

Queensland Multicultural Action Plan

Queensland Health Annual Report 2020-21



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21

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An electronic version of this document is
available at

http://www.health.qld.gov.au/multicultural/policies/policies_plans

Message from the Director-General

I am pleased to present Queensland Health's 2020-21 annual report for the Queensland Multicultural Action Plan 2019-20 to 2021-22.

The Queensland Government's vision is for an inclusive, harmonious and united Queensland where people of all cultures, languages and faiths feel a strong sense of belonging and can achieve their goals. A culturally responsive government will provide services that reflect the needs of our multicultural community, reduce barriers and promote an environment where everyone feels welcome.

Throughout a difficult year and leading Queensland's Health response to the COVID-19 pandemic, Queensland Health has made significant effort to progress actions in the Queensland Multicultural Action Plan and ensure Queensland's multicultural communities receive equitable access to healthcare and testing at Queensland Hospital and Health Services. All of the items in the Plan are now 'on track' or complete.

Looking forward into 2021-22, Queensland Health's focus will be on finalising the actions committed to in the Multicultural Action Plan, which includes ensuring an accessible and culturally appropriate vaccine rollout to cultural and linguistically diverse communities; ensuring the whole-of-government language services panel arrangement addresses customer and sector needs; reviewing and reporting on the collection of cultural and linguistically diverse health-related data; working collaboratively with our funded sector partners to ensure the health needs of new humanitarian arrivals in Queensland are supported; and releasing the next Refugee Health and Wellbeing Policy and Action Plan.

I am exceedingly grateful for the collaborative efforts of government agencies, Hospital and Health Services and Primary Health Sector Partners who have united to keep Queensland's Multicultural communities safe throughout the COVID-19 pandemic. Our common goal for an inclusive and harmonious health system has ensured Queensland's multicultural communities are supported as we adapt to living with COVID-19.

Dr John Wakefield
Director-General
Queensland Health

Policy context

In 2016, the Honourable Grace Grace MP, former Minister for Employment, Minister for industrial Relations, Minister for Racing and Minister for Multicultural Affairs released *Our story, our future: Queensland's Multicultural Policy* (the Policy), promoting an inclusive, harmonious and united community for Queensland.

The Policy focuses Queensland Government action on three policy priorities for culturally diverse communities and Queensland as a whole – achieving culturally responsive government; supporting inclusive, harmonious and united communities; and improving economic opportunities

The Action Plan is the second Multicultural Action Plan released under *Multicultural Recognition Act 2016* (the Act). It builds on outcomes achieved under the first Multicultural Action Plan and will continue to drive Queensland Government actions to support an environment of opportunity and achieve improved social and economic outcomes for people from culturally diverse backgrounds.

The Policy and Action Plan are a requirement of the Act and represent one of three key provisions of the Act, together with establishment of the *Multicultural Queensland Charter* and Multicultural Queensland Advisory Council.

Section 24 of the Act requires government agencies with actions in the Plan to report publicly on an annual basis.

Highlights for 2020-21

- Completion of the Queensland Health and TAFE Queensland project to develop child and adult immunisation content as part of the Adult Migrant English Program.
- The continued implementation of a targeted COVID-19 pandemic engagement and response for cultural and linguistically diverse (CALD) communities to reduce barriers to testing, public information and targeted vaccination rollout.
- Upskilling staff to ensure vaccination clinics were accessible and culturally appropriate for people from CALD backgrounds.
- Launch of the CALD COVID-19 Health Engagement Project, administered by the Mater Refugee Health Network Queensland.
- Expansion of Queensland Health's Multicultural Mental Health Co-ordinator units to improve the cultural responsiveness mental health services.

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NOTE: Some actions report for the whole of Queensland Health. Other actions are being delivered by particular parts of Queensland Health. These contributions are abbreviated as follows through the report:

Hospital and Health Services (HHSs)

Cairns & Hinterland Hospital and Health Service = CHHHS
Central West Hospital and Health Service = CWHHS
Children's Health Queensland = CHQ
Darling Downs Hospital and Health Service = DDHHS
Gold Coast Hospital and Health Service = GCHHS
Mackay Hospital and Health Service = MHHS
Metro North Hospital and Health Service = MNHHS
Metro South Hospital and Health Service = MSHHS
North West HHS = NWHHS
South West Hospital and Health Service = SWHHS
Sunshine Coast Hospital and Health Service = SCHHS
Torres and Cape Hospital and Health Service = TCHHS
Townsville Hospital and Health Service = THHS
West Moreton Hospital and Health Service = WMHHS
Wide Bay Hospital and Health Service = WBHHS

Other parts of Queensland Health (QH)

Department of Health = DoH
eHealth Queensland
Queensland Ambulance Service = QAS

Priority area 1: Culturally responsive government

Outcomes:

- *Improve knowledge about customers' diversity*
- **Culturally capable services and programs**
- **A productive, culturally capable and diverse workforce**

