our work.

The new plan continues our longstanding commitment to multicultural communities. It will help showcase good practice and put a plan of action in place. This will better address the health and wellbeing disparities Victoria's multicultural communities currently experience.

It is crucial that all staff of the department, together with our many partners, embrace the actions this plan puts forward to achieve better health outcomes for multicultural communities.

I look forward to your support in implementing the plan over the next four years.

Professor Euan Wallace
Secretary

Introductory message from Kat Theophanous MP



Victoria is home to significant cultural diversity, making our state stronger, more dynamic and setting us apart from other cities.

My parents migrated to Australia to forge a new future and contribute to this great state. It's a familiar story, shared with almost half of Victorians who were either born overseas or have a parent born overseas.

Appreciating the value of this diversity and the importance of assisting our whole community to thrive, it is vital we support people from every background and culture to improve their health outcomes.

In order to do this, we must recognise that our multicultural communities still face significant health inequality. Their experiences in the health sector can be impacted by attitudes, systems and structures which can interact to create exclusion.

Both established and new migrant communities feel the impact of these factors. For those who are newly arrived, learning a new language, securing housing, accessing employment or education, and navigating complex service systems are just some of the many challenges faced when starting a new life in Victoria.

Drawing on the deep community connections that already exist in Victoria and the cultural knowledge and wisdom of our many multicultural communities, we can empower our services to be culturally competent, more accessible, and free from discrimination and racism.

We have a responsibility to improve health equity in Victoria, which is why the Department of Health has launched its *Multicultural Health Action Plan 2023–27*. It is a roadmap to support Victorians from diverse backgrounds to access safe, equitable and culturally competent healthcare through targeted policies and programs, better data collection and evidence, and strengthened engagement with communities.

The Plan is one of several initiatives and resources designed to support health services and health professionals to deliver services that are inclusive and culturally appropriate.

I encourage you to familiarise yourself with the Department's Action Plan and support its strategic objectives that promote social cohesion and aim to create better outcomes for Victoria's multicultural communities.

Yours sincerely,

Kat Theophanous MP

Parliamentary Secretary for Women's Health and Member for Northcote

Acknowledgements

Acknowledgement of Traditional Owners

The Department of Health acknowledges the Traditional Owners of Country throughout Victoria and pays respects and recognises the contribution from their Elders past and present.

We proudly acknowledge the strength and resilience of Aboriginal people as the world’s oldest living culture and the contribution of generations of Aboriginal leaders who have fought tirelessly for the rights of their people and communities.

We recognise that we have a long way to go in understanding and addressing the intersections of racism and the ongoing effects of dispossession and colonisation.

Aboriginal and Torres Strait Islander recognition statement

The Department of Health pays respect to and recognises the contribution of all Aboriginal and Torres Strait Islander people living in Victoria. Throughout this document the term ‘Aboriginal’ is used to refer to both Aboriginal and Torres Strait Islander people.

We recognise the diversity of Aboriginal peoples living throughout Victoria. While Aboriginal people commonly use the terms ‘Koorie’ or ‘Koori’ to describe Aboriginal people in southeast Australia, we have used the term ‘Aboriginal’ to include all Aboriginal and Torres Strait Islander peoples living in Victoria.

Treaty and truth in Victoria

We acknowledge the impact of colonisation to this day and seek ways to rectify past wrongs, including through truth-telling and the development of treaty.

We are deeply committed to Aboriginal self-determination and to supporting Victoria’s treaty and truth-telling processes. We acknowledge that treaty will have wide-ranging impacts for the way we work with Aboriginal people living in Victoria. We seek to create respectful and collaborative partnerships and develop policies and programs that respect Aboriginal self-determination and align with treaty aspirations.

We acknowledge that Victoria’s treaty process will provide a framework for transferring decision-making power and resources to support self-determining Aboriginal communities to take control of matters that affect their lives. We commit to working proactively to support this work in line with the aspirations of the First Peoples’ Assembly of Victoria.

Language statement

Language is an effective tool for changing community attitudes and promoting inclusion.

We know language is always changing, and we recognise that words are powerful and can have different meaning for different people. Our language continues to evolve.

In this plan, the term ‘multicultural communities’ refers to the vast number of diverse cultural, linguistic, ethnic and faith groups in Victoria. We recognise that everyone has different preferences for how they describe their identity. There is no universal conceptualisation of cultural, ethnic, linguistic and religious identity, but we hope that providing some insight into definitions and key terms in Appendix 1 will help promote inclusive language.

Overview

The *Department of Health multicultural health action plan 2023–27* outlines our commitment and action to improve the health and wellbeing of multicultural communities over the next four years. It sets out improvement goals and actions to embed cultural competency into all our services, programs and policies.

The plan outlines our vision, as well as practical resources and supports, good practice principles and examples. It describes the actions our department will take over the next four years across six improvement goals:

1. Invest in targeted policies, programs and services that improve health equity.
2. Design and deliver accessible and culturally competent mainstream policies, programs and services.
3. Provide language services and accessible communications.
4. Strengthen community engagement, capacity building and lived experience representation.
5. Enhance cultural competency through workforce capability and inclusive leadership.
6. Build evidence-based approaches through data, research and evaluation.

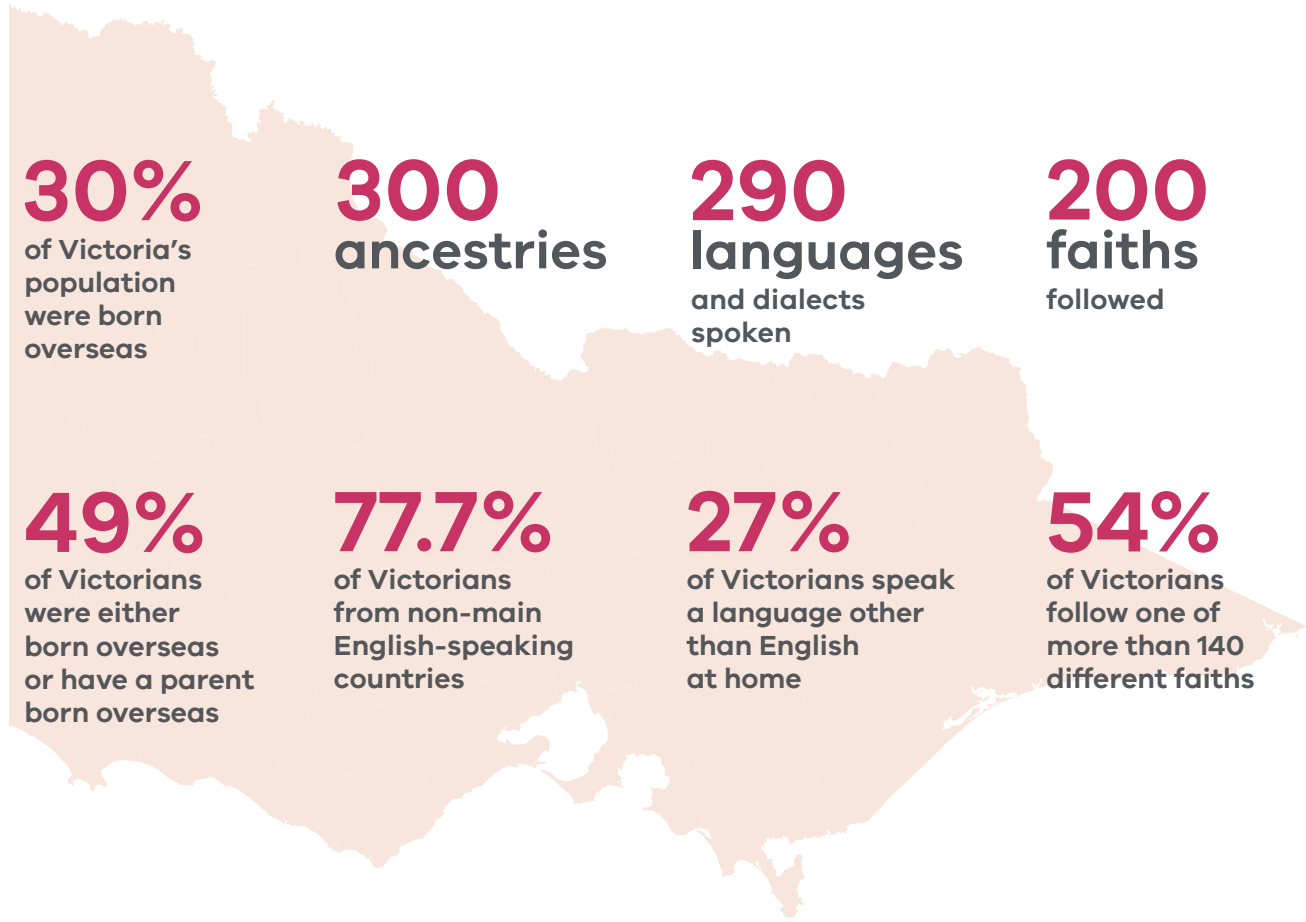
The plan offers practical guidance for the department’s internal workforce on how to meet the needs of multicultural communities across policy, program and service development, as well as commissioning, management and evaluation work.

The plan builds on our existing efforts through the (former) Department of Health and Human Services’ *Delivering for diversity: cultural diversity plan 2016–19* and lessons learnt through the COVID-19 pandemic.

Our progress in implementing the plan will be reported through the Victorian Government’s annual report on achievements in multicultural affairs, which is tabled each year in parliament.

To address the ongoing impacts of colonialism, culturally unsafe practice and structural racism within the health and wellbeing system, Victoria has partnered with the Aboriginal community-controlled health sector to develop the *Aboriginal health and wellbeing partnership agreement and action plan 2023–25*. The *Multicultural health action plan 2023–27* does not detail this important work, but we recognise that Aboriginal people, families and communities in Victoria are diverse and are part of our culturally diverse society.

Victoria's cultural diversity



Source: Australian Bureau of Statistics 2021, [Housing: Census](https://www.abs.gov.au/statistics), ABS <<https://www.abs.gov.au/statistics>>.

Victoria is home to one of the most culturally diverse societies in the world and we are among the fastest growing and most diverse states in Australia. Victoria's rich cultural, religious and linguistic diversity is one of our greatest strengths and brings many social and economic benefits.

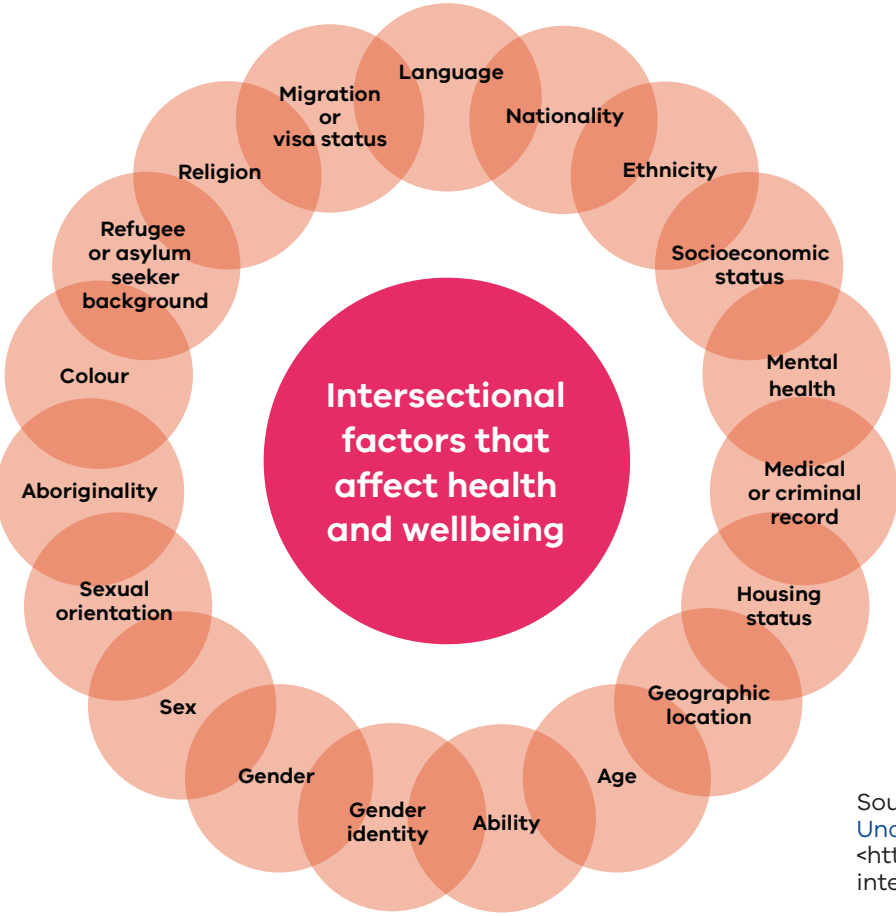
Below is a snapshot of Victoria's cultural diversity, with a detailed breakdown of demographics, language maps and community profiles available on the [Multicultural Affairs webpage](https://www.vic.gov.au/multicultural) <<https://www.vic.gov.au/multicultural>>.

Diversity and intersectionality within Victoria's multicultural communities

There is a wealth of diversity in multicultural communities, with multiple and overlapping characteristics across the life course that can shape a person's identity, experience and needs.

'Intersectionality' refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation. As outlined in Figure 1, many factors can intersect to shape identity, health and wellbeing needs and access to services including people's cultural, ethnic, faith and linguistic backgrounds, as well as their age, sex/gender identity, sexuality, ability, socioeconomic status and many other factors.

