WA Primary Health Alliance
Better health, together

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

Multicultural
Competency and Capability Framework

2024 – 2026

Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country. We recognise their diversity and the significant importance of their cultural heritage, values, beliefs and self-determination in contributing to the positive health and wellbeing of the whole community.

Contents

Foreword WAPHA CEO and Board Chair

We are pleased to present the WA Primary Health Alliance (WAPHA) Multicultural Competency and Capability Framework 2024-2026.

The communities that make up Western Australia are diverse, with 32.2 per cent born overseas[1]. We know from research and feedback that multicultural communities can face significant barriers, to accessing health care including language, discrimination, stigma or lack of trust[2].

Strengthening our understanding of different cultures and belief systems improves communication and supports us to develop sustainable and diverse workforces, improve innovation and adaptability and, importantly, meet the needs of a diverse range of consumers[3]. This Framework not only guides our organisations journey towards cultural competency, diversity, and inclusion, but also serves as a resource for our commissioned service providers. We're committed to working with community members and service providers to ensure that everyone's needs are met in a culturally appropriate way.

The term multicultural is used in the Framework to describe those members of the community who differ according to religion, language and ethnicity and whose ancestry is other than Aboriginal, Anglo Saxon or Anglo Celtic[4].

Dr Richard Choong, Board Chair   *Learne Durrington*, Chief Executive Officer

About WAPHA

As part of the Australian Government's Primary Health Network (PHN) initiative, WAPHA operates the state's three PHNs – Perth North, Perth South and Country WA. As a state-wide agency, we support a population of over 2.5 million and cover an area of almost 2.5 million square kilometres.

We currently invest about $170 million a year into the primary health care system in WA, commissioning services and supporting GPs and primary health care workers to improve access to health care for people with an increased susceptibility to adverse health outcomes. This includes Aboriginal, culturally and linguistically diverse communities and LGBTIQA+ communities.

Our investment sits alongside that of state and federal agencies, and our strong partnerships and ability to look system-wide at issues of equity and access mean we can help shape, strengthen and sustain a culturally safe health system for the future.

WAPHA Strategic Plan

WAPHA's *Strategic Plan 2023-2026* is guided by the Quintuple Aim for Health Care Improvement's fifth dimension of health equity with a focus on people who are most at risk of poor health outcomes due to compromised access to health care services.

Our Strategic Priorities

Show leadership and commitment to health equity and embed equity in everything we do

Continuously improve practice in primary health care

Lead the delivery and support of secure digitally enabled health care with partners locally and nationally

Commission integrated primary health care services in a planned and targeted way

Support a high quality primary health sector that is embedded in the WA health system

Operate a fit for purpose organisation

Multicultural Competency and Capability Framework

The WAPHA Multicultural Competency and Capability Framework (The Framework) has been developed to support us on our journey to meet the social, cultural and linguistic needs of the multicultural communities that we serve. The Framework provides a set of key principles for developing cultural competency, and standards with agreed actions to guide the design, development, implementation, and evaluation of cultural competency for WAPHA staff, commissioned service providers and primary care services.

The Framework is the outcome of consultation with WAPHA staff, multicultural communities, agencies and service providers on how WAPHA, our commissioned service providers and primary health care services can become more culturally competent. This can only be achieved by creating a culture of respecting and valuing cultural diversity.

This Framework is a companion to the WAPHA Aboriginal Cultural Competency and Capability Framework and the LGBTIQA+ Equity and Inclusion Framework[5].

Commissioning Guidelines for Aboriginal cultural competency, LGBTIQA+ equity and inclusion, and multicultural competency are being developed to provide guidance to our commissioned service providers on WAPHA's expectations in relation to cultural competency, safety, equity, and inclusion. An online toolkit of resources will be available to assist WAPHA's staff and health care providers to achieve competence and improve safety, equity, and inclusion.

Expected outcomes

- WAPHA creates an organisational culture of best practice and ongoing cultural awareness and learning.
- WAPHA provides safe and inclusive working conditions for staff members from multicultural backgrounds.
- The principles and expectations around cultural competency and safety are clearly communicated and readily available to WAPHA's staff and key stakeholders.
- High quality primary health care programs and services are developed to improve cultural competency of WAPHA's commissioned service providers through providing an overarching framework and commissioning guidelines.
- The services designed and commissioned by WAPHA are safe, effective, appropriate, person centred, and accessible for people in multicultural communities.
- GPs, general practices and other primary health care providers are supported, through quality initiatives and tailored resources, to deliver culturally safe and appropriate services, with a resulting improvement in patient experience, engagement, and health outcomes.
- There is an established Framework to assist WAPHA in meeting its quality, performance, legal and ethical responsibilities for the provision of safe programs and services provided by staff, contractors, and subcontractors.

Human Rights

The Framework supports our recognition of people's human rights which are essential when providing care, to ensure everyone is treated fairly and with respect, and so everyone can enjoy the highest attainable standard of health and well-being. Human rights also promote social cohesion and harmony among different cultural groups and foster a sense of belonging and inclusion for everyone.

https://humanrights.gov.au/our-work/education/face-facts-cultural-diversity

Learning journey

Multicultural cultural competency refers to the ability to understand, appreciate and interact with people who identify with cultures and/or belief systems different from your own[6]. WAPHA acknowledges that improving cultural competency will be an ongoing journey of listening to, and learning from, multicultural communities on how to better engage and commission[7] culturally safe services.

The Federation of Ethnic Communities Councils of Australia [FECCA] (2019) states that "developing cultural competence requires a commitment to ongoing learning, reflection and diverse and inclusive practices"
Cultural-Competence-in-Australia-A-Guide.pdf (fecca.org.au)

The Framework has been informed by the Embrace Framework for Mental Health in Multicultural Australia (Embrace Framework), which is a nationally available online resource.

The Embrace Framework has been developed to support Australian mental health services, practitioners, Primary Health Networks, and others to work effectively in a multicultural context.

The Embrace Framework allows organisations and individual practitioners to evaluate and enhance their cultural responsiveness, with access to a range of support resources.