Action	AQP	Responsible agency	Timeframe	Progress	Achievements and outcomes for people from culturally and linguistically diverse communities
Delivery of agency implementation plans to improve the collection, use and availability of information on customers from culturally diverse backgrounds.		Multiple agencies, including QH	2019–22	On track	<ul style="list-style-type: none"> • All HHSs collect information on mandatory indicators, including country of birth, preferred language and whether an interpreter is required for all patients treated in their hospitals. • DoH is currently recruiting a new data analyst to undertake a comprehensive analysis of existing data collected in relation to the CALD population. This is in response to the commitment that DoH made during its second data round table to improve visibility of CALD health outcomes data. • QH has released the Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual 2021-2022 with an Appendix E – Country of Birth Codes in 2021. MHHS is implementing the use of the QHAPDC. • HHSs are also implementing plans to improve the collection, use and availability of information on patients from CALD backgrounds. For example: <ul style="list-style-type: none"> ○ MNHHS developed a dashboard that incorporates CALD inpatient and outpatient data. ○ CHQ Child and Youth Mental Health Services (CYMHS) has analysed Interpreter use data to inform HHS translation projects. ○ CHQ has finalised its project plan to evaluate the collection of cultural demographic data across CHQ CYMHS community clinics with aims to improve quality of data, inform workforce needs/training needs and raise awareness of cultural assessment and formulation within CHQ CYMHS workforce. ○ WMHHS continues to use ieMR for patient records since 2018, which collects consumer data. ○ WMHHS provides accessibility to inpatient and outpatient data and analyses the data to inform improvements, projects and initiatives including models of care and service redesign. ○ QAS developed an option for paramedics to voluntarily record “Nationality on Passport” in its Electronic Ambulance Record Form (eARF). ○ SCHHS is currently developing a Health Equity Framework, which will track progress on plans to improve collection and use of information on CALD patients/consumers and clients of SCHHS.

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					<ul style="list-style-type: none"> ○ MSHHS continues to provide major hospital facilities data reports for CALD groups, monitoring a range of health service performance parameters. Other services also monitor access to performance of diverse groups, including Oral Health and Mental Health. Reports are used to identify gaps and challenges and to inform improvements. ○ MSHHS published a study in collaboration with Ethnic Communities Council of Logan: <i>L. Harrison-Barry, M. Pukallus, et al (2020). The Queensland Birth Cohort Study for Early Childhood Caries: Results at 7 Years. JDR Clinical and Translational Research.</i>
Use diversity and customer experience data to inform and improve service design.		Multiple agencies, including QH	2019–22		
<ul style="list-style-type: none"> • Ensure mental health consumer and carer experience of service surveys are available in multiple languages to improve service understanding of groups from culturally diverse backgrounds. 		QH	2019–22	Completed	<ul style="list-style-type: none"> • All HHSs have access to all mental health consumer and carer experience surveys in 24 community languages, including Auslan. For ongoing improvement, the Mental Health, Alcohol and Other Drugs Branch in DoH records any request for additional languages from services in a register to be considered for translation with guidance from the Transcultural Mental Health Coordinators (TMHC). The 2021 Your Experience Survey (YES) results indicate that 7% of respondents speak a language other than English as the main language at home. • CHQ engaged over 550 health consumers in the Good Start Program aimed at improving the health and wellbeing of Maori and Pacific Islander children and their families. Consumers were engaged in quality improvement activities and development of culturally appropriate resources. • MNHHS engaged seven CALD consumers for input into the Local Area Health Needs Assessment. Some CALD consumers from the new network have also participated in developing MNHHS's three-year plan for outpatient services. These participants will continue to provide feedback as consumers in the future also. • MNHHS also held a focus group with World Wellness Group to better understand and seek feedback about CALD community experiences of virtual care. This focus group guided the development of the MSHHS strategic intent for virtual care and a procedure for virtual care in outpatient settings. • MSHHS supervised a student-led project aimed to improve the service through interviews with patients, staff, interpreters and key community stakeholders and the analysis of two years of Logan Audiology Outpatients Department data. People from a refugee background attend Logan Hospital Audiology for hearing tests as part of their initial health assessment. The final report included recommendations for improvement. A resource was developed for patients to help plan, record and follow through with required actions from their hearing test appointment. • MSHHS commenced the Princess Alexandra Hospital (PAH) CALD Feedback Project. As part of building on multicultural service improvement work at the