Figure 1: Intersectional factors that affect health and wellbeing



Source: Victorian Government 2021, [Understanding intersectionality](https://www.vic.gov.au/understanding-intersectionality) <<https://www.vic.gov.au/understanding-intersectionality>>.

Attitudes, systems and structures in society and organisations can interact to create inequality and result in exclusion. These include sexism, racism, homophobia, biphobia, transphobia, intersex discrimination, ableism, ageism and stigma.

Community strengths, cultural knowledge and leadership

Multicultural communities demonstrate strength and resilience in starting a new life in Victoria. It takes tenacity to:

- adapt to a new environment
- learn a new language
- secure housing, employment and education
- navigate complex new service systems.

The department acknowledges the invaluable social, cultural and economic contributions of multicultural communities that shape our state. We must continue to draw on the deep community connections, cultural knowledge, wisdom and leadership in Victoria's multicultural communities, as well as people's strong desire to support one another and give back to the community.

Taking a strengths-based approach means we focus on the capacity, skills, knowledge, connections and potential in people and communities. It means we provide the supports and services required to enable people to thrive during their settlement journey.

Why a multicultural health action plan matters

The department has a responsibility to improve health equity

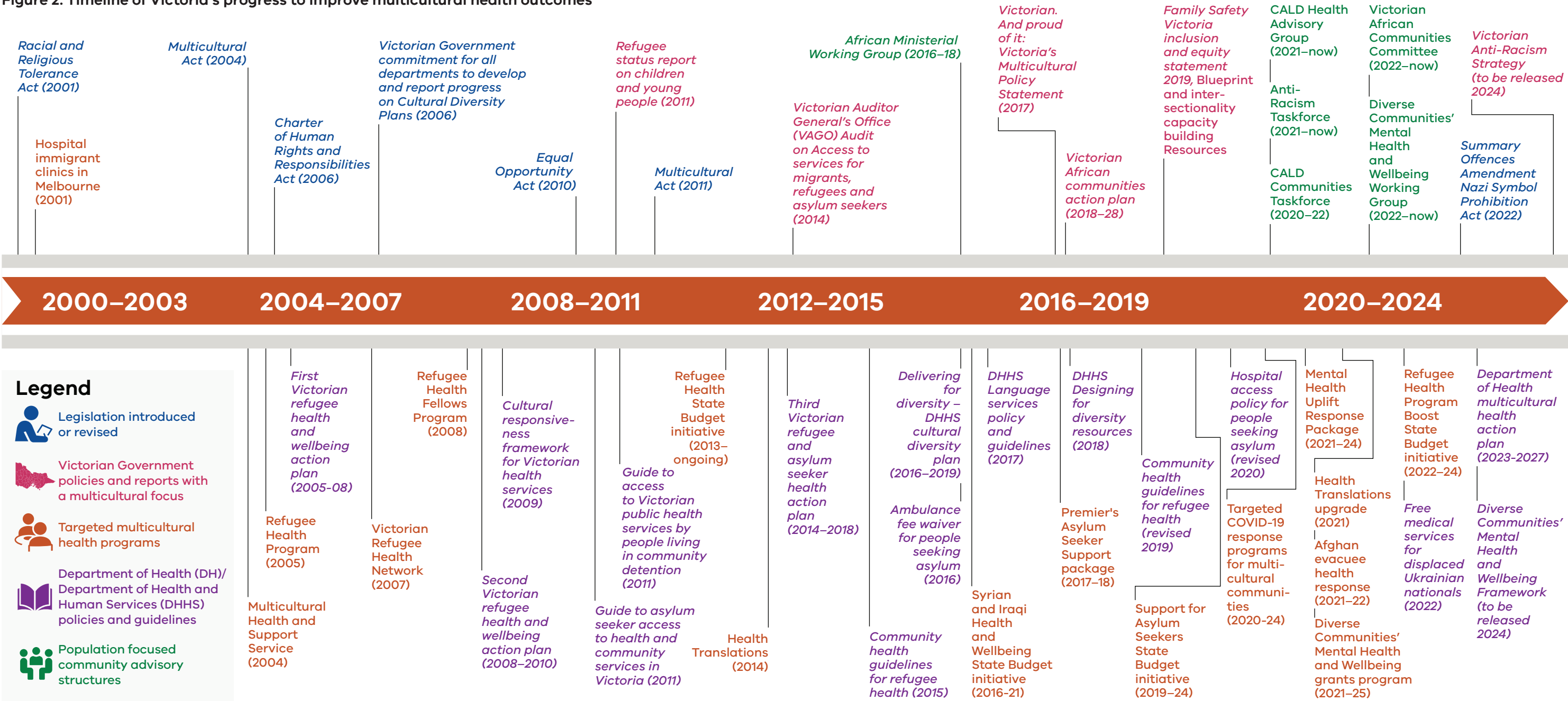
It is our responsibility as system steward to ensure the health system is culturally competent, inclusive, accessible and safe.

The department funds a wide range of targeted and tailored services, as well as mainstream services. The breadth and reach of the department's service footprint means we have a unique opportunity to

make a significant and enduring impact on people's health and wellbeing, but also on their sense of belonging, security, connectedness and trust in our service systems.

Victorian government departments have a longstanding history of promoting and celebrating the benefits of cultural, ethnic, linguistic and religious diversity, reflected in Figure 2.

Figure 2: Timeline of Victoria's progress to improve multicultural health outcomes*



* This timeline provides a snapshot of key multicultural activities across a limited timeframe. It does not represent the full breadth of efforts with multicultural communities across the Victorian Government and associated agencies. Only current policies, legislation and consultative functions are represented.

The plan enables the department to uphold legislative and policy obligations

This plan enables the department to:

- uphold obligations under the *Multicultural Victoria Act 2011*
- report annually on progress against the department’s cultural diversity plan
- address culturally competent service delivery to Victoria’s communities.

It also enables the department’s work to be well positioned within many other international, national, state and local legal and policy frameworks, as outlined below and detailed in Appendix 2.

Alignment with broader policies that promote health equity and inclusion

The plan has been developed alongside a number of new departmental policies and strategies to improve health equity including:

- *Department of Health strategic plan 2023–27*
- *Victorian public health and wellbeing plan 2023–27*
- *Partnering in healthcare: a framework for better care and outcomes*
- *Victorian cancer plan 2020–2024*
- *Victorian sexual and reproductive health and viral hepatitis strategy 2022–30*
- *Policy and funding guidelines for health services 2023–24*
- new plans and strategies being released shortly including:
 - an Aboriginal health and wellbeing partnership agreement and action plan 2023–25
 - a Victorian cancer plan 2024–2028
 - a Wellbeing in Victoria: a strategy to promote good mental health 2024–34
 - a Victorian suicide prevention and response strategy 2024–34
 - a Diverse communities mental health and wellbeing framework 2024–34.

The plan builds on, complements and helps progress the actions of the following Victorian Government strategies that promote inclusion:

- *Victorian. And proud of it: Victoria’s multicultural policy statement 2017*
- *Pride in our future: Victoria’s LGBTIQ+ strategy 2022–2032*
- *Inclusive Victoria: state disability plan 2022–2026*
- *Our equal state: Victoria’s gender equality strategy and action plan 2023–2027*
- *Our promise, your future: Victoria’s youth strategy 2022–2027*
- *Ageing well in Victoria: an action plan for strengthening wellbeing for senior Victorians 2022–2026.*

Multicultural communities experience significant health and wellbeing disparities

Compared with the Australian-born population:



Australians born in some overseas countries have a **higher prevalence of dementia, heart disease, stroke, diabetes and kidney disease**, particularly for people born in Polynesia, South Asia and the Middle East. Higher rates of chronic disease are associated with low English proficiency and over 10 years of settlement in Australia.²



Higher potentially preventable hospitalisation rates for people born in Oceania and Antarctica, North Africa and the Middle East compared with the Australian-born population, with over double the average preventable hospitalisation rates for Syria, Somalia, Sudan and Samoa.³



89% of refugees experienced traumatic events before arriving in Australia. Over 40% experienced **mental health problems** in the first five years of settlement.⁴



Refugee background children and adults have **very low immunisation completion rates** of 0–19%.^{5,6}



People born overseas have a higher prevalence of some **infectious diseases**, representing 92% of hepatitis B cases,⁷ 13% of hepatitis C cases,⁸ more than 40% of new diagnoses of HIV⁹ and over 86% of tuberculosis notifications.¹⁰



People born overseas were **2.5 times more likely to die from COVID-19** in 2022. During the Delta wave, over 70% of people who died from COVID-19 were born overseas.¹¹



Women born overseas are less likely to have their **first antenatal visit** in the first trimester (76.2% compared with the Victorian average of 80.7%).¹² Women of refugee background experience barriers in accessing and engaging in antenatal care and have **higher rates of stillbirth and perinatal mortality** than Australian-born women.^{13,14}



Children from a language background other than English are **more likely to be developmentally vulnerable** than children from an English-only language background (25.3% compared with 20.8%).¹⁵



People from multicultural communities have a similar level of **disability** as Australian-born people but much lower disability services utilisation.¹⁶



People from multicultural communities are more likely to experience **vision and hearing loss** but less likely to access vision and hearing services.^{17,18}



Refugee children and adults experience **poorer oral health** such as dental caries, missing teeth and periodontal disease.^{19,20} Predisposing factors and language and cultural barriers compound disparities in oral health care use.²¹



People born in regions including New Zealand, Oceania, North Africa and the Middle East have **higher rates of smoking** (16.6 and 16.9% respectively, compared with 15.4% Australian-born average).²²



People from multicultural communities have lower participation rates in **breast, bowel and cervical cancer screening**, with poorer mortality and survival outcomes.^{23,24}



People from multicultural communities are at higher risk of **nutritional deficiencies** such as low vitamin D and anaemia due to previous deprivation and food insecurity.²⁵

Pre- and post-settlement challenges affect health and wellbeing

A significant and growing body of research highlights the challenges that can affect health and wellbeing for multicultural communities. These include:

- language barriers, communication issues and diverse cultural understandings of health⁵
- experiences of stigma, discrimination, racism and exclusion^{27,28}
- low health literacy, low digital literacy and challenges navigating unfamiliar health and social service systems, both physically and digitally^{29,30}
- inadequate or restricted access to culturally competent universal health services,^{1,32} and negative experiences within health and mental health services^{33,3}
- social isolation and lack of family and community support on arrival in Victoria
- competing priorities in early settlement such as learning English, gaining stable housing and employment, and arranging childcare and/or schooling
- financial stress and vulnerability, as well as food and energy insecurity,³ unstable working conditions, potential for exploitation, violence and risks to safety
- anxiety, distrust or fearfulness of interacting with government services, particularly for at-risk cohorts such as undocumented migrants and humanitarian arrivals³⁶
- unequal impacts of the COVID-19 pandemic on multicultural communities affecting COVID-19 recovery, including emerging evidence that some multicultural communities are at higher risk of long COVID.^{37,38}

Refugees and people seeking asylum face unique challenges that further affect health outcomes such as:

- a high burden of diseases and illnesses, combined with a history of poor and interrupted health care, prolonged deprivation in extreme living conditions and marginalisation³⁹
- inconsistent or restricted eligibility for Commonwealth safety net supports for people seeking asylum (such as Medicare, income support, Low Income Health Care Card, work rights and casework support)
- social determinants of health including financial vulnerability, destitution, homelessness, job insecurity and risk of exploitation⁴⁰
- mental health impacts of war, torture, trauma, persecution, loss of and/or separation from family, human rights abuses, prolonged uncertainty due to visa processing and detention.^{41,42}



Our multicultural health approach

Our approach builds on existing multicultural health efforts

Multicultural communities use a combination of mainstream and targeted health services that are funded privately and through a mix of local, state and Commonwealth government funding.

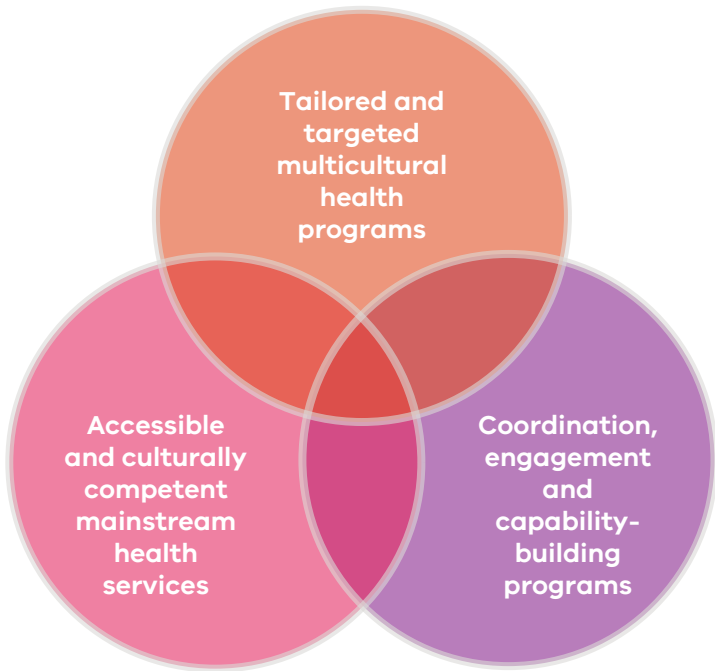
The department funds a range of **tailored and targeted multicultural health programs** that provide specialised care such as torture and trauma counselling and refugee health nursing.