It is mapped against national standards to help organisations meet their existing requirements.
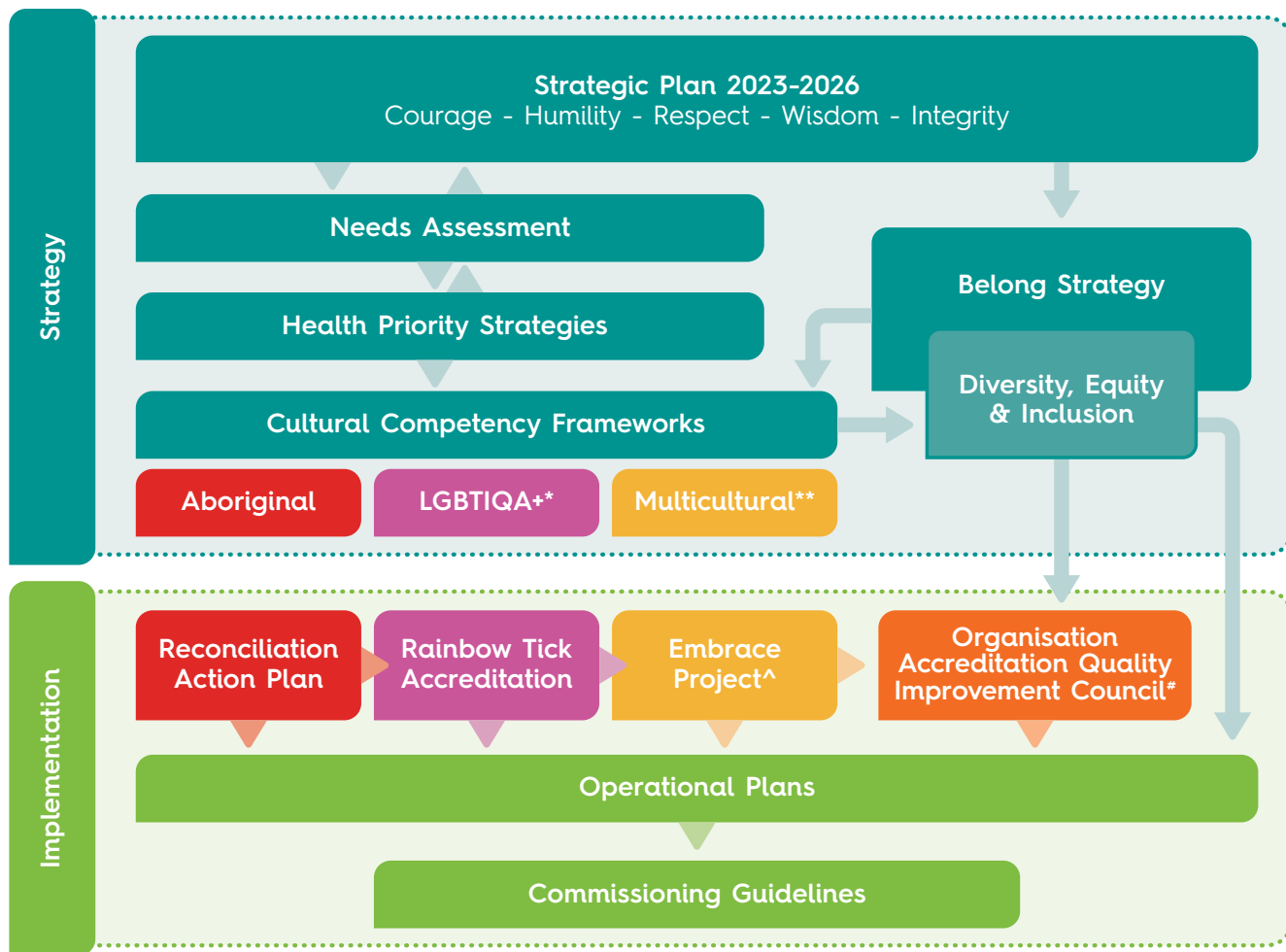
More information on the Embrace Framework is available here.

WAPHA's commitment to people from multicultural communities:

- WAPHA is working towards addressing barriers experienced by people from multicultural communities when accessing primary health care. We have received ongoing support and mentoring from the Embrace Project Team, to assist us to incorporate the principles of the Embrace Framework where relevant. The Embrace Framework sits with WAPHA's other strategic guidance documents such as the Rainbow Tick Implementation Plan and Reconciliation Action Plan and provides strategic guidance on our approach to cultural competency, equity and inclusion and offers guidance for health services we commission.
- The implementation of The Framework supports our commitment to work together on building respectful relationships and reducing disparity. This is strengthened through improving connections across primary health care services to further improve equity and access for multicultural communities.

Strategic approach to cultural competency

Strategy

Strategic Plan 2023-2026
Courage - Humility - Respect - Wisdom - Integrity

Needs Assessment

Health Priority Strategies

Cultural Competency Frameworks

Belong Strategy

Diversity, Equity & Inclusion

Aboriginal | LGBTIQA+** | Multicultural**

Implementation

Reconciliation Action Plan → Rainbow Tick Accreditation → Embrace Project^ → Organisation Accreditation Quality Improvement Council#

Operational Plans

Commissioning Guidelines

The Framework is one of three cultural competency frameworks focused on priority community groups.

All the Frameworks are designed to complement WAPHA's existing strategies and initiatives, build on agreed actions and contribute to the organisation's accreditation requirements.

They sit under the umbrella of the *WAPHA Strategic Plan* and Belong Strategy's Diversity, Equity and Inclusion pillar, and are supported by Commissioning Guidelines and resource toolkits.

* Lesbian, gay, bisexual, trans/transgender, intersex, queer, asexual, aromantic and other sexuality, gender, and bodily diverse people and communities

** Those members of the community who differ according to religion, language and ethnicity and whose ancestry is other than Aboriginal, Anglo Saxon or Anglo Celtic[8]

^ *Embrace Project: Embrace Multicultural Mental Health* (the Embrace Project) is run by Mental Health Australia and provides a national focus on mental health and suicide prevention for people from culturally and linguistically diverse (CALD) backgrounds.

\# Quality Innovation Performance (QIP) Accreditation against the Quality Improvement Council (QIC) Health and Community Service Standards.

Quintuple Aim

WAPHA, along with many other health care funders, aims to achieve the goals of the Quintuple Aim for Health Care Improvement. This commitment provides a unique opportunity for WAPHA, like-minded health care providers and communities to work together to provide culturally safe services, address equity, improve work experiences and health outcomes at a more sustainable cost.

WAPHA has used the Quintuple Aim for Health Care Improvement to guide the development of the Framework's standards, actions and performance indicators.

Improving population health

Enhancing the care experience

Reducing costs

Care team well-being

Advancing health equity

The Quintuple Aim is an extension of the Triple and Quadruple Aim, developed by Institute for Healthcare Improvement[9].

Why is the Multicultural Competency and Capability Framework so important?

Australia is a multicultural country, and the cultural, ethnic, linguistic, and religious diversity of our population continues to expand. According to the 2021 national census, nearly 50 per cent of the Australian population is either born overseas, or has at least one or more parent who was born overseas, with WA having the highest population born outside of Australia[10]. Over 300 languages are spoken in Australia and over 30 per cent of homes speak languages other than English[11]. The latest Census also highlights that Western Australia is a religiously diverse state with 41.1 per cent of the population affiliated with Christianity, 2.5 per cent with Islam and 2.2 per cent with Buddhism[12].

People in multicultural communities are often at higher risk of inadequate health care and poor physical and emotional health. Multicultural communities can face recognised barriers in accessing and using health services[13].

An individual's experience of immigration and settlement can adversely impact their health and wellbeing. This can be exacerbated by discrimination and racism, disconnection from family, culture, and community, isolation, trauma, and torture[14]. As Australia's population continues to grow, it is essential that the health care sector reflects the emerging needs of multicultural communities to deliver safe, equitable and quality care[15]. This requires a better understanding and recognition of the diversity among multicultural communities and people and the unique and specific primary health care required, including for:

- people who are refugees
- people on a temporary visa
- people who are at risk of homelessness or who are homeless[16]
- people transitioning from corrective services to mainstream primary health care
- people with disability

- people recovering from trauma/post war stress and dislocation
- people experiencing family, domestic, sexual violence[17]
- LGBTIQA+ people who are from multicultural communities
- people on low incomes with limited English.

A review of current literature indicates that there are major barriers to accessing adequate health care including:

- poor accessibility to services due to issues such a lack of information and little coordination through the health system; and
- lack of availability of culturally responsive health systems, organisations, and providers.

> Due to the diversity and complexity of multicultural communities, primary health care services that support a range of approaches to service delivery can more effectively increase access and reduce barriers. (*Javanparast S, Naqvi SKA, Mwanri L. Health service access and utilisation amongst culturally and linguistically diverse populations in regional South Australia: a qualitative study. Rural Remote Health.* 2020 Nov;20(4):5694. doi: 10.22605/RRH5694. Epub 2020 Nov 19. PMID: 33207914./)

Department of **Local Government,**
Sport and Cultural Industries
Office of **Multicultural Interests**

GOVERNMENT OF
WESTERN AUSTRALIA

CENSUS 2021
WA's Changing Population and Cultural Landscape [18]

WA's population has reached

2,660,026

An increase of 7.5% from 2016.