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					PAH, the project is designed to explore how people from culturally and linguistically diverse communities can provide patient satisfaction feedback. A literature review has been completed. The pilot launched in early 2021. Feedback from the project will be used to identify gaps and inform future quality improvement work.
Increase cultural understanding and capability of staff by providing access to events, training and development opportunities.		All agencies	2019–22		
Actively support access to training to improve staff capability to deliver culturally responsive services.		QH	2019–22	On track	<ul style="list-style-type: none"> • QH continues to provide training for staff to improve their cultural understanding and capacity. For example: <ul style="list-style-type: none"> ○ QH actively supports and encourages staff to access and complete online training and learning resources to continue to build cultural capability. ○ MHHS delivers mandatory online diversity training under MAN05 – Patient Centred Care, Communication and Governance, which includes a component of Cultural Practices and the use of the interpreter services. ○ MNHHS provides a Trauma Informed Care training to staff. It incorporates a vulnerable populations segment including CALD and refugee populations among others. ○ DDHHS provides Cross Cultural Awareness sessions delivered by Workforce Cultural and Capability Engagement Team to all staff. ○ WMHHS provides Cultural Diversity training online modules. Staff also continue to access external cultural capability training, both online and face-to-face. ○ SCHHS has a mandatory training policy which includes a Cultural Diversity module. This training provides information on the impact of culture and language on health outcomes and the coordinated interpreter service. ○ CHQ delivers cross-cultural training to maternal and child health staff in Ipswich, Logan and Cairns area to better engage specifically with Maori and Pacific Islander families. ○ GCHHS implemented a cross-cultural communication component in their Communication for Leaders training. ○ GCHHS staff participated in the national SBS Inclusion Program, with over 500 staff enrolled and nearly 50% have already completed the training.

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					<ul style="list-style-type: none"> • CHQ provides cultural consultation and training through its CYMHS Multicultural Mental Health Coordinators (MMHCs) to its staff to identify CALD resources and training needs. This included the following: <ul style="list-style-type: none"> ○ Twelve sessions within CYMHS through Allied Health Student Professional Development. ○ Key CYMHS Skill Professional Development, Community CYMHS Clinics and Specialised CYMHS Programs Professional Development. ○ Three sessions within CHQ HHS campus through hospital professional development to nurses. ○ Two sessions with other stakeholders – including Child Development CHQ and the Department of Children, Youth Justice and Multicultural Affairs. ○ Collection of clinical resources uploaded and accessible online for the CHQ CYMHS workforce. • MMHCs co-developed a cultural formulation tool for CHQ CYMHS Forensic Teams. • MSHHS promotes online cultural diversity training for all staff and provides face-to-face cultural training for staff, including through in-services and orientations to around 400 staff. MSHHS Oral Health mandates Cultural Diversity Training for all staff that includes managing cross health encounters including working with interpreters. • In 2020, MSHHS commenced a simulated interpreter orientation training for nurses. It provides nurses with a simulated environment to recognise when and how to access an interpreter and other services for culturally and linguistically diverse healthcare. The program is now a standard course in nursing orientation. <p>Mental Health and Addiction Services</p> <ul style="list-style-type: none"> • MSHHS Addiction and Mental Health employs MMHCs to deliver transcultural clinical consultation, service development and community partnership activities. In 2020-21, these MMHCs delivered Mental Health First Aid courses to: <ul style="list-style-type: none"> ○ Access Community Services Staff from Access programs and Harmony Place; ○ Ethnic Community Council Queensland staff; and ○ Ethnic Community Council Queensland CALD Community Leaders. • MMHCs delivered Mental Health Literacy and Service pathway session at Diversicare (15 ECCQ staff). • MMHCs delivered Multicultural Mental Health and Resources session to 1st Year Police Constables.

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					<ul style="list-style-type: none"> • Coordinators also delivered Introduction to Multicultural Mental Health, resources and community referral pathways sessions, as follows: <ul style="list-style-type: none"> ○ six monthly to Psychiatric Registrar rotations; ○ at inpatient and community mental health nursing meetings/professional development programs; ○ Lunch and Learn session; and ○ “Providing Mental Health Care to CALD during a pandemic” – recorded and published on the QH intranet. • Queensland Transcultural Mental Health Centre (QTMHC) developed an online training course tailored to mental health clinicians working in public mental health services – Cultural Considerations in Mental Health Assessment. • QTMHC delivers around 25 instances per month of staff education, training, supervision, professional development, or other workforce development activities. • QTMHC provides support to MMHC’s located in seven HHSs to deliver staff education and training and capacity building at a local level.
<p>Deliver strategies to address workforce training needs to improve working with interpreters in healthcare contexts.</p>		QH	2019–22	On track	<p>QH promotes and enables staff to access interpreters where required when working with people from CALD backgrounds. The 2020-21 actions include:</p> <ul style="list-style-type: none"> • WBHHS has an Interpreter Services Intranet site providing resources for staff on how to identify and engage interpreter services. Information about accessing interpreters is also provided during mandatory staff orientation. • MHHS has a mandatory online diversity training under MAN05 – Patient Centred Care, Communication and Governance, which includes a component on the use of the Interpreter services. • NWHHS continue to promote materials on working with interpreters to all staff as part of its induction program. • MNHHS MMHCs provide in-services on working with interpreters, including development of ‘Working with Interpreters’ videos. MNHHS Interpreter Services also developed Virtual Care resources to support staff accessing interpreters via Telehealth and Microsoft Teams. • CHHHS provides ongoing interpreter services engagement training and orientation to staff. CHHHS rolled-out iPads in Emergency Department to support engaging interpreters. • CHQ MMHCs provide ‘Working with Interpreters’ modules to CHQ CYMHS staff, along with one-on-one support where required. Modules are being updated to include Working with Interpreters via Telehealth during the COVID-19 global pandemic. • WMHHS actively promotes external Working with Interpreters training to staff and has a dedicated Interpreter Coordinator to assist staff.