The department also funds **sector coordination, engagement and capability-building activities** to complement and build the capacity of mainstream services. These initiatives often connect health professionals in mainstream health settings to specialised multicultural health programs for referral, secondary consultation, partnership, professional development and training.

The department also has policies and programs in place to ensure **mainstream health services are accessible and culturally competent**. These include language services and [access policies](https://www.health.vic.gov.au/populations/refugee-and-asylum-seeker-health-and-wellbeing) <https://www.health.vic.gov.au/populations/refugee-and-asylum-seeker-health-and-wellbeing> to ensure people seeking asylum can access free hospital and ambulance services without a Medicare card.

Key components of Victoria's multicultural health approach are summarised in Figure 3. Targeted multicultural health policies, programs and services are detailed in Appendix 3.

Figure 3: Summary of Victoria's multicultural health and wellbeing approach



Our approach considers priority populations and intersectional community support needs

Some priority populations will need more targeted and tailored support to respond to the unique circumstances of their migration and settlement experience. These include:

- **women experiencing vulnerability** such as Woman at Risk visa holders; women on provisional spouse visas who leave violent relationships; women who have been trafficked or subject to exploitation; and pregnant women who have been exposed to trauma and violence
- **children and young people**, particularly unaccompanied minors and children on bridging visas who have experienced trauma, loss, upheaval and deprivation, and children and young people exposed to **child abuse and neglect** with significant unmet health needs⁴³
- people who are **Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer, Questioning and Asexual (LGBTIQA+)** who may be socially isolated, disconnected and stigmatised by their community, their family and/or the LGBTIQA+ community⁴⁴
- adults and children with **pre-existing disability, mental illness, acute or complex health diseases, chronic health conditions or infections** (such as latent tuberculosis, HIV or hepatitis B)
- **older people** from multicultural communities who may experience social isolation due to less opportunity to develop and keep social connections, added communication needs and multiple complex and chronic health issues that impede daily activities^{45,46}
- **people from refugee backgrounds** who are not part of the Humanitarian Programme (such as the Family Migration Program) and do not receive casework to connect into essential services
- newly arrived refugees with **exposure to torture, trauma or war**, such as people evacuated from Afghanistan
- **people seeking asylum** on bridging visas in the community who have variable access to work rights, Medicare and casework and are not eligible for Commonwealth income support (people who have been in detention for long periods may experience significant mental and physical health impacts, especially children;^{47,48} many people seeking asylum have been waiting in the Victorian community more than 10 years for a visa outcome)
- **temporary migrants experiencing financial hardship** (such as international students, temporary skilled migrants) who have limited access to government health services or income safety nets
- **undocumented migrants and people seeking asylum on expired bridging visas** who have limited access to services and may fear interacting with government services.



Our plan for 2023–27

Snapshot of our plan

Our vision

Victorians are the healthiest people in the world

Our aim

Multicultural communities access culturally competent health care and experience equitable health outcomes

Improvement goals

1. Invest in targeted policies, programs and services that improve health equity	2. Design and deliver accessible and culturally competent mainstream policies, programs and services	3. Provide language services and accessible communication	4. Strengthen community engagement, capacity building and lived experience representation	5. Enhance workforce capability and inclusive leadership	6. Build evidence-based approaches through data, research and evaluation
--	--	---	---	--	--

Flagship initiatives

1.1 Refugee and asylum seeker health 2023–24 budget initiative	2.1 Women’s health initiatives for multicultural women	3.1 Review and update of the Language services policy and guidelines	4.1 CALD Health Advisory Group	5.1 Mental health workforce capability uplift program	6.1 Multicultural health outcomes tracking
1.2 2023–24 mental health uplift response package	2.2 Multicultural Storytime in the early years health system	3.2 Increase to translations quotas in Department of Health campaign advertising	4.2 Diverse communities mental health and wellbeing framework and blueprint	5.2 Multicultural health community of practice and staff workshops	6.2 Mental health data collection reforms
			4.3 Smile Squad Refugee Advisory Group		6.3 Cancer data and research projects

Other new and continuing actions

A broad range of new and continuing actions have been identified across the department for each improvement goal

Monitoring and reporting

Approval and oversight from the Executive Board, with progress reported through the Victorian Government’s annual report on achievements in multicultural affairs, which is tabled each year in parliament

Our vision and aim

The department’s vision is that Victorians are the healthiest people in the world, as outlined in the [Department of Health strategic plan 2023–27](https://www.health.vic.gov.au/our-strategic-plan-2023-27) <https://www.health.vic.gov.au/our-strategic-plan-2023-27>. To achieve this, we must ensure multicultural communities access culturally competent health care and experience equitable health outcomes.

Our improvement goals and actions

The actions we commit to in this plan are organised around six improvement goals:

1. Invest in targeted policies, programs and services that improve health equity.
2. Design and deliver accessible and culturally competent mainstream policies, programs and services.
3. Provide language services and accessible communications.
4. Strengthen community engagement, capacity building and lived experience representation.
5. Enhance cultural competency through workforce capability and inclusive leadership.
6. Build evidence-based approaches through data, research and evaluation.

Improvement goals are interconnected. Collective advancement across all goals is essential to improve health outcomes for multicultural communities and achieve the department’s vision.

Good practice principles for the department are outlined below for each goal, as well as the flagship initiatives and new and continuing actions we will deliver over the course of this plan. Practical resources and supports are also summarised below and detailed in Appendix 4.

Improvement goal 1: Invest in targeted policies, programs and services that improve health equity

Good practice principles

The department is:

- **investing in sustainable, long-term targeted programs and services** that meet unique or complex needs
 - for example, linked to interrupted access to health care, eligibility barriers, cultural and communication needs, impacts of torture and trauma, and experiences of discrimination, racism, disadvantage and social isolation
- **actively engaging multicultural community organisations to design and deliver programs** in response to urgent or emerging issues or evidence of health disparities, disadvantage and exclusion experienced by and within multicultural communities
- **promoting trusted partnerships and referral pathways** between multicultural community organisations, mainstream health services and other support services
- **advocating to the Commonwealth, local government and other state departments** on insights provided by multicultural community organisations.

Practical resources and supports

- The department’s diversity policy teams including:
 - Diversity and Access in Hospitals and Health Services
 - Mental Health and Wellbeing Promotion Office
- Annual Victorian Government report in multicultural affairs
- Multicultural health sector partners in Appendix 3 such as Centre for Culture, Ethnicity and Health, Victorian Refugee Health Network, Refugee Health Program, Refugee Fellows Program, Victorian Foundation for Survivors of Torture, Multicultural Centre for Women’s Health, Ethnic Communities Council of Victoria and Action on Disability within Ethnic Communities (ADEC).



Actions we will take

Flagship initiatives	Timeframe	Lead division
1.1 Implement the \$5.9 million 2023–24 State Budget initiative supporting people seeking asylum and refugees including: <ul style="list-style-type: none">• the Support for Asylum Seekers initiative that delivers case coordination, basic needs assistance, homelessness assistance, mental health support and GP care to people seeking asylum who are ineligible for Commonwealth safety net support• boosting the capacity of refugee health nurses and bicultural workers to deliver culturally competent health care for new arrivals.	2023–24	Hospitals and Health Services
1.2 Extend the mental health uplift response package with more than \$2.6 million per annum over two years for multicultural community services including Cabrini Outreach, Asylum Seeker Resource Centre and Foundation House.	2023–25	Mental Health and Wellbeing

Other new and continuing actions	Timeframe	Lead division
1.3 Implement new fixed-term funding of \$60,000 for the Water Well Project in 2023–24 to deliver health literacy and promotion activities.	2023–24	Hospitals and Health Services
1.4 Continue the Diverse Communities Mental Health and Wellbeing Grants Program into 2023–25, including \$4.4 million over two years. Build readiness for a <i>Diverse communities mental health and wellbeing framework</i> and blueprint.	2023–25	Mental Health and Wellbeing
1.5 Continue 2023–24 rollout of the women’s health uplift initiative announced in the 2022–23 State Budget, including funding of \$1.57 million over two years for the Multicultural Centre for Women’s Health.	2023–24	Community and Public Health

Other new and continuing actions	Timeframe	Lead division
<p>1.6 Steward implementation of the <i>Victorian Refugee Health Network strategic plan 2022–24</i> including strategic priorities:</p> <ul style="list-style-type: none"> • appropriate and accessible service systems • mental health and wellbeing • community and partnerships • workforce development and best practice. 	2023–24	Hospitals and Health Services
<p>1.7 Continue to promote resources and guidance developed by the Centre for Culture, Ethnicity and Health regarding supports available to identify and manage long COVID.</p>	Ongoing	Community and Public Health



Good practice example: Support for Asylum Seekers budget initiative

Over the past four years, \$14.8 million has been provided to help support people seeking asylum who were ineligible for Commonwealth safety net supports, including Medicare and income support. Thousands of people received support in the areas of utilities and homelessness assistance, mental health, clinical care and legal assistance. Each year this included:

- more than 600 hours of **primary health care** to identify health issues early and prevent hospital admissions
- almost 4,000 hours in **mental health support** to help people cope with mental health distress
- more than 2,000 people provided with **case coordination support**
- more than 5,000 people receiving **basic needs assistance** including for food, medicine, education, infant necessities, housing and clothing
- homelessness assistance provided on more than 5,000 occasions, enabling people to find and maintain **employment and connections with health services**.

Good practice example: Afghan evacuees’ health response in Victoria

Following the fall of Kabul to Taliban rule, more than 2,700 Afghan evacuees arrived in Victoria between August and December 2021 seeking safety. After departing in distressing circumstances, many evacuees arrived into an escalating COVID-19 pandemic outbreak with significant health needs and very few possessions. Arriving via hotel quarantine in multiple states and territories, high-density short-term accommodation conditions, and delays with Medicare registrations, intensified the health and public health challenges.

In collaboration with refugee health sector partners and settlement services, the Department of Health enabled a rapid and multifaceted health response.

cohealth established a **nurse-led outreach clinic** in Melbourne city within walking distance of the short-term accommodation in which around 1,500 Afghan evacuees were staying. Within days the clinic was providing health care, advice and referral to a pro-bono GP network and allied health partners, including maternal health, dental and catch-up immunisation services.

Refugee health teams across Melbourne, including from IPC, Monash Health, EACH and Your Community Health, collaborated to create a responsive surge capacity. Collectively, they delivered 1,500 on-arrival health assessments and 2,000 comprehensive **refugee health assessments** between September 2021 and March 2022.

The department’s **COVID-19 testing and vaccination** partners delivered pop-up sessions at the short-term accommodation. The department also conducted site assessments and provided infection prevention and other public health advice to settlement services.

The Victorian Refugee Health Network facilitated weekly coordination meetings including logging risks and escalating systemic issues to Commonwealth and Victorian departments.

Foundation House delivered more than 570 **assessments and therapeutic interventions** to assist individuals and families manage a range of post-traumatic stress symptoms. Foundation House also delivered more than 40 **psychoeducation and sector professional development** sessions between August 2021 and June 2022, in community languages and in partnership with legal services, to help Afghan community members understand trauma symptoms and signs of mental ill health and to feel better equipped to support their families and communities.

Many individuals and families supported through this initiative reported improvement in mental health and wellbeing, a greater sense of control over previously distressing symptoms, and better connection with family, community and services.

Improvement goal 2: Design and deliver accessible and culturally competent mainstream policies, programs and services

Good practice principles

The department is:

- developing and maintaining **policies and strategies that improve access to mainstream services** such as fee waivers and priority access policies, particularly for recently arrived refugees and people seeking asylum without a Commonwealth safety net or Medicare
- embedding cultural competency requirements and inclusion considerations into design, commissioning and delivery** so all mainstream programs and services are welcoming, safe, trauma-informed and meet diverse needs related to culture, ethnicity, language, race, religion, visa status and other experiences or forms of disadvantage
- enabling health services to undertake **service improvement and engagement projects** to better address the needs of multicultural communities experiencing poorer health outcomes
- ensuring **all forms of discrimination are prevented and eliminated** in the department and its funded services, in line with the *Charter of Human Rights and Responsibilities Act 2006*
- advocating to the Commonwealth, local government and other state departments** to eliminate access barriers and improve the cultural competency of mainstream services.

Practical resources and supports

- Department of Health:
 - Refugee and asylum seeker access policies and fee waivers in public hospitals, ambulance services, community health, dental services, catch up immunisation, and other health services
 - Designing for Diversity* resources on inclusive policy, program, and service design
 - Refugee and asylum seeker health services: Guidelines for the community health program*
- Whole of Victorian Government universal design policy* and *Victorian Health Building Authority universal design policy*
- Centre for Culture, Ethnicity and Health cultural competence assessment for organisations, training and tip sheets
- Victorian Equal Opportunity and Human Rights Commission Reducing Racism Hub resources.