32.2% The proportion of Western Australians born overseas is larger **(32.2%)** than the national average **(27.6%)**. The proportion of those born in Australia is lower **(62%)** than the national average of **66.9%**.

55.6% **55.6%** of Western Australians have one or both parents born overseas - higher than the national average of **48.2%**.

TOP 10 birthplaces
where were we born?

WA is home to people from **221** birthplaces. The top 10 birthplaces are the same as in 2016 but the proportion of each has changed. The overseas born birthplaces with highest growth in number of people are India, the Philippines, China, South Africa, Malaysia and Bhutan.

1.0%
Scotland
(26.146)

7.4%
England
(196,885)

0.7%
Ireland
(18.147)

0.7%
Italy
(18.175)

2.3%
India
(61,088)

1.1%
China
(28.415)

1.4%
Philippines
(37,524)

1.2%
Malaysia
(32,282)

1.7%
South Africa
(44,889)

2.8%
New Zealand
(75,591)

TOP 10 ancestries
where do we come from?

75.2% of responses in WA indicated a non-Australian ancestry.

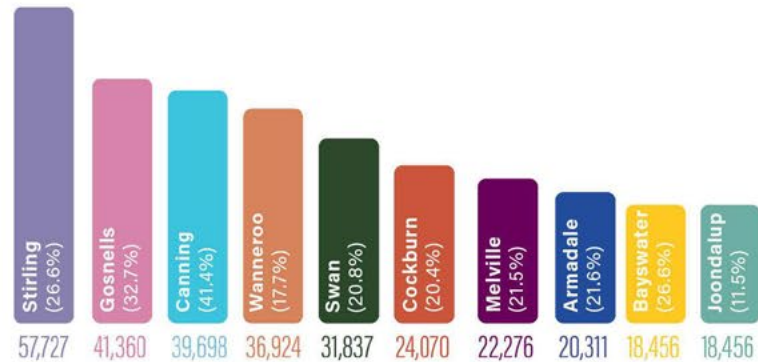| Ancestry	Count	Percentage
English	(1,000,796)	28.5%
Australian	(789,282)	22.5%
Irish	(233,323)	6.6%
Scottish	(232,541)	6.6%
Italian	(137,255)	3.9%
Chinese	(116,848)	3.3%
Aboriginal Australian	(81,117)	2.3%
German	(78,337)	2.2%
Indian	(77,357)	2.2%
Dutch	(52,828)	1.5%
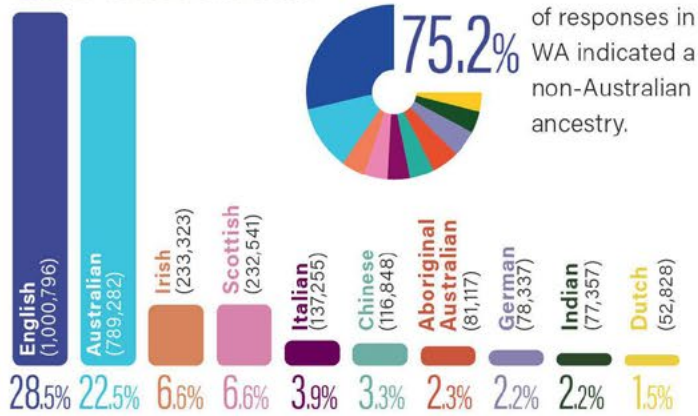
MORE THAN 130 faiths are followed in WA

The number of people affiliated with Christianity is declining, while those identifying with no religion or secular beliefs **(42.5%)** is increasing. Sikhism is the fastest growing religion.

Christianity (1,093,666) **41.1%**

Islam (66,764) **2.5%**

Buddhism (57,622) **2.2%**

Hinduism (52,055) **2%**

Sikhism (18,583) **0.7%**

Judaism (5,699) **0.2%**
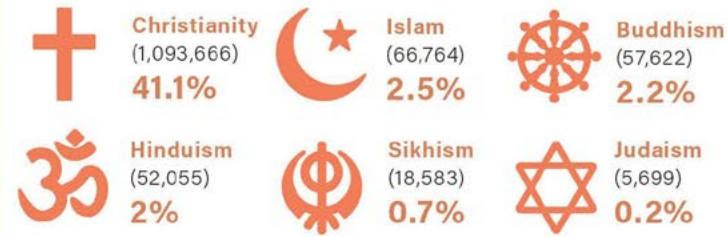
TOP 10 most culturally and linguistically diverse local government areas
where do we live?

91.2% of people from CaLD backgrounds live in metro Perth compared to **79%** of all W.A.

Area	Percentage	Count
Stirling	(26.6%)	57,727
Gosnells	(32.7%)	41,360
Canning	(41.4%)	39,698
Wanneroo	(17.7%)	36,924
Swan	(20.8%)	31,837
Cockburn	(20.4%)	24,070
Melville	(21.5%)	22,276
Armadale	(21.6%)	20,311
Bayswater	(26.6%)	18,456
Joondalup	(11.5%)	18,456

WAPHA's engagement with people from multicultural backgrounds has identified key elements that are important to demonstrating a culturally safe service.

Community feedback – consulting with our stakeholders

To inform development of this Framework, in early 2023, WAPHA engaged Language and Culture Pty Ltd to consult with people from multicultural backgrounds across four sites in metropolitan and regional WA. Through face-to-face consultation and an online survey, responses were collected from over 48 community members on what makes a primary health care service safe and inclusive. Those consulted represented 28 different cultural groups and spoke 32 different languages. Consultation was also conducted with WAPHA commissioned service providers from 27 different organisations. The WAPHA Community Multicultural Stakeholder Reference Group and an internal WAPHA working group, which included people from multicultural backgrounds, provided input, feedback, and review of the draft Framework.

Community members, commissioned service providers and WAPHA staff identified key elements needed to ensure primary health care services are culturally safe, equitable, and inclusive, including:

- person centred care
- health literacy and health promotion
- communication skills and language
- training and development
- cultural sensitivity and understanding
- administration including service access and time management
- community engagement
- advocacy.

"Developing an organisational culture of caring, compassion, being welcoming and safe creates a foundation upon which you can develop more specific and individual approaches, depending on the cultural groups you might be engaging with. On a basic level you need those types of attributes".

WAPHA Community Consultation 2023

What does cultural competency, safety and capability look like?

In developing this Framework, WAPHA considered the progression from cultural awareness to competency and safety. WAPHA and the primary health care services we work with are at different points in this journey in relation to multicultural competency. For alignment, WAPHA has adapted the definitions, developed by other organisations, and used these definitions in the Framework. These definitions are provided below.

Cultural safety is the outcome of education that enables safe services to be defined as safe by those who receive the service. This is contrasted by the concept of unsafe cultural practice, which is any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual. Cultural safety is the final phase of the education process where the practitioner or provider looks at themselves, their internal operating systems, and their implicit biases.
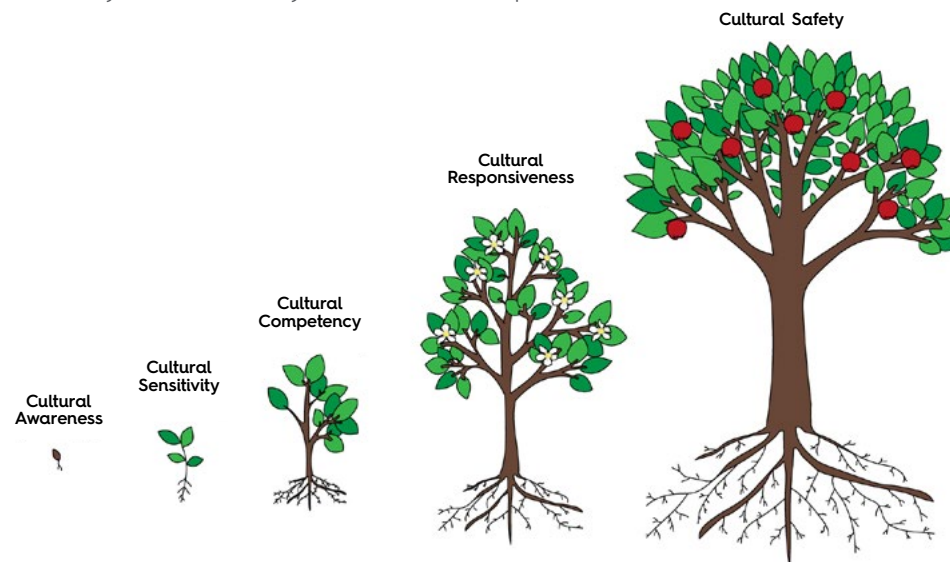
This is a dynamic and multidimensional process. Cultural safety is based on the experience of the recipient of care and involves the effective care of a person from another culture[19].