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					<ul style="list-style-type: none"> GCHHS Interpreter Services implemented a new booking solution with on-demand video interpreter capability for greater access to language services. This will also enable greater visibility CALD consumers requiring language support, including demographic data and trend analysis. GCHHS Interpretive Services Co-ordinator led face to face staff training throughout the year to staff on processes and procedures of using Interpretive Services, with an additional focus on AUSLAN interpreters. QAS has implemented a Standard Operating Procedure for paramedics on how to access a translating and interpreting service for patients. MSHHS Health Access and Equity Unit (HAEU) ran two workshops for 82 interpreters on Palliative Care and Self Care. HAEU also developed Working with Interpreters resources – fact sheet and videos. These are promoted at orientation and published on the QH intranet. Training was provided for COVID-19 Clinic and Vaccination clinic staff on booking interpreters as well as providing printed fact sheets at clinics. Numerous services, such as Oral Health, specifically focus on ensuring staff participate in training on Working with Interpreters. MSHHS Addiction and Mental Health Services lead the “Increasing use of interpreter services at MSAMHS” project, including a survey (75 responses), co-design workshop and development of animated professional development resource. MSHHS QTMHC has commenced planning work to develop training on working with interpreters tailored to mental health settings. In 2020-21, QTMHC delivered training to interpreters on interpreting within mental health contexts and participated in training to interpreters on self-care.
<ul style="list-style-type: none"> Actively embrace and promote Harmony Day and Multicultural Queensland Month across the organisation. 		QH	2019–22	On track	<p>Harmony Day and Multicultural Queensland Month continue to be promoted and celebrated by different parts of QH, including DoH branches, HHSs and other areas such as QAS. However, due to COVID-19, promotions and most events were conducted online. Specific examples include:</p> <ul style="list-style-type: none"> QH acknowledged Harmony Day throughout March 2021 by publishing in all staff communication channels. DoH provided Multicultural Queensland Month resources for staff and for HHS promotion. MHHS promoted Harmony Day via a weekly ‘E-newsletter’ in March 2021. NWHHS promoted Harmony Day and Multicultural Queensland Month via social media platforms and some internal HHS activities. eHealth Queensland promoted Multicultural Queensland Month via ‘Staff updates’.

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					<ul style="list-style-type: none"> • MNHHS facilitated multiple staff and consumer engagement activities for Harmony Day. Daily emails were also sent to all staff with an overview of different cultures. • CHHHS promoted Harmony Day via regular communication updates and also held multicultural events to promote active participation. • TCHHS promoted the resources provided by DoH. • CHQ organised an online Professional Development “Infant, Child, Youth and Family Seminar Series” event to cater to workforce working with young people of CALD background. • WMHHS promoted and held activities to celebrate Harmony Day and Multicultural Queensland Month. Due to COVID-19, this was on a smaller scale, e.g. facility-based staff multicultural lunch. • GCHHS Diversity and Inclusion Annual Communication Plan includes various communication channels for promoting both Harmony Week and Queensland Multicultural Month. This year, this included sharing CALD staff profiles to use lived experience and storytelling as a way of building awareness and capability development. • QAS promoted Multicultural Queensland Month via email correspondence to all staff. • The SCHHS Communication Action Plan – Diversity Working Group, , celebrated and promoted Harmony Day through internal and external communications and engagement activities. SCHHS also celebrated Ramadan staff awareness in April 2021 and ‘I am Sunshine Coast Health’ Diversity and Inclusion profiles – bringing on board clinicians from CALD backgrounds. • SCHHS launched a Health Equity Working Party in May 2021. Health Equity has been endorsed as ‘Everybody’s Business at SCHHS’ at the Executive Oversight Committee in June 2021. Each Directorate and Service Group has nominated a lead to participate in the development of resources and tools for vulnerable cohorts, including people from CALD backgrounds and refugees. • NWHHS was very active throughout Multicultural Queensland Month. The Nursing, Midwifery and Clinical Governance Directorate ran a photo competition inviting staff to submit images from around the NWHHS workplace that represent the concepts of diversity, inclusiveness, respect, and a sense of belonging. Additionally, promotion of the Griffith University webinars that included topics “Promoting inclusion and diversity in the workplace and beyond” was also regularly promoted for staff to engage in throughout Multicultural Queensland Month. <p><u>2021 MSHHS Multicultural Health Symposium – A Culture of Care</u></p> <ul style="list-style-type: none"> • The MSHHS bi-annual Multicultural Health Expo was held on 20-21 May 2021 at Brisbane Technology Park Conference and Exhibition Centre.