Actions we will take

Flagship initiatives	Timeframe	Lead division
<p>2.1 Women’s health initiatives address health inequities experienced by multicultural women by providing support that is culturally safe and responsive to the needs of the community including:</p> <ul style="list-style-type: none">setting up 20 women’s health clinics as well as a mobile women’s health clinicexpanding the number of women’s sexual and reproductive health hubs from 11 to 20 hubssetting up women’s health and wellbeing support groups and programs including for women from multicultural, refugee and asylum-seeking backgrounds.	Ongoing	Community and Public Health
<p>2.2 Rollout of a \$6.2 million investment in Multicultural Storytime (over four years) to promote connection to language and culture and improve health literacy and service engagement across the early years health system.</p>	2023–24 to 2026–27	Community and Public Health
New and continuing actions	Timeframe	Lead division
<p>2.3 Undertake a service improvement pilot project to improve cancer support and treatment for multicultural communities. This involves a two-year project focusing on cancer support and treatment for Karen and Afghan refugee communities in the Bendigo region, led by the Bendigo Community Health Service in collaboration with the Loddon Mallee Integrated Cancer Service and Bendigo Regional Cancer Centre.</p>	2023–24	Hospitals and Health Services
<p>2.4 Continue culturally competent cancer screening initiatives under the <i>Victorian cancer screening framework</i> to improve screening rates for multicultural communities including:</p> <ul style="list-style-type: none">the Maximising Cancer Screening Participation in Primary Care Expansion Projectinitiatives to enhance knowledge, participation and accessibility of cancer screening including newsletters; training and education; capacity building with multicultural organisations; community awareness raising events; resource development; and bicultural worker activitiesadvocacy for data improvement activities to provide more robust data in cancer screening registers for under-screened populations, including multicultural communitiesenabling research to help identify barriers and enablers for multicultural community participation in cancer screening to inform activities to improve cancer screening uptake.	2023–26	Community and Public Health
<p>2.5 Continue resourcing for Dementia Australia to provide sector and workforce education and training and support for people living with dementia and their families in Victoria, including a focus on culturally specific dementia support.</p>	Ongoing	Hospitals and Health Services

New and continuing actions	Timeframe	Lead division
<p>2.6 Implement the Diabetes Victoria CALD strategy to improve multicultural community participation in diabetes and chronic disease prevention through the Life! program including:</p> <ul style="list-style-type: none"> • piloting telehealth coaching for Chinese language communities (Cantonese/Mandarin) • completing a digital uplift project for Chinese, Vietnamese and Arabic language groups that reviews and expands digital content and engagement methods and develops a quality assurance framework • establishing working groups for Arabic and Vietnamese communities, drawing on recent Chinese Life! program working group reforms • developing and piloting a gestational diabetes program in Vietnamese language. 	2023–26	Community and Public Health
<p>2.7 Promote the findings of a recent multicultural resilience project jointly funded by the Australian and Victorian governments and undertaken by the Victorian Council of Social Services to ensure more accessible, culturally competent emergency response preparedness for multicultural communities.</p>	2023–24	Community and Public Health
<p>2.8 State-funded Priority Primary Care Centres across Victoria continue to provide GP-led care for people in Victoria including culturally and linguistically diverse people who need urgent care. This includes people without Medicare cards such as people seeking asylum and international students.</p>	2023–24	Community and Public Health
<p>2.9 Three new Children’s Health and Wellbeing Locals in Brimbank-Melton, Southern Melbourne and Loddon to deliver a culturally competent approach to multidisciplinary paediatric and allied health services for children aged 0–11 experiencing developmental or behavioural challenges, and their families, including through:</p> <ul style="list-style-type: none"> • co-designing the service model with families to ensure services are tailored to community need, including consultation with multicultural communities • providing a welcoming front door and navigation support for diverse communities • working with refugee and settlement services to ensure strong referral pathways and continuity of care. 	Ongoing	Hospitals and Health Services
<p>2.10 New Mental Health and Wellbeing Locals to build on the Mental Health and Wellbeing Hubs service model, which provided inclusive and accessible services for multicultural communities through targeted engagement, cultural competency training and translated resources.</p>	Ongoing to 2026	Mental Health and Wellbeing

New and continuing actions	Timeframe	Lead division
<p>2.11 Infrastructure and model of care for the new Mildura alcohol and other drug residential withdrawal and rehabilitation service, which adopts a place-focused engagement approach and applies universal design principles.</p>	2023 to ongoing	Mental Health and Wellbeing
<p>2.12 Continue implementing community health and primary care system improvement initiatives that benefit multicultural communities such as:</p> <ul style="list-style-type: none"> • implementing a single unit price in community health services • piloting a community-based, integrated care pathway for chronic disease management • increasing primary care in community health services, and • supporting implementation of the demand management toolkit across the sector. 	2023–26	Community and Public Health
<p>2.13 Adopt a universal design approach in new health infrastructure to ensure accessibility including for multicultural communities, in line with the <i>Whole of Victorian Government universal design policy</i> and the <i>Victorian Health Building Authority universal design policy</i>.</p>	Ongoing	Victorian Health Building Authority
<p>2.14 Review and refresh the Safer Care Victoria <i>Partnering in health care framework: a framework for better care and outcomes</i> and tools to apply the framework. This will include a focus on practical strategies to support the engagement of diverse consumers and communities in healthcare partnerships and improvement initiatives.</p>	2023–26	Safer Care Victoria
<p>2.15 Review and refresh <i>Healthcare that counts: a framework for improving care for vulnerable children in Victorian health services</i> to include a stronger focus on culturally competent responses for multicultural, refugee and asylum-seeking communities.</p>	2023–24	Hospitals and Health Services
<p>2.16 Develop and implement a new Victorian cancer plan 2024–2028, which includes actions to improve cancer prevention, screening, treatment, and care for priority populations, including multicultural communities.</p>	2024–28	Hospitals and Health Services
<p>2.17 Implement the new <i>Victorian sexual and reproductive health and viral hepatitis strategy 2022–30</i> including the commitment to intersectionality, diversity and reducing stigma, racism and discrimination.</p>	2022–30	Community and Public Health
<p>2.18 Ensure the new <i>Victorian public health and wellbeing plan 2023–27</i> has a strong focus on improving health inequities including for Victoria’s multicultural communities.</p>	2023–27	Community and Public Health

Good practice example: Improving multicultural cancer screening rates

The *Victorian cancer screening framework* guides Victoria’s delivery of and investment in the national cancer screening programs (breast, bowel and cervical). The framework’s 2022–26 strategic plan identifies multicultural communities as a priority population for all screening programs. Cancer screening partners undertake a range of initiatives designed to address barriers to cancer screening for multicultural communities, with a focus on accessible services and improving health literacy across screening programs for health professionals and community members eligible for screening.

Under the *Victorian cancer screening framework*, a series of targeted multicultural community engagement initiatives were undertaken in 2022–23 including:

- cancer screening education sessions for community groups and capacity-building sessions delivered to multicultural health professionals and champions about bowel screening and cervical screening
- bowel and cervical screening education sessions for multicultural communities and organisations including Turbans4Australia, Glen Eira Adult Learning Centre, Springvale Indo-Chinese Mutual Assistance Association (SCIMAA) Vietnamese community group, Centre for Multicultural Youth South Sudanese women’s group, Nike and Western Bulldogs Community Foundation
- capacity-building sessions delivered for bicultural workers, community champions and disability health workers at organisations including Wyndham Disability Services Network, Multicultural Centre for Women’s Health and through the CALD Communities Taskforce
- distribution of a quarterly multicultural newsletter to more than 150 stakeholders from community organisations to share the latest cancer screening and prevention information and resources
- BreastScreen Victoria’s Re-engaging Culturally and Linguistically Diverse Clients for a Breast Screen Project. This included four activities to re-engage lapsed screeners from multicultural communities: in-language SMS (15 languages); in-language phone call (six languages); dedicated language group bookings with in-person interpreter (four languages); provide clients with information about bowel and cervical screening. A total of 5,033 clients were contacted through the project, with 1,993 booking an appointment. Of those who booked an appointment, 89.5% (1,784) attended their screen. This included 26 clients screening through group bookings with an in-person interpreter.

The department also funds media campaigns created and delivered by cancer screening partners. Campaigns include specific multicultural creatives or in-language resources for multicultural communities. Recently funded campaigns include:

- the Young People’s Cervical Screening Campaign, a collaboration between Cancer Council Victoria (CCV) and the Multicultural Centre for Women’s Health, with a focus on new creative for Punjabi and Tamil speakers
- the CCV Early Detection Campaign, which includes a focus on Mandarin and Arabic-speaking audiences and has the option for all website materials to be translated into any language
- the CCV Bowel Screening Campaign, which includes a new creative for Hindi, Punjabi and Vietnamese-speaking communities.

Improvement goal 3: Provide language services and accessible communication

Good practice principles

- The department is:
- **promoting and monitoring adherence to the department’s *Language services policy and guidelines***, including ensuring all health services in Victoria provide certified interpreters and quality translations so multicultural communities can make informed choices about their own health care
 - **actively co-designing translated and plain English information and resources** to meet language, literacy and cultural needs and preferences, including ensuring resources are produced in a range of accessible visual formats
 - **planning for language services**, including analysing data on language services needs and use and adding interpreting and translation costs into all services and program budgets
 - **disseminating health information through multicultural community networks**, relevant social media and media channels, and the Health Translations online directory
 - **advocating to the Commonwealth, local government and other state departments** to improve language services and accessible communication.

Practical resources and supports

- Department of Health: *Language services policy and guidelines*
- Victorian Government: *Language maps of multicultural Victoria and Better practice guide for multicultural communications*
- Health Translations online directory of over 28,000 resources
- Centre for Culture, Ethnicity and Health cultural consultancy and language services training
- Multicultural community networks such as Victorian Multicultural Commission, Ethnic Communities Council of Victoria and Victorian Refugee Health Network.



Actions we will take

Flagship initiatives	Timeframe	Lead division
3.1 Review the department’s Language services policy and guidelines and develop new tools and supporting resources to inform language services as part of health planning, program design and delivery.	2023–26	Hospitals and Health Services
3.2 Implement an ongoing increase to multicultural translations quotas from 5% to 15% of the department’s total campaign advertising.	Ongoing	Mental Health and Wellbeing

Other new and continuing actions	Timeframe	Lead division
3.3 Promote and use new whole-of-government resources for accessible multicultural communications such as the <i>Better practice guide for multicultural communications and Language maps of multicultural Victoria</i> .	Ongoing	Whole-of-department responsibility
3.4 Rebuild the communications approach to summer emergency responses in partnership with multicultural community organisations.	2023–24	Communications and Engagement
3.5 Review the department's approach to communicating with multicultural communities, leveraging the <i>Better practice guide for multicultural communities</i> , to ensure the department's channels and methods for communicating with this audience are consistent across the organisation. This includes a review of the trial partnership with Ethnic Communities Council of Victoria (2022–23) and other channels used by the Communications and Engagement team and from other government agencies to determine best practice.	Ongoing	Communications and Engagement
3.6 Promote the Health Translations online portal, a free online library of translated Australian health and wellbeing information managed by the Centre for Culture, Ethnicity and Health.	2023–26	Community and Public Health
3.7 Continue to commission translations projects to ensure accessible information is available for multicultural communities for new services and programs, including through partnering with the Centre for Culture, Ethnicity and Health.	Ongoing	Whole-of-department responsibility

Good practice example: Smile Squad program improvement efforts to enhance engagement of refugee background communities

People from multicultural backgrounds, particularly refugees and people seeking asylum, are a priority population that are disproportionately affected by poor oral health.

Smile Squad is the Victorian Government’s school dental program that delivers free oral health promotion, dental check-ups and treatment to Victorian government school students at school. In 2022–23, the Smile Squad team conducted a literature review and consultations with dental care professionals, refugee health services, government departments and researchers. This led to two service improvement activities:

- establishing the **Smile Squad Refugee Advisory Group** from July 2023 to June 2024 with the support of cohealth, including recruiting 17 refugee community delegates from across Victoria
- starting a place-based project in July 2023, led by the **Centre for Culture, Ethnicity and Health**, to make Smile Squad services more accessible and culturally competent for students from refugee backgrounds.

In 2023–24, the team is working in partnership with the Smile Squad Refugee Advisory Group, community health services and partner agencies (such as Dental Health Services Victoria, community dental agencies, the Department of Education and the Department of Premier and Cabinet’s Behavioural Insights Unit) to review current services and resources and provide advice on equitable planning and delivery to enhance participation of students and families of refugee backgrounds.

In 2023–24, the Centre for Culture, Ethnicity and Health is expected to complete community consultations and focus-group testing with students from refugee backgrounds and their families to provide advice on:

- barriers and enablers to accessing Smile Squad oral health promotion and clinical services
- how to increase participation in Smile Squad oral health promotion and clinical services
- communications to better explain Smile Squad
- other ways to gain informed consent and promote the program to support participation
- next steps to develop social media and other audiovisual materials that will support participation in clinical services and increase oral health literacy.

Improvement goal 4: Strengthen community engagement, capacity building and lived experience representation

Good practice principles

The department is:

- **partnering with multicultural communities to co-design and co-deliver health promotion and education activities** that empower people to manage their own health and wellbeing and build trust in the health system
- **engaging multicultural communities in consultation and evaluation activities** to elevate the voice of people who are excluded and build on their unique strengths and connections
- ensuring **governance structures reflect the diversity of the community** by supporting multicultural communities to actively take part in committees, boards and advisory groups
- ensuring **multicultural community representation reflects priority cohorts and the diversity within communities**, including across culture, ethnicity, language, religion and other aspects of identity and experience such as age, ability, sexuality, sex/gender, rurality and experience of homelessness and family violence
- providing **financial recognition for community contributions** and engaging formal and informal community leaders, recognising that multicultural communities are not homogenous
- **doing what we say we will do**, understanding that trusting relationships between government and multicultural communities requires time, resources and consistency
- **developing engagement frameworks and plans** that identify priority multicultural communities and effective ways of engaging and empowering them.