Cultural capability, just like clinical capability, is an ongoing journey of continuous individual learning and organisational improvement, in order to ensure best practice in health service delivery *QLD Health*

Cultural responsiveness is a new way of thinking about culture. It means being open to new ideas that may conflict with the ideas, beliefs and values of your own culture, and being able to see these differences as equal. For example, in many cultures spiritual beliefs are an important part of overall wellbeing.
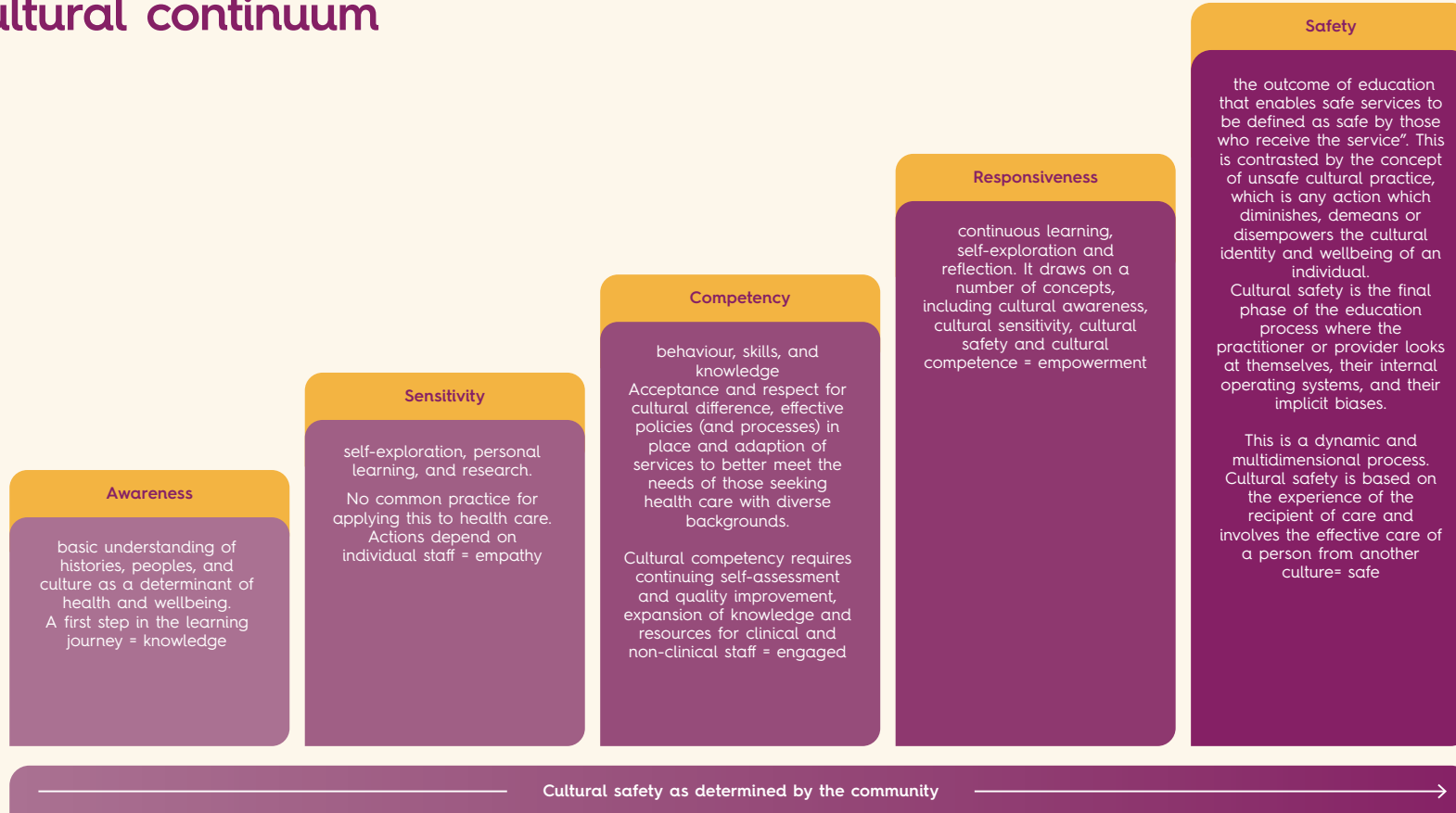
It means being respectful of everyone's backgrounds, beliefs, values, customs, knowledge, lifestyle and social behaviours. It helps you provide culturally appropriate care and support, so people are empowered to manage their own health.

Cultural responsiveness involves continuous learning, self-exploration and reflection. It draws on a number of concepts, including cultural awareness, cultural sensitivity, cultural safety and cultural competence.

Cultural Awareness — Cultural Sensitivity — Cultural Competency — Cultural Responsiveness — Cultural Safety

https://ecampusontario.pressbooks.pub/indigenoushealthandwellness/chapter/connection-3-understanding-cultural-safety/

The cultural continuum

Awareness

basic understanding of histories, peoples, and culture as a determinant of health and wellbeing.
A first step in the learning journey = knowledge

Sensitivity

self-exploration, personal learning, and research.

No common practice for applying this to health care. Actions depend on individual staff = empathy

Competency

behaviour, skills, and knowledge
Acceptance and respect for cultural difference, effective policies (and processes) in place and adaption of services to better meet the needs of those seeking health care with diverse backgrounds.

Cultural competency requires continuing self-assessment and quality improvement, expansion of knowledge and resources for clinical and non-clinical staff = engaged

Responsiveness

continuous learning, self-exploration and reflection. It draws on a number of concepts, including cultural awareness, cultural sensitivity, cultural safety and cultural competence = empowerment

Safety

the outcome of education that enables safe services to be defined as safe by those who receive the service". This is contrasted by the concept of unsafe cultural practice, which is any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.
Cultural safety is the final phase of the education process where the practitioner or provider looks at themselves, their internal operating systems, and their implicit biases.

This is a dynamic and multidimensional process. Cultural safety is based on the experience of the recipient of care and involves the effective care of a person from another culture= safe

Cultural safety as determined by the community →

Cultural safety is the outcome of education that enables safe services to be defined as safe by those who receive the service.