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					<ul style="list-style-type: none"> • More than 230 delegates registered, with the majority opting to attend in person. Nine HHSs were represented along with many other government and non-government agencies. • The Symposium showcased current multicultural health initiatives from MSHHS, and from across the State, and fostered networking and collaboration opportunities. The symposium included presentations from MSHHS Oral Health, community sector partners and primary health.
Commit to increasing all forms of diversity on Queensland Government boards.		All agencies	2019–22	On track	<p>QH is committed to ensuring that diversity is reflected in its appointment of members on its boards. Some HHS and QH branches have commenced recruiting board members from CALD backgrounds and others have included the commitment in agency plans. For example:</p> <ul style="list-style-type: none"> • TCHHS currently has a recruitment process underway for 2022 Board appointments and there has been targeted recruitment and webinars to assist community members from CALD communities to apply. • MNHHS has appointed a new board member with a CALD background. • WMHHS Board includes members from non-English speaking background. • QAS's Diversity and Inclusion Action Plan 2019 – 2022 includes an action to achieve gender balance on boards and committees.
Work with government agencies, funded services and suppliers to ensure the whole-of-government language services panel arrangement addresses customer needs.		QH	2019–22	On track	<ul style="list-style-type: none"> • QH continues to identify gaps and areas requiring improvement to ensure services are addressing and meeting customer needs through the provision of quality language services. For example: <ul style="list-style-type: none"> ○ MNHHS has successfully upgraded to a new interpreter management system that provides better support to meet needs from CALD consumers. The application also supports and helps monitor interpreter compliance requirements across Metro North. ○ CHQ CYMHS MMHCs acting as conduit to provide ongoing feedback between clinicians and CHQ HHS Interpreter Services to better meet needs of CALD consumers and families. ○ During the COVID-19 emergency period, DoH (Social Policy and Legislation Branch) initiated an arrangement with interpreting and translation service suppliers to enable urgent translation of changes in directives, gathering restrictions and health alerts so CALD communities receive reliable and up to date information. These processes continue to support the translation of urgent public health directions in up of 38 languages. ○ WMHHS has been actively working with the Mater Refugee Health Service and members of the Refugee Health Network (RHN) to identify and report issues with the language services panel arrangement and explore opportunities for improvement.

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					<ul style="list-style-type: none"> Health Support Queensland (now Strategic Procurement in Corporate Services Division, DoH), has responsibility for the state-wide sourcing and supplier arrangements for the whole-of-government languages services panel arrangement. Work has commenced to raise awareness of the language service panel arrangement to improve accessibility for customers. Due to COVID-19 response priorities, further consideration of the recommendations of the 2019 Language Services Strategic Review did not occur. Without the opportunity to revise the Standing Offer Arrangement, in December 2020, Health Support Queensland extended its terms until 31 January 2023, pending further review. QH funds the RHN, which oversees the Refugee Health Partnership Advisory Group Queensland. The Advisory Group's Interpreter Working Group seeks to address identify and advise on challenges in this arrangement.
Identify and address barriers to public health services, including oral health and pharmaceuticals for refugees and people seeking asylum.		QH	2019–22	On track	<p>QH is working to actively reduce barriers to public health services for refugees and people seeking asylum. In 2021 this included the development of policy and public education material, such as:</p> <ul style="list-style-type: none"> CHQ developed culturally adapted resources for Maori and Pacific Islander children with Type-2 Diabetes and developed nutrition education board games for Maori and Pacific Islander children. These resources complemented a weekly video series on healthy lifestyle for Pasifika families through social media and Pasifika TV & Radio. Development of culturally adapted video for Maori and Pacific Islander women diagnosed with gestational diabetes. MSHHS partnered with Brisbane South Primary Health Network to develop the "Pasifika and Maori Health and Wellbeing: A Strategic Framework and Action Plan for Brisbane South 2020-2025". QTMHC continues to provide consultation liaison services to refugees, migrants and a range of community-based service providers to facilitate appropriate mental health assessment and access to specialist mental health services. To promote a coordinated approach to addressing the needs of people from refugee backgrounds, DoH continues to fund the RHN, which coordinates the Refugee Health Partnership Advisory Group Queensland (RH PAGQ) to implement the <i>Refugee Health and Wellbeing Policy and Action Plan 2017-2020</i>. As part of the MSHHS Logan Maternity Community Hubs implementation, two hubs catering for CALD communities have been established: <ul style="list-style-type: none"> A dedicated hub for people from refugee and migrant backgrounds has been established. This service is a partnership with Access Community Services and is sited at their Gateway Centre at Logan Central.