Practical resources and supports

- Victorian Government: *Diversity on Victorian Government boards guidelines* and *Victorian appointment and remuneration guidelines*
- Safer Care Victoria: *Partnering in healthcare: a framework for better care* and outcomes and co-design and partnering workshops
- Department of Health: *Mental health lived experience engagement framework*
- Engagement with the Victorian Multicultural Commission and multicultural community organisations such as Ethnic Communities Council of Victoria and Victorian Refugee Health Network.



Actions we will take

Flagship initiatives	Timeframe	Lead division
4.1 Facilitate the CALD Health Advisory Group, chaired by the Parliamentary Secretary for Women’s Health, to provide advice and support on: <ul style="list-style-type: none">• public health policy, research, programs and services• emergency preparedness, response and social recovery efforts• key public health messages and advice on best practice for communication and engagement with multicultural communities• current and emerging issues affecting multicultural communities.	2023–24	Community and Public Health
4.2 Develop and implement a new Diverse communities mental health and wellbeing framework and a two-year blueprint for action in 2024 to improve and promote the mental health and wellbeing of diverse communities, including in collaboration with multicultural and multifaith communities.	2023–24	Mental Health and Wellbeing
4.3 Deliver targeted efforts to ensure the Smile Squad free school dental program reaches students from disadvantaged refugee backgrounds including establishing a new time-limited refugee advisory group and working with the Centre for Culture, Ethnicity and Health to engage mothers from a target refugee community to co-design simplified consent processes.	2023–24	Community and Public Health
Other new and continuing actions	Timeframe	Lead division
4.4 Implement a prevention and early intervention strategy for priority populations focused on health risk and pandemic engagement, primarily through the 2023–24 Community Grants Program, which includes a suite of supporting mechanisms focused on increasing the health and wellbeing of priority populations, including multicultural communities, and providing community insights back to the department.	2023–24	Community and Public Health
4.5 Co-design an approach to perinatal mental health screening that will better meet the needs of people from refugee and asylum-seeking communities, to be incorporated into statewide practice advice.	2023–24	Community and Public Health
4.6 Co-produce a new Victorian suicide prevention and response strategy with people with lived experience of suicide. The strategy will apply an intersectional lens to understanding and responding to contributing and protective factors to suicide, including for multicultural communities. The strategy will be supported by rolling implementation plans and a whole-of-government accountability framework.	2024–34	Mental Health and Wellbeing

Other new and continuing actions	Timeframe	Lead division
4.7 Implement the <i>Diversity on Victorian government boards guidelines</i> via the annual ministerial diversity plan to strengthen inclusive recruitment and appointment processes for public entity boards and committees.	Ongoing	Whole-of-department responsibility, with coordination led by Hospitals and Health Services
4.8 Improve community, sector and lived experience representation of multicultural communities on departmental and ministerial advisory structures. Examples include: <ul style="list-style-type: none"> • Victorian Women’s Health Advisory Council • Maternal and Child Health Consumer Partners Group • LGBTIQ+ Health and Wellbeing Working Group. 	2023–27	Whole-of-department responsibility, with examples led by: <ul style="list-style-type: none"> • Community and Public Health • Hospitals and Health Services
4.9 Provide targeted support for priority populations such as multicultural communities, patients living with disability and Aboriginal people who are preparing for planned surgery, through dedicated patient support units. Patient support units have been funded until June 2024 to support patients on the preparation list (also known as waitlist), providing regular tailored communication and supporting patients into the most appropriate care pathways.	Funded from June 2022 to June 2024	Hospitals and Health Services
4.10 Continue: <ul style="list-style-type: none"> • targeted engagement and partnerships with multicultural communities to engage under-screened populations through the <i>Victorian cancer screening framework</i> • targeted multicultural initiatives through the Cancer Council Victoria Bowel Screening Campaign and Early Detection Campaign. 	2023–27	Community and Public Health
4.11 Provide free training to multicultural community members through the 2023–24 More Support for Mums, Dads and Babies State Budget initiative to strengthen lactation support for women from multicultural backgrounds.	2023–24 to 2026–27	Community and Public Health
4.12 Conduct an inquiry into women’s pain management that will include hearing the voice of multicultural, refugee and asylum-seeking girls and women.	2023–24	Safer Care Victoria

Good practice example: Multicultural community engagement in the COVID-19 pandemic health response

The COVID-19 pandemic shone a spotlight on health inequities experienced by multicultural communities in Victoria. In response, the department set up a range of innovative targeted programs to engage and support multicultural communities that continue to inform the department’s work.

From 2020 to 2022, the **CALD Communities Taskforce** enabled a Victorian Government forum to ensure multicultural communities were informed and resourced to manage outbreaks, increase uptake of testing and vaccination, and facilitate socioeconomic recovery. Through the taskforce, the government invested \$68.6 million in localised COVID-19 supports for multicultural communities such as food relief, translations, PPE distribution, testing support, COVIDSafe messaging, mental health support, digital engagement and outreach. The funding enabled more than 380 partnerships with community organisations and helped more than 70,000 people stay healthy and safe.

The **CALD Health Advisory Group** was also established in December 2020 to broker relationships that enhance community confidence and build capacity and behaviour change.

The department also commissioned tailored COVID-19 supports including through the **Centre for Culture, Ethnicity and Health**. The centre translated COVID-19 factsheets and messaging, set up an online long COVID resource centre and awareness campaigns and delivered more than 50 workshops for more than 500 bicultural workers about COVID-19 safety, restrictions and vaccinations.

The **Victorian Refugee Health Network** also hosted weekly service forums, delivered COVID-19 information to more than 1,000 refugee health and settlement service providers, and advised government to help respond to rapidly emerging issues.

New services models were rapidly implemented with a culturally competent approach. For example, 30 **Mental Health and Wellbeing Hubs** were rolled out in 2021 to provide free access to mental health support close to home. In the first year, the hubs supported 2,985 people, including 1,365 people from multicultural communities who faced social isolation, anxiety, financial difficulties and housing stress. The hubs undertook targeted community engagement, translation of resources into 25 languages and arranged training by Victorian Transcultural Mental Health.

COVID-19 vaccination and prevention activities with multicultural communities are detailed next.

Good practice example: Engaging multicultural communities in COVID-19 vaccination and prevention activities

The department implemented community engagement strategies from April to November 2022 to support protective behaviours in multicultural communities. Multicultural communities were at higher risk of exposure to COVID-19, as defined by COVID-19 policy and data teams at the time. Outcomes included:

- **850,360 people reached** across collective priority population groups
- **31 priority language groups** reached through 88 funded community organisations
- **31 out of 33 priority language groups** increased third dose vaccination rates over the funding period
- **81%** of grantees reported behavioural change regarding COVID vaccination, testing and COVIDSafe management
- **80%** of community leaders who took part in program activities were very confident in their knowledge and ability to promote COVID-19 vaccination and protective behaviours.

The program made progress towards the overall objectives of supporting high-risk multicultural communities to:

- isolate at home when unwell, undertake a rapid antigen test when symptomatic or a close contact
- wear a face covering indoors and in sensitive settings to stop or slow the virus from spreading
- access COVID-19 medicines
- keep rooms well ventilated
- get a third dose vaccination (and a fourth, if eligible) to keep up immunity against COVID-19.



Improvement goal 5: Enhance workforce capability and inclusive leadership

Good practice principles

The department is:

- promoting **culturally competent environments** that are respectful, inclusive and free from bias, discrimination and racism, and have processes in place to address any incidents
- setting clear **expectations on cultural competency** for staff and funded services in service guidelines, commissioning practices, service agreements, quality standards and accreditation
- building **knowledge, skills and capabilities** of staff on cultural competency, language services and fostering a human rights culture through:
 - information and resources to support inclusive service and policy design and delivery
 - targeted workforce training and professional development programs
 - commissioning advice, education and resource development by multicultural services
- improving **recruitment, retention and progression** of a culturally diverse workforce that reflects the diversity of the Victorian community at all levels of the organisation, including through targeted recruitment practices and specialised roles that draw on people’s lived experience and connection to community
- embedding **clear expectations on workforce diversity to funded services** into procurement processes, grants and service agreements.

Practical resources and supports

- The department’s Inclusion team in People and Culture and internal diversity and inclusion training programs
- CareerSeekers refugee and asylum seeker internship program
- Victorian Public Service (VPS) networks such as the VPS Women of Colour Network and the VPS African-Australian Network
- Victorian Public Sector Commission resources on workforce diversity
- Centre for Culture, Ethnicity and Health cultural competency resources
- Multicultural health sector training providers detailed in Appendix 3.



Actions we will take

Flagship initiatives	Timeframe	Lead division
5.1 Establish a capability uplift program for Victorian mental health workers to better respond to the needs of consumers from multicultural communities. This includes funding of \$538,200 from 2022–23 to 2023–24, with design and rollout in 2022–23 and implementation until 2024–25.	2023–25	Hospitals and Health Services
5.2 Establish a new multicultural health community of practice for department staff to share ideas, learn and promote good practice. This includes commissioning the Centre for Culture, Ethnicity and Health to run quarterly workshops on key topics such as data, language services, best practice translations and cultural competency.	2023–25	Hospitals and Health Services
Other new and continuing actions	Timeframe	Lead division
5.3 Progress key actions across the department’s inclusion strategies including: <ul style="list-style-type: none">• deliver the department’s Inclusion Dashboard with intersectionality indicators that include cultural diversity• explore, review and update Corporate Services systems where appropriate to better capture diversity and inclusion data, including cultural diversity• review of HR policies and practices from an inclusion lens• review and update the Inclusion training package• promote the use of special measures provisions under the <i>Equal Opportunity Act 2010</i> to recruit people from diverse backgrounds that experience disadvantage• continue to progress the department’s ‘Our Culture Journey’ work, which will contribute to building a diverse and inclusive workplace.	Ongoing	People, Operations, Legal and Regulation
5.4 Continue to deliver: <ul style="list-style-type: none">• employment programs to support employment pathways into the department for multicultural communities, such as CareerSeekers• Victorian public sector employment programs with a focus on opportunities for people from diverse and disadvantaged backgrounds.	Ongoing	People, Operations, Legal and Regulation
5.5 Continue to provide training and professional development to departmental staff to enhance cultural competency through: <ul style="list-style-type: none">• human rights e-learn training ‘Charter of Human Rights and Responsibilities’, developed by the Victorian Equal Opportunity and Human Rights Commission, and mandatory for all employees to complete on commencement and as a refresher• unconscious bias training• working with the Victorian Equal Opportunity and Human Rights Commission to upskill department Human Rights Champions.	Ongoing	People, Operations, Legal and Regulation

Other new and continuing actions	Timeframe	Lead division
5.6 Continue to deliver the Safer Care Victoria partnering and co-design training programs for staff and consumers from the department, Safer Care Victoria and health services.	Ongoing	Safer Care Victoria
5.7 Continue to promote maternal and child health scholarship and bursaries to multicultural communities to enhance maternal and child health workforce diversity.	Ongoing	Community and Public Health
5.8 Build departmental staff awareness through online and face-to-face events and education to help recognise and celebrate significant diversity dates (such as Cultural Diversity Week, Harmony Day and Refugee Week) and give voice to diverse lived experiences.	Ongoing	Action shared by: <ul style="list-style-type: none">• Communications and Engagement• Hospitals and Health Services
5.9 Continue supporting information sharing and collaboration of Local Public Health Units on multicultural health and intersectional health needs through, for example: <ul style="list-style-type: none">• collating training resources• a cultural competency collaboration space and accompanying communities of practice• newsletters• the Public Health Unit Information Hub.	2023–24	Community and Public Health

Good practice example: Workforce inclusion programs in the department

Since implementing the **CareerSeekers program** in 2016, the department has provided opportunities to help address underemployment of refugees and people seeking asylum. CareerSeekers is a non-profit social enterprise that partners with employers to create paid, professional internships for refugees and people seeking asylum to help their transition to working in Australia while also enabling the workforce to become more diverse and inclusive. The paid 12-week internship at the department has helped participants build confidence and experience through gaining local work experience, building connections and gaining references. Mentoring also builds staff leadership capabilities, helps share skills and allows deeper insight into diverse experiences. The program’s success has seen it expand to a whole-of-government initiative.

Staff-led networks such as the **VPS Women of Colour Network** and **VPS African-Australian Network** also champion inclusion and personal and professional development of multicultural staff across the Victorian Government.

The department also offers a range of **workforce strategies** to foster an inclusive workplace such as:

- mandatory workforce diversity, equity and inclusion online e-learning training for all staff
- unconscious bias training to encourage reflection about individual and workplace biases
- a mandatory Executive performance development goal on ‘improving our workplace culture’, as well as goal library performance goal options related to improving diversity and inclusion.

Good practice example: Support for multicultural healthcare workers

Respiratory protective equipment, including face masks like N95 and P2 respirators, help provide a safe environment for healthcare workers. Under current respiratory protection standards, anyone required to wear a respirator must complete a fit test to determine which mask model and size can form a safe seal on their face. The clinical requirement to undertake a fit test is to be clean shaven because stubble can interfere with the seal against the wearer's face.

The department partnered with the Royal Melbourne Hospital to undertake the **Singh Thattha Trial** to provide more healthcare workers who cannot shave for medical, cultural or religious reasons with the opportunity to learn the technique and be fit-tested.

The Singh Thattha technique involves using an elastic band to cover the beard to create a smooth surface, which is then tied on top of the wearer's head. The respirator mask is worn with the seal formed on the band. This trial helps to build evidence on the safety and effectiveness of the Singh Thattha technique. The department also funded an implementation study to further develop and assess the feasibility, acceptance and ongoing responsibilities of implementing this technique.