Vision, Principles and Standards

Vision

WAPHA is committed to working collaboratively to improve the care experience and deliver better health and wellbeing for all individuals and communities across Western Australia

Principles

Equity and Inclusion	Individual/Family/ Community Needs Focussed	Accountability and Transparency	Community Guided and Informed	Sensitive and Respectful Communication	Learning Mindset and Continuous Improvement

Standards

Whole of Organisation Commitment	Workforce	Community (Engagement)	Holistic Person-centred Care/ Welcoming Environment	Partnerships and Collaboration	Quality Improvement	Commissioning

Reference: NATSIHWP Statement on Cultural Safety 2022, Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026[20]

Definitions

Vision: the ability to think about, or plan, the future with imagination or wisdom (Oxford Dictionary)

Principles: A principle is a kind of rule, belief, or idea that guides you https://www.vocabulary.com/dictionary/principle

Standards: A standard is an ideal or set of criteria that you use to judge things against www.vocabulary.com/dictionary/standard

Principles

Principle	What does this look like in practice?
Equity and Inclusion	• Ensuring human rights of people in multicultural communities including refugees, temporary visa holders and the impacts of intersectionality[#] are recognised and an equitable and inclusive approach is taken as an employer and/or service provider. All services should be delivered without racism or discrimination. • Ensuring that everyone has an equal right to accessible primary health care including heath information and empowerment to participate in decision making. • Supporting mainstream services and organisations to build their capacity in improving equity of access and inclusion of multicultural populations to provide culturally competent and safe services.
Individual/Family/Community Needs Focussed[21]	• Being respectful and responsive to individual, family and community preferences, needs and values to help guide decisions. • Increased understanding of the diversity within multicultural communities including language, faith, cultural practices, ethnicity, gender, and sexuality and their health needs in context of the way people live their lives. • Continuity of care[22].
Accountability and Transparency	• Ensuring cultural safety of people from multicultural backgrounds is embedded across the organisation, with clear lines of accountability for multicultural equity and inclusion in the governance, physical and operating environment of services. • Addressing feedback from people from multicultural communities including acknowledgement of the lessons learned and actions taken to improve, made known to the individual and reported in de-identified aggregate publicly.
Community Guided and Informed	• Building and strengthening relationships with established and emerging multicultural advocacy and community groups, and providing people from multicultural backgrounds opportunities to lead, and be employed in a range of programs and projects. • Allowing for community guidance on cultural safety, equity, access, inclusion, and intersectionality issues focusing on a strength-based approach. This includes a focus on a person-centred approach including autonomy, choice, self-determination, freedom, and responsibility[23].

\# Intersectionality is the acknowledgement that everyone has their own unique experiences of discrimination and oppression and we must consider everything and anything that can marginalise people – gender, race, class, sexual orientation, physical ability, etc. *https://www.womankind.org.uk/intersectionality-101-what-is-it-and-why-is-it-important/*

Principle	What does this look like in practice?
Sensitive and Respectful communication	• Demonstrating kindness and patience. • Recognising that people from different backgrounds often have different ways of communicating and are sensitive to discussing issues that may be considered non-sensitive in other cultures. • Taking time to fully explain health terminology and procedures without jargon. • Listening for concerns or hesitations and elaborating where necessary to ensure a patient and their family understand the health issue at hand as well as options for treatment through either an appropriately trained interpreter or written translated or plain English where appropriate. • Understanding and respecting the health care choices mutually made by the person and the family/carers, even if they may not be choices the providers would recommend or select for themselves. • Understanding the impact trauma can have on a person's social, emotional, and physical health and wellbeing[24].
Learning Mindset and Continuous Improvement	• Mandatory ongoing cultural competency learning for all staff members at onboarding and as required including the delivery of person centred, equitable and inclusive practice/services. Training undertaken should include both a face-to-face format and contemporary online blended learning, with trainers recommended by the local community (and subsequently verified) wherever possible. • Taking a learning mindset to the evolving health and cultural health needs of multicultural communities. This includes regularly reviewing policy, protocols, and templates for cultural safety, using peak bodies and national frameworks such as the Embrace Framework for Mental Health in Multicultural Australia.

This process should not be about what we can do to them, or for them. I really think the future of true cultural competency is embedding people from the community groups that you wish to engage with into your staffing model so that you are really walking along side people and walking the talk and winning that richness of knowledge and experience. In addition to showing your client group when they engage with the service there are people there of a similar background to them.

– Lisa, community stakeholder

Standards

These are the standards WAPHA will use to hold ourselves and commissioned service providers to account

Standard 1 Whole of Organisation Commitment	Standard 2 Workforce Development	Standard 3 Community
WAPHA reflects an organisation wide approach to cultural competency, safety, equity, and inclusion. This is demonstrated through leadership, governance, accountability, and advocacy.	WAPHA supports the development of an appropriately skilled and resourced workforce that can influence the provision of a competent workplace and equitable, accessible, inclusive, and responsive commissioned services.	WAPHA actively seeks respectful input and guidance from multicultural community leaders and members to reflect their needs, wisdom, practices, and the diversity of the local communities in Primary Health Network activities.
Key Elements	**Key Elements**	**Key Elements**
- Governance and leadership commitment - Strategic planning. - Quintuple Aim of Healthcare Improvement. - Policies and accountability. - Advocacy and funding/investment locally, state-wide, and nationally. - Health needs assessment. - Addressing inequity and access to inclusive health services in all health planning. - Culturally appropriate performance measures.	- Ongoing cultural competency and safety, education, and training (face-to-face and online blended learning) developed in partnership with and provided by multicultural organisations. - Unconscious bias training and regular refresh of awareness development. - Representation in decision making. - Diverse and inclusive employment policy – including recruitment strategies and retention, cultural and religious leave, and guidelines.	- Two-way respectful communication and consultation. - Local representation in decision making. - Multicultural Community Stakeholder Reference Group. - Community informed care, programs, services. - Community evaluation and follow up. - Improved health literacy and availability of health information written in inclusive and plain English language. - Empowering people from multicultural communities to determine and implement solutions.

Standard 4 Holistic Person-centred care	Standard 5 Strong Partnerships and Collaborations	Standard 6 Continuous Improvement
WAPHA supports primary health care services to provide a service centred on a person's identity, family, culture/spiritual, community, physical, social, and emotional wellbeing needs.	WAPHA actively engages with like-minded organisations, communities, and funding agencies to increase equity, inclusion and access to value-based care targeting identified community need.	WAPHA is a learning organisation acquiring knowledge, experience, feedback, and resources to improve equity and inclusiveness, internally and within its circle of influence.
Key Elements	**Key Elements**	**Key Elements**

• Welcoming environment in all aspects of interaction with people, ranging from a friendly, inclusive online presence, thoughtful clinic/office layout, to warm receptionist greeting.
• Language service guidelines for clinical and community settings.
• Clear and respectful communication.
• Health literacy is a key component of person-centred care.
• Social and cultural determinants of health recognised.
• Clinical practice and clinical decision making informed by patients/family/community and place.
• Lived experience/ peer support workers –gender and age mix.
• Culturally competent and inclusive local community health care providers.
• Local integrated and coordinated care policies, programs, care plans, clinical protocols, record keeping.
• Culturally safe and inclusive patient and consumer feedback.
• Accessible services e.g., transport, co-location, opening hours, no wrong door, referral processes, readable information, health navigation support including removing barriers such as technology.
• Local community design into new/refurbished facilities acknowledging any culturally specific requirements where appropriate and relevant.
• Ethical patient self-identification to access services – policy and procedures, training, resources.
• Trauma informed care.
	• Support for, and partnerships with, multicultural community organisations.
	• Joint funding, reporting and program planning.
	• Building capacity and diversity in cultural competency, inclusiveness, and safety.
	• Accountability.
	• Identification of health issues, challenges and joint solutions including consideration of the cultural and social determinants of health and human rights.
	• Identification and relationships with external sources of information and support including specialist services.
		• Quality Improvement programs and activities.
		  • Ongoing assessment of equity and inclusiveness as part of service review and contracting.
		  • Development of service audits involving community evaluation of outcomes and experiences.
		• Best practice models and resources.
		• Knowledge transfer from and to communities.
		• Quality Improvement programs and activities.
		• Education and training.
		  • Ethical data collection, information sharing, planning and research
		  • Ongoing QIC[25] Accreditation.