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					<ul style="list-style-type: none"> ○ Village Connect – a dedicated hub for Maori and Pacific Islander people has also been established. This service is a partnership with Hosanna Church and is sited at its Logan Central centre. ● QTMHC provides specialist state-wide consultation services for CALD individuals, families, communities and organisations to facilitate culturally responsive mental health care with a focus on complex mental health problems across all age groups and the continuum of care. QTMHC works across all age groups and the continuum of care to deliver consultation, promotion, prevention and early intervention programs and services. <p>Support for Refugee Arrivals</p> <ul style="list-style-type: none"> ● Settlement in Queensland occurred across five key areas, including: Logan, Brisbane (north and south), Toowoomba, Cairns and Townsville. Each of these regions has a Refugee Health Service, which participate in the RH PAGQ. The settlement of newly arrived refugees in 2020-21 was greatly limited by the Commonwealth Government's cap on international arrivals due to COVID-19. ● The MSHHS Refugee Health Service provides specialist health care and advice for refugees and asylum seekers, especially those who are newly arrived. It also works with other community organisations and care providers. <p>Oral Health support</p> <ul style="list-style-type: none"> ● The Office of the Chief Dental Officer in DoH continues to expand available multi-lingual resources to support the oral health of refugee and asylum seeker communities. ● MSHHS Oral Health has implemented a number of initiatives to reduce the barriers to accessing MSHHS oral health services for refugees and asylum seekers in the Logan area, including: <ul style="list-style-type: none"> ○ Comprehensive review of the waiting list data, booking systems, interpreter usage existing culturally safe health pathways. ○ Established dedicated referral pathway via settlement agencies to HUB for appointments. ○ Modification of practice to integrating oral health at the same time as the nursing health assessment - streamline holistic care. ○ Redesign of services: Oral Health Therapists deliver early assessment, triage, first line treatment and education. ○ Strengthened partner relationships and communities. ○ Key considerations included scheduling of clients with interpreters and the development of culturally and linguistically appropriate resources. ○ Pathways to enable access outlined in the following Guideline: Referral of Refugees and Asylum Seekers.

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					<ul style="list-style-type: none"> MSHHS Refugee Health Service also worked to implement: <ul style="list-style-type: none"> Timely oral health assessment within a culturally sensitive and supportive environment. Newly arrived refugee patients triaged with no wait time to access oral health care. Sharing of pathway, tools and resources at State and National level. Resources developed in eight languages.
Develop and release a new refugee health and wellbeing policy and action plan.		QH	2019–22	On track	<ul style="list-style-type: none"> DoH funded an evaluation of the current <i>Refugee Health and Wellbeing Policy and Action Plan 2017-2020</i>. Findings of the evaluation are being used to inform the development of a new Refugee Health and Wellbeing Policy and Action Plan. However, consultations aimed to progress the evaluation were delayed due to COVID-19. The new Policy and Action Plan is expected to be released by the end of 2021. The WMHHS MMHC is actively involved in the Refugee Health and Wellbeing Network and working collaboratively to provide input into the new Policy and Action Plan, including regional planning. WMHHS has developed a <i>West Moreton Cultural Diversity Action Plan 2019-2021</i>, based on State action plans and policies to improve cultural responsiveness and consumer outcomes.
Develop child and adult immunisation content as part of the Adult Migrant English Program.		QH and TAFE Queensland	2019–22	Complete	<ul style="list-style-type: none"> DoH contracted TAFE Queensland to produce four comprehensive curriculum packages for Immunisation in Australia, aimed at four distinct English language proficiency levels. Levels ranged from little to no English, through to moderate proficiency. These packages include resources for teachers and students in printed and audio-visual formats. Student material is produced in English and translated in 30 languages. Immunisation in Australia teaching learning resource packages are complete and have been rolled out to students. MSHSS linked with TAFE and the RHN to deliver three face to face COVID-19 vaccine information sessions to Loganlea TAFE Adult Migration English Program students. Another session was delivered at Multilink for young people under 21 years, with 158 attendees.

Achievements for Priority area 1:

Reducing barriers to public health in the COVID-19 Pandemic

DoH implemented a targeted COVID-19 pandemic engagement and response for CALD communities, including refugees, people from refugee backgrounds and asylum seekers. This includes:

- Establishing a stakeholder COVID-19 CALD Working Group in 2020, which continues to meet regularly to advise on the needs of people from CALD communities and provide policy direction during the pandemic.
- The development and progression of actions under the *COVID-19 CALD Policy and Action Plan*.
- Development and implementation of the *CALD COVID-19 Testing Framework* and the *CALD COVID-19 Vaccination Rollout Plan*.
- Translation of COVID-19-related key messaging into 38 priority languages and distributing these resources via appropriate stakeholder channels.