All 121 participants from 36 health services have so far successfully fit-tested to one of the two N95 respirators used in the trial. The department will continue consultation with stakeholders to review the evidence from the trial and to identify next steps.



Improvement goal 6: Build evidence-based approaches through data, research and evaluation

Good practice principles

The department is:

- **mandating that health services accurately and consistently collect data on cultural and linguistic diversity** including country of birth, preferred/main language spoken at home, interpreter requested, interpreter provided and year of arrival to ensure consistency with the national ABS Data Standards for Statistics on Cultural and Linguistic Diversity
- **using evidence to plan and design** culturally competent programs and policies that address health inequities, including population-level data and research, settlement data, health service uptake, interpreter use data and community consultation findings
- **measuring and monitoring long-term health outcomes** for multicultural communities by analysing administrative data, using data linkage and supporting research partnerships
- **routinely monitoring, analysing and evaluating funded service performance, program effectiveness and consumer experience** to ensure continuous quality improvement
- **regularly reporting on multicultural health outcomes** to improve public accountability and transparency while also ensuring specific community groups are not stigmatised
- advocating for **changes to national data definitions and standards** on cultural, linguistic, ethnic and/or religious identity and implementing any changes in Victorian health datasets.

Practical resources and supports

- Outcomes frameworks and internal data dashboards for:
 - *Department of Health strategic plan 2023–27*
 - *Mental health and wellbeing outcomes and performance framework*
 - *Victorian public health and wellbeing plan 2023–27*
- Centre for Evaluation and Research Evidence resources
- Stronger Futures Know our story: a toolkit for social equity and inclusion
- Victorian Government: *Language maps of multicultural Victoria*
- *ABS Data Standards for Statistics on Cultural and Linguistic Diversity*.



Actions we will take

Flagship initiatives	Timeframe	Lead division
<p>6.1 Embed a focus on measuring and monitoring health outcomes for multicultural communities into all new departmental outcomes frameworks including:</p> <ul style="list-style-type: none"> the new outcomes framework in the <i>Department of Health strategic plan 2023–27</i> the new <i>Mental health and wellbeing outcomes and performance framework</i> the new outcomes dashboard for the <i>Victorian public health and wellbeing outcomes framework 2016</i> update/refresh of the <i>Victorian public health and wellbeing outcomes framework</i> beginning in 2024 <i>Local Public Health Units outcomes framework 2023–24</i>. 	2023–27	<p>Whole-of-department responsibility led by:</p> <ul style="list-style-type: none"> People, Operations, Legal and Regulation Mental Health and Wellbeing Community and Public Health
<p>6.2 Reform mental health data collections as part of the response to the Royal Commission into Victoria’s Mental Health System including:</p> <ul style="list-style-type: none"> interim data collection improvements to support new program implementation monitoring the impact of a Diverse communities mental health and wellbeing framework through service delivery and consumer feedback data. 	Ongoing	Mental Health and Wellbeing
<p>6.3 Address inequities in cancer outcomes by improving representation of multicultural communities in cancer data and research. Projects include:</p> <ul style="list-style-type: none"> cancer clinical trials through Cancer Council Victoria to improve access for multicultural communities the Victorian Comprehensive Cancer Centre Alliance, a partnership between leading research, academic and clinical institutions to host a multicultural data forum a consumer statement to be included in all funded cancer research to ensure consumer participation represents the diversity of the communities affected by cancer the Victorian Cancer Screening Framework Data, Research and Evaluation Working Group to undertake data improvement projects to help identify under-screened populations. 	Ongoing	<p>Action shared by:</p> <ul style="list-style-type: none"> Hospitals and Health Services Community and Public Health

Other new and continuing actions	Timeframe	Lead division
<p>6.4 Lead data collection improvement projects through the Victorian Agency for Health Information including:</p> <ul style="list-style-type: none"> promoting and implementing findings from the Engagement of culturally diverse populations in the Victorian Healthcare Experience Survey project to increase engagement with multicultural communities trialling a new data item on ethnic identity in the 2023 Victorian Population Health Survey, in addition to existing questions on cultural background, racism and discrimination contributing to advice for the Australian Bureau of Statistics on Census data items and multicultural community engagement implement emerging changes to meet national reporting obligations on cultural, linguistic, ethnic and/or religious identity for key data collections. 	2023–24	eHealth
<p>6.5 Ensure evaluations and research reports on existing funded multicultural health programs are shared internally through the department’s Evaluation and Research Knowledge Bank to enhance evidence-based program improvement.</p>	Ongoing	Whole-of-department responsibility, led by eHealth
<p>6.6 Centre for Evaluation and Research Evidence to offer dedicated workshops/capacity-building sessions on culturally competent evaluation to meet public sector evaluation needs.</p>	2023–24	eHealth

Good practice example: Boosting multicultural community participation in patient experience surveys

The department undertook the **Engagement of culturally diverse populations in the Victorian Healthcare Experience Survey (VHES)** project to understand how to better enable multicultural Victorians to take part in the VHES program and provide feedback on their experiences of health care.

Multicultural communities have historically been under-represented in the VHES, which provides key information to the department and health services on experiences of care to improve patient-centred care. The engagement of culturally diverse populations in the VHES project involved consultation with people from culturally and linguistically diverse communities to identify barriers to providing feedback about their healthcare experiences and develop considerations to increase participation in the VHES. The project also engaged representatives of Victorian public health services, peak bodies, the department, Safer Care Victoria and academics working in this area.

Findings will be considered as part of broader reforms to improve how we listen and act on consumer feedback over the next 12 to 24 months. Through their involvement in the project, several participants joined the Safer Care Victoria consumer database to represent their communities as health consumers.



Implementation and accountability

The department is accountable at all levels for ensuring inclusive, equitable and culturally competent policies, services and programs. This means being transparent about our efforts.

The Department of Health Executive Board will oversee implementation of the new plan, and all Deputy Secretaries will contribute to annual multicultural reporting processes. A snapshot of multicultural health outcomes will be reported annually to the Executive Board, using data linked to the new outcomes framework in the *Department of Health strategic plan 2023–27*. All Victorian government departments report annually on progress in implementing cultural diversity plans. This includes reporting on the use of language services, service use by multicultural communities, and a range of agreed activity and outcome indicators. The department's contribution will form part of the annual *Victorian Government report in multicultural affairs*, which is tabled in parliament and is [available online](https://www.vic.gov.au/victorian-government-report-multicultural-affairs) <<https://www.vic.gov.au/victorian-government-report-multicultural-affairs>>.

Appendices

Appendix 1: Key terms and definitions

We know language is always changing, and we recognise that words are powerful and can have different meaning for different people.

We define key terms below and acknowledge that people have different definitions. Language continues to evolve.

We recognise the limitations of terminology to adequately describe the breadth of experiences of people from multicultural communities. We recognise, respect and support the right of all people to identify using the language they choose.

Term	Definition
Aboriginal people and communities	While the terms ‘Koorie’ or ‘Koori’ are commonly used to describe Aboriginal communities of southeast Australia, the term ‘Aboriginal people’ is used in this plan to include all Aboriginal and Torres Strait Islander peoples living in Victoria.
Cultural competency	<p>The Plan uses the term ‘cultural competency’ for multicultural communities.</p> <p>Cultural competency involves a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals. It enables that system, agency or those professionals to work effectively in cross-cultural situations.⁴⁹</p> <p>Cultural competence offers a framework through which to improve service delivery to people from culturally and linguistically diverse backgrounds. This framework enables people to assess and make improvements to every aspect of an organisation, from management and governance structures to service delivery and staff development. It helps ensure all people receive safe, high-quality and culturally appropriate health care.⁵⁰</p> <p>To become more culturally competent, a system needs to:</p> <ul style="list-style-type: none">• value diversity• have the capacity for cultural self-assessment• be conscious of the dynamics that occur when cultures interact• institutionalise cultural knowledge• adapt service delivery so it reflects an understanding of the diversity between and within cultures.⁵¹
Culturally and linguistically diverse communities	<p>The term ‘culturally and linguistically diverse’ with the associated acronym ‘CALD’, is currently used by Australian governments, the public and private sector and in research and academic institutions to describe populations other than the Anglo-Celtic majority. There is increasing academic and community debate about the usefulness of the term ‘CALD’. For example, the Federation for Ethnic Communities Councils of Australia⁵² now use the term ‘culturally, ethnically and linguistically diverse backgrounds’ to recognise race/ethnicity.</p> <p>In line with the Victorian Government’s <i>Better practice guide for multicultural communities</i>,⁵³ this plan uses the term ‘multicultural communities’.</p>

Term	Definition
Cultural safety	<p>Aboriginal and Torres Strait Islander cultural safety is defined as an environment that is safe for Aboriginal and Torres Strait Islander peoples, where there is no assault, challenge or denial of their identity and experience.⁵⁴</p> <p>In a health service context, it includes several elements to consider:</p> <ul style="list-style-type: none">• individual staff knowledge and respect for self (reflection on knowledge, bias, learning journey)• knowledge and respect for Aboriginal people and culture• organisational reflection, a commitment to organisational review and system redesign to eliminate racism and discrimination.
Intersectionality or intersectional approaches	<p>Intersectionality offers a way of understanding and interrogating interactions between people and systems. An intersectional approach examines and addresses the interconnected nature of attributes of a person or group of people that create overlapping and interdependent systems of disadvantage or discrimination.</p> <p>Intersectionality places emphasis on systems and structures and how they respond to people and their identities.</p>
Migrant	<p>The term ‘migrant’ is used to describe a person who has entered Australia through a variety of pathways, including through humanitarian, family and skilled migration pathways, with the purpose of establishing a permanent or semi-permanent residence in Australia.</p> <p>In comparison with refugees and people seeking asylum, ‘migrants’ choose to move to Australia, mainly to improve their lives, and can usually return home safely.</p>
Multicultural communities	<p>The plan uses the term ‘multicultural communities’ to describe the vast number of diverse cultural, racial and ethnic groups who live in Victoria. We chose this word because it is succinct and broadly inclusive and recognises the different lived experiences of:</p> <ul style="list-style-type: none">• migrants from new and emerging communities who have recently arrived in Victoria• people from refugee backgrounds and people seeking asylum• people who speak languages other than English or who speak English with an accent• people who follow a broad range of religious and spiritual practices.
Multicultural community organisations	<p>‘Multicultural community organisations’ refers to targeted services that offer specialised support for multicultural communities, ranging from local community-led multicultural organisations, settlement services and multicultural, refugee and asylum seeker health services through to peak agencies such as the Ethnic Communities Council of Victoria.</p>
Multifaith communities	<p>The term ‘multifaith communities’ is used to encompass the vast number of diverse faith groups in Victoria. Faith refers to a group that share their own religion and traditions.</p>
New and emerging communities	<p>The term ‘new and emerging’⁵⁵ identifies communities of migrants and refugees that have recently arrived in Australia and may need extra support during settlement. The main identifiers of a new and emerging community are:</p> <ul style="list-style-type: none">• a lack of established family networks, support systems, community structures and resources• unfamiliarity with universal services and challenges in accessing services• limited English language proficiency, high numbers of refugees, low levels of formal education, financial vulnerabilities and difficulty in finding long-term and sustainable employment.

Term	Definition
People of colour	The term ‘people of colour’ is used for the purposes of taking affirmative action to improve inclusion for under-represented ethnic groups that may face discrimination and disadvantage. It recognises that some people experience greater levels of systemic racism and inequity than others.
People/person who speak(s) a language other than English at home	The terms ‘people who speak a language other than English at home’ and ‘person who speaks a language other than English at home’ are the preferred terms, while the terms ‘LOTE’ (language other than English)’ and ‘NESB’ (‘non-English-speaking background’) are no longer in regular use. These terms are only used when data collection requires this specific information and should always be spelt out in full.
People from refugee backgrounds	‘People from refugee backgrounds’ is used throughout this document to refer to people who have arrived through the Humanitarian Programme, people seeking asylum and people who come from refugee backgrounds who arrive on another visa type, including family migration and skilled migration.
Person/people seeking asylum	The terms ‘person seeking asylum’ or ‘people seeking asylum’ are used to describe people who have entered Australia by plane usually under a valid visa or by boat usually without a visa and subsequently sought protection to stay in Australia based on refugee claims. They are known as people seeking asylum while their refugee status is being determined. People seeking asylum live in the community on bridging visas, in community detention or in immigration detention facilities in Australia or offshore. Note that the department uses ‘person seeking asylum’ not ‘asylum seeker’ to use person-first language that puts the person before the description of their experience.
Race	Society forms ideas of race based on geographic, historical, political, economic, social and cultural factors and physical traits, even though we cannot use them to classify groups of people.
Racism and discrimination	‘Racism and discrimination’ in this document includes all forms of discrimination on the basis of ethnicity, cultural background, language, country of origin and faith.
Refugee	A ‘refugee’ is a person granted an Australian visa because they have experienced persecution or a similar human rights violation in their country of origin or they have a well-founded fear of persecution in their country of origin for reasons of race, religion, nationality, membership of a particular social group or political opinion.
Temporary migrant	Temporary migrants come to Australia for a temporary stay for a range of purposes such as tourism, study, skilled work, working holidays or other specialist activities. This group includes international students, working visa holders, skilled migrants and women on provisional spouse visas. Temporary migrants’ level of health access and entitlements is more limited because they are ineligible for Medicare, Commonwealth income support and Low Income Health Care Cards, making affordability a significant issue.
Undocumented migrants	‘Undocumented migrants’ are people on lapsed or cancelled visas. This group can include people who have been trafficked and other groups experiencing significant vulnerability and risk of exploitation.