Standard 7
Commissioning

WAPHA supports and learns from the organisations it commissions to facilitate provision of equitable, inclusive, and safe services through contracting, monitoring and evaluation of services and programs, in partnership with members of multicultural communities and organisations.

Key Elements

- Commissioning guidelines for cultural competency, inclusiveness, and safety.
- Standard performance indicators and reporting portals.
- Standard inclusion in contract schedules/clauses/evaluation of tender documents.
- Ongoing assessment of cultural competency, inclusiveness, and safety as part of service review and contracting.
- Requirement for multicultural communities' membership on tender panels for health and social wellbeing programs/services where appropriate.
- Needs assessment, planning and service design informed/developed through agreed processes and in partnership with local communities and organisations.
- Learning from community stories, best practice, partnerships, and collaborations.
- Seek out innovation based on building existing community strengths and assets.
- Sharing tools and information to support the development of primary health care cultural competency and provision of inclusive, safe services.
- Confirm requirements for culturally safe collection and analysis of patient experience and patient reported outcomes/feedback and complaints.
- Support for, and partnerships with, multicultural communities-led organisations.
- Collaboration with other sectors and organisations to increase/leverage funding for Western Australian services to improve provision of culturally competent and inclusive primary health care.

Transitioning to cultural competency

WAPHA will progressively work towards improving cultural competency and capability over the next three years, directing attention to priorities for action and implementing these in a planned and considered way.

YEAR 1	YEAR 2	YEAR 3

WAPHA 2024

Commissioned Services 2025

Supporting Primary Care 2026

Each year will have a specific implementation plan based on the standards and actions relevant to each focus area.

Year 1 will focus internally on WAPHA as an organisation, to ensure that all staff have access to relevant training and education, review policies, procedures, employment processes, employee support, welcoming work environment, conversations and partnerships with communities as well as reflective practice.

Year 2 will focus on working in partnership with WAPHA's commissioned service providers to support the ongoing development of a culturally competent and inclusive workforce and provision of WAPHA funded safe and inclusive services. This includes the finalisation of commissioning guidelines, clearly stating WAPHA's competency requirements for procurement and service provision, performance indicators and reporting, funding options, shared knowledge and best practice.

Year 3 will focus on WAPHA's mandate to support and build capacity in primary care, focusing on quality improvement programs, training and education in collaboration with key partner organisations, shared knowledge and learning from each other and best practice.

Accountability

Roles and responsibilities

- Being a culturally competent and capable organisation is everyone's responsibility. All WAPHA staff have a mandatory cultural competency goal with the aim of improving the health outcomes of people in WA's multicultural communities.' WAPHA will work with partners, commissioned service providers and primary health care services across the three Western Australian PHNs to encourage and support their organisations and staff to improve their cultural competency and inclusiveness and provide safe primary health care services.
- WAPHA has appointed the Executive General Manager, Strategy and Engagement as the Executive Sponsor for equity and inclusion, and the WAPHA team will report on their commitments and achievements in equity and inclusiveness to WAPHA's Executive, Board, the WAPHA community stakeholder reference groups, multicultural, Aboriginal and LGBTIQA+ staff and community members.

Working with commissioned service providers

- Guidelines for commissioned services will shape the changes for the commissioning process in terms of expectations, measurement, evaluation and reporting of cultural competency and safety. As part of the progression towards cultural competency, community input will be incorporated into the needs assessment and annual planning processes, and feedback incorporated into the evaluation processes. WAPHA will work with commissioned service providers on preparing for the implementation of the commissioning guidelines leading up to their implementation at the end of the first year of this Framework (2024-2025).

Supporting primary health care services

- WAPHA will support primary health care services with information via our website on tools and resources to improve cultural competency and make patients feel safer when attending primary care services. WAPHA will also provide and promote opportunities for sharing learnings for improvement across primary health care services.

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WA Primary Health Alliance
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Multicultural Competency and Capability Framework

Implementation Plan

2023 – 2025

Standard 1	Whole of Organisation Commitment WAPHA takes an organisation and system wide approach to cultural competency, safety, inclusiveness and equity and this is demonstrated in leadership, governance, accountability and advocacy.	Priority year	Lead portfolio
Actions	Ensure WAPHA performance is aligned with the Quintuple Aim of Healthcare Improvement focused on equity[26].	1	* S & E Strategic Plan
	Provide WAPHA Strategy and Policy guidance to ensure consideration of multicultural communities' needs with an emphasis on being responsive to migrant and refugee community voices[27].	1	S & E CCF Framework
	Facilitate multicultural communities' representation in key governance settings where-ever possible.	1-3	All portfolios
	Maintain the WAPHA Multicultural Communities Stakeholder Reference Group to reflect a diversity of voices and perspectives that are consulted on an ongoing basis[28].	1-3	S & E Existing
	Ensure all PHN Performance Quality Framework Cultural Competency Performance Measures are reviewed and translated into measurable multicultural communities' health actions and outcomes where possible.	1-3	S & E Commissioned Services
	Ensure WAPHA Needs Assessment identifies the regions' population diversity including qualitative and quantitative information sourced from community members to reflect multicultural communities' health needs across the lifespan and in priority programs[29].	1	Business Services Strategy & Engagement
	Foster and maintain partnerships with key stakeholders, agencies and other PHNs to advocate and secure funding for the specific health needs of migrant and refugee communities[30].	1-3	S & E
Performance Indicators	The WAPHA Strategic Plan 2023 – 2026 clearly states commitment to meeting health needs of multicultural communities as priority population and addressing health equity.		
	Publication of the WAPHA Multicultural Competency and Capability Framework and action plan.		
	WAPHA has budgetary policies and practices that allocate suitable resources to build the cultural responsiveness of its governance structure, workforce, recognition of key cultural dates, and programs.		
	The WA PHNs' Needs Assessment includes analysis of relevant available information on the CALD community that is available from a range of data sources, as well as available local intelligence on the needs and experiences of these communities as gathered through the activities of the stakeholder engagement and regional integration teams.		
	WAPHA compares the WA PHNs' Needs Assessment priorities with any service's access, outcome, and satisfaction data available, to help identify and address any gaps or issues annually.		
	WAPHA's governance structure membership reflects the priority populations within Western Australia.		
	The WAPHA Multicultural Stakeholder Reference Group meets quarterly with documented terms of reference, minutes, actions and follow up as required.		
Monitoring & Evaluation	Bi-annual review and report on Cultural Competency and Capability Framework Implementation Plan actions and achievements to WAPHA Executive and Board, staff members and communities.		
	Annual review of all WAPHA governance arrangements and representation from priority communities e.g., Board, evaluation panels.		