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<ul style="list-style-type: none"> Funding the CALD COVID-19 Health Engagement Project (CCHEP) through the Mater Refugee Health Network Queensland to engage with CALD communities. Activities of CCHEP include codesigning messages, hosting information sessions with clinicians and public conferences to support Direct engagement with community leaders in relation to the pandemic response, including with public forums with the Chief Health Officer. Providing free vaccines to all people in Queensland, regardless of Medicare or visa status. 					
<p>HHSs were also responsible for implementing a wide range of local strategies and activities to ensure CALD communities in their area were engaged in the vaccine rollout and pandemic response. For example:</p>					
<ul style="list-style-type: none"> CHHHS produced resources to support COVID-19 response for CALD communities. This also included successfully engaging a Bislama interpreter to support consumer outcomes. CHHHS also used clinicians to engage CALD communities around COVID-19 updates. THHS worked with local multicultural organisations to develop targeted messaging for the pandemic response during lockdowns of Townsville and Palm Island. WBHHS has vaccinated a large number of multi-cultural citizens. WBHHS had large groups of non-English speaking farm workers attend the COVID-19 Vaccination Clinics.. WBHHS use interpreter services and vaccinate one person at a time. Using feedback, WBHHS identified some groups preferred to be vaccinated as a group. Therefore, WBHHS adapted its process to meet their needs, using the interpreter service for group education and then individual consent sessions, and vaccinated as a group, all sitting together. In the rural towns, WBHHS has assisted farm owners with providing group vaccination sessions and times, enabling busloads of citizens to attend for vaccination. These citizens provided positive feedback, posted their experience on Facebook and informed other multi-cultural groups of their positive experience and process. This resulted in WBHHS being asked to complete another two sessions to capture other multi-cultural citizens in rural areas. WBHHS is dispatching staff again to specifically vaccinate the remainder of this cohort. DoH continues to develop and update translations of public health directions and other relevant COVID-19 information, which is available in up to 38 languages. QH delivered the <i>Amplifying the Youth Voices during COVID-19 and beyond</i> project. This project provided a strategy aimed at increasing engagement with young people in the development and delivery of health services, discuss their experiences of COVID-19, barriers to engagement and development of networks. MSHHS HAEU also actively supported CALD communities through targeted pandemic and COVID-19 health response activities. This included: <ul style="list-style-type: none"> Conducted a clinical redesign project to identify issues relating to testing clinics used by consumers, including CALD groups. This led to recommendations to improve interpreter usage. Recruited two new staff positions to support culturally appropriate communication to communities and resources, including Language support kits for COVID Clinics Delivered a research project with QUT and CCHEP partners to evaluate COVID-19 communication strategies. Developed factsheets for MSHHS staff working with CALD women about identifying domestic and family violence issues during the pandemic. Established a partnership with the Queensland African Communities Council (QACC) to ensure the community had access to health information and understood the public health directives. It was identified that due to language and health literacy barriers there would be a large cohort of people who would not have access to any information. MSHHS converted public health directives into simplified English. QACC provided the content to community leaders/members who spoke in language (25-30 language groups). They would develop scripts and record in audio messages in language and share through community channels and platforms such as QACC RADIO, WhatsApp and Facebook. Sixty audio messages were translated and shared on the radio. Ongoing communication with faith-based groups, community leaders and consumers to monitor community's information and well-being needs, which was then used to inform local COVID-19 response activities. Development of a Question and Answer ('Q&A') database to answer (in simple English) questions from community members. Answers were based on QH and DoH COVID-19 information. Delivered training to over 70 screening clinic staff on telephone interpreting and other sessions on plain-English writing. 					

Priority area 2: Inclusive, harmonious and united communities

Outcomes:

- *Recognition and respect for Aboriginal and Torres Strait Islander heritage and culture*
- *Queenslanders celebrate our multicultural identity*
- *Connected and resilient communities*
- *A respectful and inclusive narrative about diversity*

Action	AQP	Responsible agency	Timeframe	Progress status for 2019-20	Achievements and outcomes for people from culturally and linguistically diverse communities
Promote the Multicultural Queensland Charter to government agency staff and consider its principles when developing policies or providing services.		All agencies	2019–22		
<ul style="list-style-type: none"> • Promote the Multicultural Queensland Charter across the organisation through internal communications channels. 		QH	2019–22	On track	<ul style="list-style-type: none"> • QH promotes the Multicultural Queensland Charter (Charter) in the following ways: <ul style="list-style-type: none"> ○ DoH continues to promote videos on the Charter through the staff intranet. ○ WMHHS, MHHS, DDHHS, SCHHS and QAS promote the Charter on their intranet pages. ○ eHealth Queensland in DoH share the Charter across the division via eHealth Queensland Staff updates. ○ NWHHS continues to display the Charter in the front foyer of the Mount Isa Hospital. • WMHHS actively promotes the Charter through staff communications, dedicated multicultural resources intranet page and Cultural Diversity trainings and orientations. • SCHHS promotes the Charter on its intranet pages. • Other examples inspired by the Charter include: <ul style="list-style-type: none"> ○ MNHHS has incorporated the Charter into in-service mental health presentations. MNHHS also developed a My Healthcare Rights poster representing 24 top languages, which is promoted locally at the Royal Brisbane and Women’s Hospital for awareness raising and for display in clinical areas. ○ QAS <i>Diversity and Inclusion Action Plan 2019 – 2022</i>.