Appendix 2: Victoria’s multicultural legal and policy frameworks

Framework	Description
International declarations and conventions	United Nations declarations and conventions that Australia is a signatory to: <ul style="list-style-type: none"> • <i>Universal Declaration of Human Rights</i> (1948) • <i>Convention on the Elimination of All Forms of Racial Discrimination</i> (1965) • <i>International Covenant on Economic, Social and Cultural Rights</i> (1966).
National legislation	The <i>Racial Discrimination Act 1975</i> states that it is unlawful to discrimination against people on the basis of race, colour, descent or national or ethnic origin. The <i>Australian Human Rights Commission Act 1986</i> gives effect to Australia’s obligations international conventions and declarations.
Victorian legislation	The <i>Multicultural Victoria Act 2011</i> provides the whole-of-government framework that recognises and values cultural, racial, religious and linguistic diversity of people living in Victoria. The Act requires all Victorian Government departments to develop and implement cultural diversity plans. The <i>Equal Opportunity Act 2010</i> states that all Victorian departments and service providers have a positive duty under this Act to take reasonable and proportionate measures to identify and eliminate discrimination. The <i>Victorian Charter of Human Rights and Responsibilities Act 2006</i> sets out the basic rights of people living in Victoria to live with freedom, respect, equality and dignity. It requires public authorities to act compatibly with the Charter. The <i>Racial and Religious Tolerance Act 2001</i> prohibits behaviours that incite or encourage hatred, serious contempt, revulsion or severe ridicule against another person or group of people because of their race and/or religion.
Victorian Government multicultural policy	<i>Victorian. And proud of it: Victoria’s multicultural policy statement 2017</i> sets out the government’s vision and commitment to multiculturalism. The <i>Victorian African communities action plan 2018–28</i> outlines actions to build inclusive communities, improve outcomes and create sustainable opportunities for people with African heritage living in Victoria.
Departmental cultural diversity plans	Cultural diversity plans created by other Victorian Government departments to promote cultural diversity both internally and when delivering policies, services and programs to the Victorian community. Cultural diversity plans sit alongside other departmental actions plans for disability, Aboriginal reconciliation, gender equality and LGBTIQA+ equality.
Individual departmental policies, plans and strategies	The plan has been developed alongside as number of new departmental policies and strategies to improve access, equity, participation, health, wellbeing, mental health and health literacy with a focus on planning for and responding to the needs of multicultural communities.

Appendix 3: Victoria’s targeted multicultural health programs, policies and training

Ongoing targeted multicultural health programs in Victoria*
<p>Language services <https://www.health.vic.gov.au/populations/improving-health-for-victorians-from-culturally-and-linguistically-diverse-backgrounds> include interpreting and translations in hospitals, maternal and child health services, community health, dental services, the Home and Community Care Program and other health services.</p>
<p>The Centre for Culture, Ethnicity and Health <https://www.ceh.org.au/> provides cultural consultancy services, resource development and professional development and training in cultural competency, health literacy and language services. The centre manages the Health Translations online portal for health professionals and communities seeking multilingual health resources and delivers the Multicultural Health and Support Service, which provides community and workforce education and support about sexual health, HIV/AIDS and blood-borne viruses.</p>
<p>The Family and Reproductive Rights Education Program <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/female-genital-mutilation-fgm> supports women and girls who have undergone female genital mutilation/cutting. It promotes attitudinal change in communities and works to strengthen prevention. The program is funded in a range of agencies and adopts a community development approach.</p>
<p>The Multicultural Centre for Women’s Health <https://www.mcwh.com.au/> works to improve health and wellbeing outcomes for multicultural women through research, leadership, education and advocacy.</p>
<p>The statewide Refugee Health Program <https://www.health.vic.gov.au/community-health/refugee-health-program> provides early health assessment, referrals and health promotion and increases primary care capacity in refugee health.</p>
<p>The Refugee Health Fellows Program <https://refugeehealthnetwork.org.au/resource/refugee-health-fellows-program/> provides support to primary and specialist health service providers through direct specialist clinical services, telehealth support, education, capacity building, secondary consultation and outreach.</p>
<p>Hospital and outreach immigrant and refugee health clinics across Victoria are hubs for research, policy development, education and training. Examples include Royal Children’s Hospital Immigrant Health Service <https://www.rch.org.au/immigranthealth/> and Royal Melbourne Hospital’s Refugee Assessment Clinic <https://www.thermh.org.au/services/victorian-infectious-diseases-service/vids-services/refugee-health>.</p>
<p>The Victorian Refugee Health Network <https://refugeehealthnetwork.org.au/> engages and coordinates refugee health and settlement organisations and advises government on the needs of refugee communities.</p>
<p>The Victorian Foundation for Survivors of Torture (Foundation House) <https://foundationhouse.org.au/> provides specialised counselling services and related supports to adults and children who have experienced torture, persecution or war-related trauma before their arrival in Australia.</p>
<p>The statewide Victorian Transcultural Mental Health <https://vtmh.org.au/> builds the capacity of mental health services to work with multicultural communities and is administered by St Vincent’s Hospital Melbourne.</p>
<p>The Home and Community Care Program for Younger People <https://www.health.vic.gov.au/home-and-community-care/hacc-program-for-younger-people> supports younger people with moderate, severe or profound disabilities and their unpaid carers. Currently, 32 ethno-specific organisations are funded to support multicultural young people with disability.</p>

Multicultural health policies in Victoria
<p>The department’s Language services policy and translations guidelines <https://www.health.vic.gov.au/publications/language-services-policy> support the department and its funded services to respond to the needs of linguistically diverse people. The policy and guidelines identify when language services should be offered to clients and carers based on legislative requirements and best practice service delivery. Funded organisations and services should develop local language services policies and procedures consistent with this policy.</p>
<p>The Refugee and asylum seeker health services: guidelines for the community health program <https://www.health.vic.gov.au/publications/refugee-and-asylum-seeker-health-services-guidelines-for-the-community-health-program> provides guidance to community health services engaged in the support and care of refugees and people seeking asylum.</p>
<p>The department’s Guide to asylum seeker access to health and community services in Victoria <https://www.health.vic.gov.au/publications/refugee-and-asylum-seeker-health-services-guidelines-for-the-community-health-program> outlines policies that support access for people seeking asylum including hospital, ambulance, community health, dental and immunisation services.</p>
<p>Designing for Diversity <https://www.health.vic.gov.au/populations/designing-for-diversity> resources provide a framework and tools for embedding responsiveness to diversity at the outset of any policy reform or service design process.</p>
Multicultural health sector training and professional development in Victoria
<p>The Centre for Culture, Ethnicity and Health <https://www.ceh.org.au/> has fact sheets, training and resources on cultural competency, as well as professional development and resources for multicultural communities and services through the Multicultural Health Support Service.</p>
<p>The Water Well Project <https://www.thewaterwellproject.org/> provides free, interactive health education sessions on a broad range of topics, delivered in partnership with the Brotherhood of St Laurence, Spectrum Migrant Resource Centre, Foundation House and the Australian Medical Association Victoria.</p>
<p>Foundation House <https://foundationhouse.org.au/> runs learning and professional development workshops. Themes for workshops include an introduction to the Refugee Experience, Incidental Counselling skills, Community Detention sessions and on-request professional development.</p>
<p>The Victorian Refugee Health Network <https://refugeehealthnetwork.org.au/> has online training and a national resource on promoting refugee health and a related desktop guide.</p>
<p>Victorian Transcultural Mental Health <https://vtmh.org.au/> delivers group learning discussions, workshops, seminars and online learning for clinicians and workers in mental health services.</p>
<p>The Refugee Health Fellows Program <https://refugeehealthnetwork.org.au/resource/refugee-health-fellows-program/> offers education, secondary consult, support and referral information to primary care providers.</p>
<p>The Centre for Multicultural Youth <https://www.cmy.net.au/training-and-events/> delivers cross-cultural professional development and training programs that focus on working with migrant and refugee young people.</p>
<p>The Multicultural Centre for Women’s Health <https://www.mcwh.com.au/training/> offers training in intersectionality, leadership and understanding culture, race and gender.</p>

* Note that the department also funds a range of short-term programs and projects, from translations projects, community grants and co-design projects, through to pilot projects that engage multicultural communities. Many of these are detailed in the actions of the plan.

Appendix 4: Resources and practical supports

Improvement goal	Resources and practical supports
1. Targeted policies, programs and services that improve health equity	The department's diversity policy teams including: Diversity and Access in Hospitals and Health Services <diversity@health.vic.gov.au>. Mental Health and Wellbeing Promotion Office <mhwd.diversity@health.vic.gov.au>.
	Annual Victorian Government report in multicultural affairs <https://www.vic.gov.au/victorian-government-report-multicultural-affairs>.
	Multicultural health organisations and sector partners listed in Appendix 3.
2. Designing and delivering accessible and culturally competent mainstream policies, programs and services	Refugee and asylum seeker access policies and fee waivers in: Hospital access for people seeking asylum – policy <https://www.health.vic.gov.au/publications/hospital-access-for-people-seeking-asylum>. Ambulance payment responsibilities, authorisations and concessions <https://www.health.vic.gov.au/patient-care/ambulance-payment-responsibilities-authorisations-and-concessions>. Community Health Program access policy <https://www.health.vic.gov.au/community-health/community-health-program-access-policy>. Access to Victoria's public dental care services <https://www.health.vic.gov.au/dental-health/access-to-victorias-public-dental-care-services>. Vaccination for special-risk groups <https://www.health.vic.gov.au/immunisation/vaccination-for-special-risk-groups>. Current guide to asylum seeker access to health and community services in Victoria <https://www.health.vic.gov.au/populations/refugee-and-asylum-seeker-health-and-wellbeing>.
	Designing for Diversity resources on inclusive policy, program, and service design <https://www.health.vic.gov.au/populations/designing-for-diversity>.
	Victorian Health Building Authority universal design policy <https://www.vhba.vic.gov.au/universal-design-policy>.
	Whole of Victorian Government universal design policy <https://providers.dffh.vic.gov.au/universal-design-policy-summary>.
	Refugee and asylum seeker health services: Guidelines for the community health program <https://www.health.vic.gov.au/community-health/refugee-health-program>.
	Centre for Culture, Ethnicity and Health cultural competence assessment for organisations and tip sheets <https://www.ceh.org.au>.
	Victorian Equal Opportunity and Human Rights Commission Reducing Racism Hub and resources for the public sector and organisations <https://www.humanrights.vic.gov.au/>.

3. Language services and accessible communication	Department of Health: Language services policy and guidelines <https://www.health.vic.gov.au/publications/language-services-policy>.
	Health Translations online directory of over 28,000 resources <https://www.healthtranslations.vic.gov.au/>.
	Centre for Culture, Ethnicity and Health language services training <https://www.ceh.org.au/>.
	Victorian Government: Language maps of multicultural Victoria <https://www.dffh.vic.gov.au/mapping-languages-spoken-victoria>. Better practice guide for multicultural communications <https://www.vic.gov.au/communicating-multicultural-communities>.
	Multicultural community organisations and networks listed in Appendix 3.
4. Community engagement, capacity building and lived experience representation resources	Diversity on Victorian Government boards guidelines <https://www.vic.gov.au/diversity-victorian-government-board-guidelines>.
	Department of Health: Mental health lived experience engagement framework <https://www.health.vic.gov.au/publications/mental-health-lived-experience-engagement-framework>.
	Safer Care Victoria: Partnering in healthcare framework Partnering in healthcare: a framework for better care and outcomes < https://www.safercare.vic.gov.au/publications/partnering-in-healthcare>.
	Supporting tools and co-design and partnering workshops < https://www.safercare.vic.gov.au/best-practice-improvement/quality-improvement>.
	Victorian appointment and remuneration guidelines <https://www.vic.gov.au/guidelines-appointment-remuneration>.
	Victorian Multicultural Commission <https://www.multiculturalcommission.vic.gov.au/>.
	Engagement with multicultural community peaks listed in Appendix 3.

5. Workforce capability and inclusive leadership resources

The department’s [Inclusion team](#) in People and Culture and internal diversity and inclusion training programs <inclusion@health.vic.gov.au>.

[CareerSeekers refugee and asylum seeker internship program](#)
<<https://vpssc.vic.gov.au/workforce-programs/refugee-and-asylum-seeker-internship-program/>>.

Victorian Public Services (VPS) staff networks such as:

- the [VPS Women of Colour Network](#) <<https://www.vic.gov.au/vps-women-colour-network>>.
- the [VPS African-Australian Network](#) <<https://www.vic.gov.au/vps-african-australian-network>>.

[Victorian Public Sector Commission](#) resources on workforce diversity
<<https://vpssc.vic.gov.au/>>.

[Centre for Culture, Ethnicity and Health](#) cultural competency resources
<<https://www.ceh.org.au/>>.

Multicultural health sector training providers detailed in Appendix 3.

6. Evidence based approaches through data, research and evaluation resources

Outcomes frameworks and internal data dashboards for:

- [Department of Health strategic plan 2023–27](#)
<<https://www.health.vic.gov.au/our-strategic-plan-2023-27>>.
- [Mental health and wellbeing outcomes and performance framework](#)
<<https://www.health.vic.gov.au/mental-health-wellbeing-reform/a-new-mental-health-and-wellbeing-outcomes-and-performance-framework>>.
- [Victorian public health and wellbeing plan 2023–27](#)
<<https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan>>.