Standard 2	Workforce Development WAPHA supports the development of an appropriately skilled and resourced workforce that can influence the provision of a culturally competent workplace and accessible, inclusive, and responsive commissioned services.	Priority year	Lead portfolio
Actions	Facilitate mandatory and discretionary equity and inclusion training and education program, informed by the WAPHA Multicultural Communities Stakeholder Reference Group and lead community organisations.	1	Business Services
	Identify learning needs, related to the primary health care needs of multicultural communities, for WAPHA staff members, Board, external reference groups as appropriate and related to their role such as • increasing cultural awareness and knowledge • communication skills • working with interpreters • unconscious bias awareness • trauma informed care awareness/practice • self-reflection tools such as commissioned by North-West Melbourne Primary Health Network (NWMPHN)[31].	2	Business Services All portfolios
	Create four opportunities a year for staff to learn from experts[32] from multicultural communities/community health services on equity and inclusion, best practice, and other related topics such as trauma informed practice in conjunction with other cultural diversity activities e.g., cultural competency, RAP, Rainbow Tick and marking of significant cultural dates.	2	People and Culture an Employee Experience Champions
	Identify and implement any strategies for attraction and retention of employment candidates from multicultural communities to reflect the cultural diversity of the wider community informed by learnings from WAPHA staff experiences regarding cultural competency and safety.	3	Business Services
	Include optional self-identification questions for multicultural staff members in employment applications and the WAPHA annual Hearts & Minds staff survey and pulse surveys.	1	Business Services
	Confirm cultural and religious leave policy and guidelines for WAPHA multicultural communities staff members.	2	Business Services
	Ensure that an annual diversity and inclusion review occurs as part of the employee mandatory goal setting/values discussion.	1	Business Services
	Develop a digital library of relevant and best practice learning resources, tools, and services available to WAPHA staff, partners, and service providers[33].	1	S & E
Performance Indicators	Completion of organisational cultural competency learning package and ongoing learning by 90% of employees: this includes staff awareness and training in any relevant internal policies, including non-discrimination, use of language services, information collection, and others.		
	Budget allocation for cultural competency training for all staff.		
	Annual training needs review of all staff to support development of cultural competency training.		
	All WAPHA People and Culture policies reflect cultural competency and mechanisms to ensure cultural safety e.g., anti-bullying and harassment, anti-discrimination, psychosocial safety, diversity, and inclusion.		
	Demonstrated increase in the employment of people from multicultural communities.		
	Learning resources are available on WAPHA website and intranet site and promoted regularly to stakeholders		
	WAPHA Diversity, Equity and Inclusion policies are published and reviewed annually.		
Monitoring & Evaluation	Annual workplace employee survey to assess progress with cultural competency program and cultural safety within WAPHA via the Hearts and Minds survey.		
	Review of progress to be conducted by WAPHA Multicultural Communities Stakeholder Reference Group, Quality Improvement and Accreditation working group and multicultural communities staff members annually.		
	Views of and downloads from WAPHA website pages - cultural competency, safety, and equity		

Standard 3	Whole of Organisation Commitment WAPHA takes an organisation and system wide approach to cultural competency, safety, inclusiveness and equity and this is demonstrated in leadership, governance, accountability and advocacy.	Priority year	Lead portfolio
Actions	Consult the WAPHA Multicultural Stakeholder Reference Group to develop cultural protocol guidelines for use prior to any engagement, collaboration, service delivery planning by WAPHA staff members, as appropriate.	1-3	Strategy and Engagement All portfolios
	Plan engagement with people from multicultural communities in each WAPHA PHN region bi-annually to discuss community primary health care needs and challenges and to inform PHN activities[34].	1-3	S & E
	Promote health literacy resources, that include the use of plain English and translated primary health care information into priority languages, during engagement with multicultural communities[35].	1-3	S & E PCID
	Support services/activities that demonstrate an understanding and reflection of people in multicultural communities' view of health and well-being[36].	1-3	S & E
	Acknowledgement and participation in key dates/events in multicultural communities' history e.g., Harmony Day, Refugee Week in consultation with the WAPHA Community Stakeholder Reference Group.	1-3	S & E
	Support regular reflection activities on the impact of racism and discrimination such as guest speaker program, webinars, community consultation.	1-3	S & E
	Review WAPHA's Paid Participation Policy to ensure that engagement of multicultural communities' stakeholders demonstrates competency, inclusiveness, and respects cultural knowledge.		S & E
	Develop WAPHA language services guidelines that articulate the agreed use of Interpreters, access to translated resources and inclusive language reflecting the diversity of communities.	2	S & E
	Ensure people from multicultural communities with intersecting identities are acknowledged and consulted where possible, when planning primary health care services[37].	1-3	All portfolios
Performance Indicators	WAPHA has access to contemporary research and resources on multicultural health needs, with links to relevant external organisations and multicultural communities, to stay up to date on current evidence and best practice.		
	WAPHA has liaised, consulted, and can demonstrate links with relevant multicultural, refugee and community-specific agencies, organisations, or resources in all three PHN regions.		
	Engagement (aligned to WAPHA's Stakeholder Engagement Framework) with community members is conducted as agreed and is documented, with any issues identified for action and a feedback loop to stakeholders included.		
	Programs targeting people from multicultural communities are developed and reviewed in collaboration and/or reviewed by local communities/WAPHA Multicultural Community Stakeholder Reference Group.		
	Three yearly reviews of the WAPHA Interpreter Services HealthPathways[38].		
	Calendar of key dates and celebrations is published and promoted across the organisation.		
	Paid participation fees are provided in compliance with WAPHA's policy where community members are consulted.		
	Digital library of relevant and best practice learning resources for primary health care services to share with partners and service providers published and current.		
	WAPHA Language services guidelines are developed, published, promoted, and reviewed annually to ensure currency.		
Monitoring & Evaluation	WAPHA supports primary health care services to provide a service centred on a person's culture/spiritual beliefs, identity, community, and social and emotional wellbeing.		
	Quality Improvement and Accreditation working group and Multicultural Stakeholder Reference Group review implementation progress of the Framework bi-annually.		
	Community feedback mechanism and/or consultation process to assess feedback and complaints annually.		

Standard 4	Holistic Person-Centred Care WAPHA supports primary health care services to provide a service centred on a person's culture, identity, community, and social and emotional wellbeing.	Priority year	Lead portfolio
Actions	Provide a welcoming environment at all WAPHA offices and online via WAPHA websites and encourage commissioned services to provide facilities that include imagery, plain English/translated language resources and reflect competency.	1-3	Business and Commissioned Services S & E
	Support training and promote tools to assist in developing culturally competent communication in clinical settings[39],[40].	2	PCID
	Ensure the WAPHA language services guidelines include protocols/processes/links for engaging suitably qualified interpreting and translating services[41] which are relevant to the primary health care clinical setting	1	Strategy and Engagement
	Promote and support the appropriate use of interpreters and translated materials to assist with health literacy, access, and pathways between services. This includes the use of translated information/interpreters where it is necessary to obtain consent, assure confidentiality and highlight rights, responsibilities, or concerns[42],[43].	1-3	PCID Commissioned Services
	Showcase[44] any best practice and case studies in culturally competent and safe clinical service delivery and inclusive strategies and programs to inform practice[45].	3	PCID Commissioned Services
	Conduct a review and update the Migrant and Refugee HealthPathways three yearly, undertaking ad hoc updates out of cycle, ensuring that all information is current and linked to local health services[46].	tba	PCID
	Promote the role of key health agencies with critical roles in supporting new refugee and humanitarian arrivals in partnership with primary health care[47].	1-3	S & E PCID
	Map patient journeys for country and metropolitan patients to identify gaps and barriers to access equitable, inclusive, and safe services.	3	S & E Commissioned Services PCID
	Provide culturally safe mechanisms for local multicultural community members to evaluate and provide feedback on services, outcomes, and improvements, resulting from accessing WAPHA commissioned services.	3	S & E
	Consult with primary health care providers and develop and/or promote information and resource packs for local health care providers on culturally appropriate practices such as creating a welcoming environment, health literacy, self-identification and data collection, best practice clinical guidelines, HealthPathways, MBS items numbers, My Health Record and health needs of diverse communities.	3	PCID
	Adapt or develop cultural competence primary care quality improvement plans for primary care settings e.g., review any RACGP, other PHNs plans[48],[49],[50],[51].	3	PCID
	Encourage co-location and integration of mainstream services in partnership with multicultural communities' organisations wherever possible.	3	PCID Commissioned Services

Standard 4	Holistic Person-Centred Care WAPHA supports primary health care services to provide a service centred on a person's culture, identity, community, and social and emotional wellbeing.	Priority year	Lead portfolio
Performance Indicators	Number of quality improvement activities and improvement actions completed.		
	Production of Language Services Guidelines and dissemination.		
	Publication of the digital library of relevant multicultural communities best practice learning resources for primary care.		
	Patient journey pathways produced are referenced in any relevant program development, implementation, and evaluation.		
	Mechanism to collect, store and share knowledge and information identified and documented.		
	Increased access and uptake of My Health Record related to care for multicultural patients including refugees.		
	HealthPathways content current is maintained, promotional activities are undertaken to support pathway uptake and in collaboration with other teams and increased pathway views are identified post promotional activity		
Monitoring & Evaluation	Audit of WAPHA offices and facilities to ensure physical environment is welcoming.		
	Report on implementation actions presented and published annually.		