Action	AQP	Responsible agency	Timeframe	Progress status for 2019-20	Achievements and outcomes for people from culturally and linguistically diverse communities
					<ul style="list-style-type: none"> ○ GCHHS Spirituality, Faith and Religion pillar in <i>the Diversity and Inclusion Action Plan 2019 – 2022</i> to promote greater inclusion. ○ WMHHS <i>Mental Health and Specialised Services Cultural Responsiveness Plan 2020-2022</i>. <p><u>NWHHS promote their multicultural and inclusive workplace</u></p> <ul style="list-style-type: none"> • NWHHS is committed to being an inclusive workplace and often promotes on social media platforms their multicultural staff and team profiles. When promoting profiles, they share their story and have many instances of staff profiles who have immigrated to Australia. • NWHHS Operational Services staff play an important part in supporting the delivery of quality and effective health care. NWHHS host a week where they celebrate this workforce, and to celebrate their multicultural heritage, many of the team mark the occasion in their traditional attire.
<ul style="list-style-type: none"> • Promote the Building Cultural Awareness video series across Queensland Health. 		QH	2019–22	On track	<p>QH promotes the <i>Building Cultural Awareness</i> video series in the following ways:</p> <ul style="list-style-type: none"> • DoH continues to promote videos on the Charter through the staff intranet, and videos are also promoted through the Multicultural Health, Training and Education webpage. • CHHHS promoted the videos via staff communications. • WMHHS promotes the videos on its intranet pages under Multicultural Resources and discusses the videos in West Moreton Health Cultural Diversity training. • The QAS <i>Diversity and Inclusion Action Plan 2019-2022</i> includes an action to ‘source and develop awareness packages to promote a diverse and inclusive workplace culture, for all QAS employees to complete’.
Sign up and participate in the Australian Human Rights Commission <i>Racism. It stops with me</i> campaign.		All agencies	2019–22	On track	<ul style="list-style-type: none"> • DoH plans to commence the <i>Racism. It stops with me</i> campaign, after it was postponed due to COVID-19. • DoH works closely with the Human Rights Commission on COVID-19 related racial vilification experienced by CALD communities. • MSHHS Oral Health previously signed up and participated in the campaign. • All MSHHS Oral Health staff have received training on, and all procedures and guidelines reflect, the <i>Human Rights Act 2019</i>. • MNHHS provided <i>Courageous Conversations About Race</i> training to all staff across MNHHS Mental Health.

Priority area 3: Economic opportunities

Outcomes:

- *Queensland gets the most benefit from our diversity and global connections*
- *Individuals supported to participate in the economy*

Action	AQP	Responsible agency	Timeframe	Progress status for 2019-20	Achievements and outcomes for people from culturally and linguistically diverse communities
Provide pathways to employment in the Queensland Public Sector for migrants, refugees and people seeking asylum, such as through work experience, internships or targeted recruitment.		Multiple agencies, including QH	2019–22	On track	<ul style="list-style-type: none"> • QH has committed to employing people from migrant, refugee and asylum seeker backgrounds through the Queensland Public Sector employment targets. As at June 2021: <ul style="list-style-type: none"> ○ Over 13% of all QH employees identified they were from a non-English speaking background. This number is consistent with 2020. ○ At NWHHS, almost 15% of staff had identified they were from a non-English speaking background. ○ At WMHHS, almost 18% of staff had identified they were from a non-English speaking background. ○ At TCHHS, almost 12% of staff had identified they were from a non-English speaking background and 18.4% from an indigenous background. • WBHHS continues to employ a comparatively high number of international medical graduates (IMGs) and support the visa requirements to enable those IMGs to come to Australia and work within HHSs. • MHHS annual medical intern campaign recruits a number of interns from non-English speaking backgrounds and immigrants completing a medical internship at MHHS. • GCHHS Diversity and Inclusion Strategy 2017-2022 and Action Plan 2019-2022 includes actions to review recruitment processes to be more inclusive and provide training on unconscious bias. • The GCHHS non-clinical internship (LEAP) program has a diversity element encouraging students from diverse backgrounds to apply and first placed in business • GCHHS continues to scope the Work and Welcome program with Department of Employment, Small Business and Training to employ more people from refugee backgrounds.

Action	AQP	Responsible agency	Timeframe	Progress status for 2019-20	Achievements and outcomes for people from culturally and linguistically diverse communities
					<ul style="list-style-type: none"> • As part of its Diversity and Action Plan 2019 -2022, QAS committed to investigate external partnership arrangements and work placement options for people from non-English speaking backgrounds into the QAS, facilitating temporary placements per year, where possible. The QAS CALD Paramedic Program provides a recruitment pathway for employees from a non-English speaking background. • QTMHC employs a casual pool of over 150 bicultural/bilingual workers to provide culturally relevant advice and input into a range of specialist mental health services. This opportunity provides migrants and refugees with experience working within the specialist mental health workforce. • MNHHS increases in CALD representation have been both in number and as a proportion of the workforce at 0.2% increase over the previous year. Majority of reported professions amongst CALD respondents were in nursing and medical including VMOs.