[Centre for Evaluation and Research Evidence](#) resources
<<https://www.dffh.vic.gov.au/centre-evaluation-and-research-evidence>>.

[Stronger Futures Know our story: a toolkit for social equity and inclusion](#)
<<https://www.strongerfutures.org.au/know-our-story>>.

Department of Health: [Cultural diversity data sources factsheet](#)
<<https://www.health.vic.gov.au/populations/improving-health-for-victorians-from-culturally-and-linguistically-diverse-backgrounds>>.

[ABS Data Standards for Statistics on Cultural and Linguistic Diversity](#)
<<https://www.abs.gov.au/statistics/standards/standards-statistics-cultural-and-language-diversity/latest-release>>.

References

1 Victorian Government 2021, *Understanding intersectionality*, Victorian Government, Melbourne. Available from: <https://www.vic.gov.au/understanding-intersectionality>

2 Australian Institute of Health and Welfare 2023, *Chronic health conditions among culturally and linguistically diverse Australians*, AIHW, Australian Government.

3 Queensland Health 2023, *Exploring the health of culturally and linguistically diverse (CALD) populations in Queensland: 2016–17 to 2019–20*, Queensland Health, Available from: https://www.health.qld.gov.au/__data/assets/pdf_file/0028/1217593/QGV0439_CALD-Populations-Report-Full-Report.pdf

4 De Maio J, Gatina-Bhote L, et al. 2017, Risk of psychological distress among recently arrived humanitarian migrants. *Building a New Life in Australia Research Summary*. Melbourne, Australian Institute of Family Studies.

5 Catching up with catch-up – Refugee background and asylum seeker populations (press release), Australian Public Health Conference, June 2018.

6 Paxton GA, Spink PCG, Danchin MH, et al. 2018, ‘Catching up with catch-up: a policy analysis of immunisation for refugees and asylum seekers in Victoria’, *Australian Journal of Primary Health*, 24: 480–490. Available from: <https://doi.org/10.1071/PY17049>

7 Department of Health Victoria 2022, *Victorian hepatitis B plan 2022–30*, Department of Health, Melbourne. Available from: <https://www.health.vic.gov.au/victorian-sexual-reproductive-health-viral-hepatitis-strategy-2022-30>

8 Department of Health Victoria 2022, *Victorian hepatitis C plan 2022–30*, Department of Health, Melbourne. Available from: <https://www.health.vic.gov.au/victorian-sexual-reproductive-health-viral-hepatitis-strategy-2022-30>

9 Department of Health Victoria 2022, *Victorian HIV plan 2022–30*, Department of Health, Melbourne. Available from: <https://www.health.vic.gov.au/victorian-sexual-reproductive-health-viral-hepatitis-strategy-2022-30>

10 Department of Health and Aged Care 2020, ‘Tuberculosis notifications in Australia 2015–2018’, *Communicable Diseases Intelligence*, 2020(44). Available from: <https://doi.org/10.33321/cdi.2020.44.88>

11 Australian Bureau of Statistics 2022, COVID-19 mortality by wave, Australian Bureau of Statistics, Canberra. Available from: www.abs.gov.au/articles/covid-19-mortality-wave

12 Australian Institute of Health and Welfare 2023, *Australia’s mothers and babies*, Australian Institute of Health and Welfare, Canberra. Available from: <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/antenatal-period/antenatal-care>

13 Davies-Tuck ML, Davey M-A, Wallace EM 2017, ‘Maternal region of birth and stillbirth in Victoria, Australia 2000–2011: a retrospective cohort study of Victorian perinatal data’, *PLoS ONE* 12(6): e0178727. Available from: <https://doi.org/10.1371/journal.pone.0178727>

14 Yelland J, Mensah F, Riggs E, et al. 2020, ‘Evaluation of systems reform in public hospitals, Victoria, Australia, to improve access to antenatal care for women of refugee background: an interrupted time series design’, *PLoS Med* 17(7): e1003089. Available from: <https://doi.org/10.1371/journal.pmed.1003089>

15 Australian Early Development Census 2022, *Australian Early Development Census national report 2021: early childhood development in Australia*, Australian Government, Canberra. Available from: <https://www.aedc.gov.au/resources/detail/2021-aedc-national-report>

16 NDIS 2021, *Culturally and linguistically diverse strategy: progress update July 2021*, NDIS, Canberra. Available from: <https://www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy>

17 Selvarajah S, Dunt DR, Marella M, et al. 2019, ‘Vision impairment and refractive errors in refugees presenting to community optometry clinics in Victoria, Australia’, *Clinical and Experimental Optometry*, September, 103(5): 668–674. Available from: <https://pubmed.ncbi.nlm.nih.gov/31773820/>

18 Woods M, Burgess Z 2021, *Report of the Independent review of the Hearing Services Program*. Available from: <https://www.health.gov.au/sites/default/files/documents/2021/10/report-of-the-independent-review-of-the-hearing-services-program-report.docx>

19 Davidson N, Skull S, Calache H, et al. 2006, ‘Holes a plenty: oral health status a major issue for newly arrived refugees in Australia’, *Australian Dental Journal*, Dec 51(4): 306–11. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/17256304>

20 Quach A, Laemmle-Ruff IL, Polizzi T, et al. 2015, ‘Gaps in smiles and services: a cross-sectional study of dental caries in refugee-background children’, *BMC Oral Health*, Jan 15(10). Available from: <https://pubmed.ncbi.nlm.nih.gov/25608733/>

21 Marcus K, Balasubramaniam M, Short S, et al. 2022, ‘Cultural and linguistic disparities in dental utilisation in New South Wales, Australia’, *Community Dental Health*, May 39(2): 123–128. Available from: <https://pubmed.ncbi.nlm.nih.gov/35333480/>

- 22 Greenhalgh EM, Scollo MM 2022, Culturally and linguistically diverse groups. In Greenhalgh EM, Scollo MM, Winstanley MH (editors). *Tobacco in Australia: facts and issues*, Cancer Council Victoria, Melbourne. Available from: <http://www.tobaccoin australia.org.au/chapter-9-disadvantage/in-depth/9a-2-culturally-and-linguistically-diverse-groups>
- 23 Department of Health 2020, *Victorian cancer plan 2020–2024*. Available from: https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/v/victorian-cancer-plan-2020-2024_improving-cancer-outcomes-for-all-victorians.pdf
- 24 Australian Institute of Health and Welfare 2018, *Analysis of cancer outcomes and screening behaviour for national cancer screening programs in Australia*, Cancer series no. 111, Cat. no. CAN 115. AIHW, Canberra.
- 25 Victorian Foundation for Survivors of Torture 2023, *Australian refugee health practice guide*. Available from: <https://refugeehealthguide.org.au/>
- 26 Ethnic Communities Council of Victoria 2021, *Our voices, our struggles, our views: Will you choose to hear us? – COVID-19 recovery and migrant and refugee communities*, Ethnic Communities Council of Victoria, Melbourne. Available from: <https://eccv.org.au/report-covid-19-recovery/>
- 27 Department of Health and Human Services 2017, *Racism in Victoria and what it means for the health of Victorians*, State Government of Victoria, Melbourne.
- 28 Ethnic Communities Council of Victoria 2021, *'We are all in this together'. Lived experiences of racism consultation report*. Available from: <https://eccv.org.au/we-are-all-in-this-together-report/>
- 29 Federation of Ethnic Communities' Councils of Australia 2017, *Digital access and equity for multicultural communities*, Federation of Ethnic Communities' Councils of Australia, Deakin. Available from: <https://fecca.org.au/wp-content/uploads/2017/01/feccadigitalconsultationreport.pdf>
- 30 Whitehead L, Talevski J, Fatehi F, et al. 2023, 'Barriers to and facilitators of digital health among culturally and linguistically diverse populations: qualitative systematic review', *Journal of Medical Internet Research*, 25: e42719. Available from: <https://www.jmir.org/2023/1/e42719>
- 31 Henderson S, Kendall E 2011, 'Culturally and linguistically diverse peoples' knowledge of accessibility and utilisation of health services: exploring the need for improvement in health service delivery', *Australian Journal of Primary Health*, 17(2): 195–201.
- 32 Khatri RB, Assefa Y 2022, 'Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges', *BMC Public Health*, 22: 880.
- 33 Radhamony R, Cross WM, Townsin L, et al. 2023, 'Perspectives of culturally and linguistically diverse (CALD) community members regarding mental health services: a qualitative analysis', *Journal of Psychiatric and Mental Health Nursing*, 00, 1–15. Available from: <https://apo.org.au/sites/default/files/resource-files/2023-03/apo-nid322271.pdf>
- 34 Colucci E, Szwarc J, Minas H, et al. 2012, 'The utilisation of mental health services by children and young people from a refugee background: a systematic literature review', *International Journal of Culture and Mental Health*, 7: 1–23.
- 35 McKay FH, Dunn M 2015, 'Food security among asylum seekers in Melbourne', *Australian and New Zealand Journal of Public Health online*. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12368>
- 36 Sampson R, Kunz M 2020, *COVID-19 impacts us all. Ensuring the safety and well-being of people on temporary visas during COVID-19*, Australian Red Cross, Melbourne. Available from: <https://www.redcross.org.au/globalassets/cms/publications/australian-red-cross-covid-19-tempvisa-report-web.pdf>
- 37 Australian Bureau of Statistics 2022, *COVID-19 mortality in Australia: deaths registered until 31 October 2022*, ABS. Available from: <https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-until-31-october-2022>
- 38 Australian Institute of Health and Welfare 2022, *Long COVID in Australia – a review of the literature*, catalogue number PHE 318, Australian Institute of Health and Welfare, Australian Government, Canberra.
- 39 World Health Organization 2022, *World report on the health of refugees and migrants*, World Health Organization, Geneva. Available from: www.who.int/publications/i/item/9789240054462
- 40 Ziersch A, Miller E, Baak M, et al. 2020, 'Integration and social determinants of health and wellbeing for people from refugee backgrounds resettled in a rural town in South Australia: a qualitative study', *BMC Public Health*, 20: 1700. Available from: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-09724-z>
- 41 Sheikh-Mohammed M, Macintyre CR, Wood NJ, et al. 2006, 'Barriers to access to health care for newly resettled sub-Saharan refugees in Australia', *Medical Journal of Australia*, 185(11–12): 594–597.
- 42 Shawyer F, Enticott JC, Block AA, et al. 2017, 'The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents', *BMC Psychiatry*, 17: 1–12.
- 43 Department of Education and Early Childhood Development 2011, *Refugee status report*, Department of Education and Early Childhood Development, Melbourne.
- 44 Noto O, Leonard W, Mitchell A 2014, *Nothing for them. Understanding the support needs of lesbian, gay, bisexual and transgender (LGBT) young people from refugee and newly arrived backgrounds*, La Trobe University. Available from: <http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:35659>
- 45 Legislative Assembly Legal and Social Issues Committee 2022, *Inquiry into support for older Victorians from migrant and refugee backgrounds*, Parliament of Victoria, Melbourne.
- 46 Georgeou N, Schismenos S, Wali N, et al. 2023, 'A scoping review of aging experiences among culturally and linguistically diverse people in Australia: toward better aging policy and cultural well-being for migrant and refugee adults', *Gerontologist*, Jan 24; 63(1): 182–199. Available from: <https://doi.org/10.1093/geront/gnab191>
- 47 Harris M, Zwar N 2005, 'Refugee health', *Australian Family Physician*, Mar; 35(3): 87.

- 48 Tosif S, Graham H, Kiang K, et al. 2023, 'Health of children who experienced Australian immigration detention', *PLoS ONE*, 18(3). Available from: <https://doi.org/10.1371/journal.pone.0282798>
- 49 Cross TL, Bazron BJ, Dennis KW, et al. 1989, *Towards a culturally competent system of care*, Vol. 1, Georgetown University Child Development Centre, Washington DC.
- 50 Centre for Culture, Ethnicity and Health 2012, *A framework for cultural competence*, Centre for Culture, Ethnicity and Health, North Richmond. Available from: https://www.ceh.org.au/wp-content/uploads/2015/12/CC1_A-framework-for-cultural-competence.pdf
- 51 National Health and Medical Research Council 2005, *Cultural competency in health: a guide for policy, partnership and participation*, Australian Government, Canberra. Available from: <https://www.nhmrc.gov.au/about-us/publications/cultural-competency-health>
- 52 Federation of Ethnic Communities' Councils of Australia 2020, *IF WE DON'T COUNT IT... IT DOESN'T COUNT! Towards consistent national data collection and reporting on cultural, ethnic and linguistic diversity*, Federation of Ethnic Communities' Councils of Australia, Deakin. Available from: <https://fecca.org.au/wp-content/uploads/2020/10/CALD-DATA-ISSUES-PAPER-FINAL2.pdf>
- 53 Victorian Government 2023, *Better practice guide for multicultural communications*, Victorian Government, Melbourne. Available from: <https://www.vic.gov.au/communicating-multicultural-communities>
- 54 Williams R 2008 'Cultural safety: what does it mean for our work practice?', *Australian and New Zealand Journal of Public Health*, 23(2): 213–214. Available from: <https://doi.org/10.1111/j.1467-842X.1999.tb01240.x>
- 55 Federation of Ethnic Communities' Councils of Australia 2019, *New and emerging communities in Australia: enhancing capacity for advocacy*, Federation of Ethnic Communities' Councils of Australia, Deakin. Available from: <https://fecca.org.au/wp-content/uploads/2019/05/New-Emerging-Communities-in-Australia-Enhancing-Capacity-for-Advocacy.pdf>



