

Multicultural Stakeholder Reference Group

Meeting Communique

June 2026

Strengthening cultural capability to support responsive care for multicultural communities.

Western Australia is home to highly diverse multicultural communities, with one in three Western Australians born overseas and more than three hundred languages spoken across the state. This diversity strengthens our communities and health care system, while also highlighting the importance of primary care services being culturally responsive, accessible and able to meet the needs of multicultural communities.

WA Primary Health Alliance (WAPHA) is continuing to support culturally safe, inclusive and equitable primary health care through our [Multicultural Competency and Capability Framework](#) and has engaged Settlement Services International (SSI) to deliver the Advancing Cultural Capability initiative for multicultural communities, including a needs assessment, training modules, practical resources and opportunities for shared learning across WAPHA's commissioned services and primary care.

The Multicultural Stakeholder Reference Group considered barriers to culturally responsive care, training needs, examples of good practice and preferred learning approaches. Insights from the discussion will inform the final needs assessment approach, future stakeholder engagement activities, and the design of learning resources to support culturally responsive service delivery.

What members told us

Relationships, trust and time are central to culturally responsive care

A strong theme throughout the discussion was the importance of relationships in supporting better health outcomes for multicultural communities.

While many clinicians and service providers recognise the need for culturally responsive care, time pressures can limit opportunities to build trust, understand family and community context and support meaningful conversations.

Relationship-based approaches are particularly important when people are navigating unfamiliar or complex health systems, managing trauma, experiencing language barriers or requiring additional support to understand and advocate for their care needs.

Navigation and health literacy remain significant access issues

Members highlighted many people from multicultural backgrounds may not know what services and supports are available, even after living in Australia for several years. This can make people and families feel vulnerable, particularly when trying to understand Medicare, our health care system, specialist referrals and community supports.

The group noted the value of multicultural navigation models, including approaches where community members support others to understand services, connect with clinicians and build health literacy.

Training needs to move beyond assumptions about culture

Members encouraged future training to avoid broad or stereotyped assumptions about cultural groups. The group noted culture is dynamic, personal and shaped by migration experiences, family context, faith, language, education, health literacy and experiences in Australia.

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The group highlighted clinicians and service providers need practical skills to ask respectful, open and culturally safe questions, rather than relying on assumptions about a person's background. Members described this as "humble curiosity", approaching each person as the expert in their own life, family and cultural context.

Resources must be accessible, understandable and culturally meaningful

Members noted that translated resources are important, however translation alone is not always enough. Some written resources may still be difficult to understand if they use complex medical terminology, assume high literacy levels or do not reflect culturally meaningful ways of understanding health, mental health and wellbeing.

The discussion highlighted the need for resources that use plain language, are easy to explain verbally, and acknowledge that health concepts may be understood differently across communities. Members also noted that one-on-one explanations from a trusted practitioner, worker or community member can be more effective than written information alone.

Face-to-face learning and real examples are highly valued

Members expressed a clear preference for training that is interactive, practical and grounded in real-world examples. While online modules provide flexibility, members cautioned that online-only training can become a "tick-box" exercise if it does not allow space for discussion, reflection and applied learning.

Suggested training approaches included face-to-face sessions, case studies, scenarios, practical tools, role-play, peer learning and opportunities to hear directly from people with lived experience. Members also supported the development of a community of practice to share knowledge, examples and resources across the sector.

Priority areas identified

Members identified several priority areas to strengthen culturally responsive practice across primary care and commissioned services:

- Asking respectful, culturally safe and person-centred questions to understand the individual's values, family context, health beliefs and preferences.
- Building trust and rapport within short consultation times, including practical techniques for engaging multicultural clients and families effectively.
- Supporting self-advocacy and helping people understand their, communicate their care needs and navigate services.
- Understanding health literacy, system navigation and access barriers, including Medicare and referral processes.
- Using interpreters, translated information and plain-language communication in ways that are practical, accessible and culturally meaningful.
- Recognising how culture, faith, spirituality, stigma and family expectations can influence understandings of health and care-seeking.
- Applying trauma-informed approaches while avoiding assumptions about people's experiences.
- Supporting older people, carers, people with disability, and people accessing mental health services, where members identified additional navigation and advocacy needs.

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Priority communities and groups for consideration

Members noted that multicultural communities are diverse and prioritisation should be informed by both evidence and community insight. Groups highlighted included older people from multicultural backgrounds, carers, people with disability, people accessing mental health services, and younger family members who often help relatives navigate technology, appointments and service systems.

Members also highlighted the value of engaging directly with existing trusted community settings, including local community centres and culturally diverse seniors' groups, where trusted relationships may support more meaningful participation.

What good practice looks like

Members shared examples and characteristics of good practice, including:

- Community navigation models that connect people with culturally appropriate support and help them understand available services.
- Community-centred engagement through trusted people, ambassadors and local organisations rather than expecting community members to come forward through broad advertising alone.
- Practical education sessions delivered in community settings and, where appropriate, in community languages.

- Training that uses real examples, lived experience and case studies to help providers translate cultural capability into everyday practice.
- Warm referrals and supported navigation to help people understand what is happening, where they are being referred and what to expect next.

Next steps:

This communique will be shared with teams within our organisation and key SSI staff, published on the WAPHA website and shared with stakeholders through our publications.

The insights provided by the Multicultural Stakeholder Reference Group will be used to inform the Advancing Cultural Capability initiative, with a focus on:

- The final needs assessment approach.
- Future stakeholder engagement activities.
- The design of learning resources to support culturally responsive service delivery.

The Multicultural Stakeholder Reference Group will continue to meet as needed to discuss contemporary issues, highlight best practice and provide expert advice to shape WAPHA's activities.

Please send any suggestions for future agenda topics to kerry.saunders@wapha.org.au