Standard 5	Partnerships and Collaborations WAPHA actively engages with like-minded organisations, communities and funding agencies to increase equity, cultural competency and access to value-based care targeting identified community needs.	Priority year	Lead portfolio
Actions	Confirm the process for agreed community involvement in design, implementation, and evaluation of cultural competency, equity, and access activities.	2	S & E
	Planned engagement with multicultural community leaders, members, and organisations in each WA PHN annually/bi-annually to seek guidance and feedback on cultural safety and primary health care access.	1-3	S & E
	group with key primary health care service health funding agencies in Western Australia to (wherever possible): • Align health service performance metrics and data collection mechanisms. • Jointly engage with multicultural communities' members on feedback regarding community health needs and to identify systemic gaps in service provision.	2	Commissioned services
	Where appropriate, advocate for the inclusion of a minimum set of data fields in established data sets: • Country of birth • Main language spoken at home. • Proficiency in spoken English		
	Advocate for action on social determinants of health as key barriers to accessing equitable health care and safety for multicultural communities where-ever possible through the appropriate mechanisms.	1-3	S & E
	Build local partnerships with stakeholders inside and outside the health sector that continue to support and strengthen culturally safe and accessible services for multicultural communities.	1-3	S & E
Performance Indicators	Evidence of joint planning and co- funding of primary health care programs that are culturally safe and accessible with sector partners (as determined by the user where appropriate).		
	Documented participation in advocacy/advisory groups/meetings.		
	Documented completed actions arising from strategic meetings with partners/collaborators related to cultural competency.		
	Documentation of collaboration activities to promote equity, inclusion, and safety withing health service delivery		
	Documentation of collaboration activities to advocate for action on the cultural and social determinants of health		
	Progress on equity and access indicators as required by PHN Performance and Quality Framework		
Monitoring & Evaluation	Annual WAPHA leadership (or delegates) engagement with multicultural community leaders and community organisations across the three PHNs.		
	Communications activities promoting cultural competency, safety, diversity, and inclusion.		
	PHNs' 12-month Annual Report.		
	Participation in advocacy activities including forums, conferences, interagency meetings.		

Standard 6	Continuous Learning WAPHA is a learning organisation acquiring knowledge, experience, feedback and resources to improve cultural competency internally and within its circle of influence.	Priority year	Lead portfolio
Actions	WAPHA maintains accreditation with Quality Innovation Performance (QIP) Standards[52].	1-3	All Portfolios
	Conduct a review of practices against the National Safety and Quality Primary Care and Community Health Service Standard 2 – Partnering with Consumers[53] to support learning and continuous improvement.	2	S & E
	Use and promote learning tools such as an access and equity assessment, Framework for Mental Health in Multicultural Australia self-assessment to review individual and workplace cultural competency, access and safety.	3	PCID Commissioned Services Business Services
	Ensure consultation with multicultural communities' members and communities is embedded within the planning process for a WAPHA multicultural project, which may include: • Section to prompt opportunities for community collaboration, coproduction, and implementation within the project plan/initiation template. • A new requirement for review of the draft engagement plan by WAPHA's Stakeholder Engagement Team.	1-3	S & E
	Establish a community evaluation process of commissioned service providers to ensure the delivery of culturally safe services to multicultural communities and publish an annual report on the evaluation outcomes, lessons learnt and improvements	1-3	Commissioned Services
	Conduct research in who is 'leading the way' in multicultural competency, inclusion and safety among services funded and share case studies from leaders/facilitate learning opportunities.	1	S & E
	Use any multicultural communities' data collected, in conjunction with WAPHA health needs assessments and contemporary evidence/research to inform WAPHA's continuous improvement and responsiveness[54].	1-3	Business Services
	Maintain an ongoing focus on innovation including technology to facilitate culturally competent and safe care for multicultural communities[55].	1-3	S & E
Performance Indicators	Accreditation with QIP achieved.		
	A report on quality improvement activities on cultural competency performance indicators provided to WAPHA Executive group.		
	Case studies of exemplar improvements provided to primary health care staff and service providers.		
	Cultural Competence Primary Health Care Quality Improvement Plans, resources, and tools made available to WAPHA staff and external primary health care services and number of views.		
	Regular publication of stories on challenges WAPHA is working on and how these are being addressed in collaboration with multicultural communities.		
	Number of new initiatives/activities focused on meeting the needs of multicultural communities.		
Monitoring & Evaluation	Bi-annual quality improvement reports to WAPHA Executive General Managers.		
	Bi-annual feedback from community and stakeholders on CCF progress and improvements.		
	Survey to commissioned service providers to seek guidelines improvements.		

Standard 7	**Commissioning** **WAPHA supports and learns from the services it commissions to provide culturally competent and safe services through contracting, monitoring and evaluation of services and programs in partnership with LGBTIQA+ individuals, communities and organisations.**	Priority year	Lead portfolio
Actions	Ensure WAPHA's commissioning services planning includes the primary health care needs of the multicultural and refugee communities[56].	1-3	S & E Commissioned Services PCID
	Ensure consultation occurs with multicultural and refugee health advisory groups/organisations and other health organisations/commissioning partners during the commissioning cycle, to identify needs and unintentional consequences on those community members who have experienced trauma and reduce duplication[57],[58].	2	S & E Commissioned Services PCID
	Produce and publish the WAPHA Cultural Competency, Equity and Inclusion Commissioning Guidelines for procurement and ongoing service improvement including evaluation tool/self-assessment and action plans.	2	S & E Commissioned Services
	Produce an engagement and change management plan for the implementation of the Multicultural Competency and Capability Framework and Guidelines and measurement of safety (as determined by service users).	1-3	S & E Commissioned Services Business Services -PMO
	Develop a process which is available to Commissioned Service Providers to share information and learning from each other on equity, inclusion, and cultural safety.	1-3	Commissioned Services
	Facilitate community representation on tender evaluation panels to assess applicants for related multicultural communities' services and activity as appropriate.	3	Commissioned Services
	Promote frameworks, such as the Framework for Mental Health in Multicultural Australia (Embrace Framework) to WAPHA commissioned service providers as part of self-reflection and action.	1-3	S & E Commissioned Services
Performance Indicators	WAPHA Cultural Competency, Equity and Inclusion Commissioning Guidelines published in 2024.		
	Reporting requirements embedded into WAPHA Performance Management Framework by July 2024, include inclusion and safety program measures.		
	WAPHA publishes an annual report on the delivery of culturally safe and inclusive services within our commissioned service providers.[59],[60].		
	The WAPHA Cultural Competency, Equity and Inclusion Commissioning Guidelines are incorporated into procurement and contacting processes and program improvement.		
	The WAPHA Change Management Plan is produced and actioned.		
	Increased uptake of Embrace Framework by WAPHA commissioned service providers.		
Monitoring & Evaluation	Annual commissioned services report on performance indicators related to the Multicultural Cultural Competency and Capability Framework is presented to WAPHA Executive, Board, Australian Government, WAPHA Multicultural Stakeholder Reference Group and partners.		

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27. *Good-Practice-Approaches-in-Facilitating-Primary-Health-Care-Delivery-to-Migrants-and-Refugees.pdf*

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Multicultural Competency and Capability Framework

November 2023

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