Queensland Health

Guide to implementing the

Queensland Multicultural Policy 2011 and Language Services Policy

in a health context

Attachment A to the

Queensland Health guideline for multicultural health policy implementation

Queensland Government

Implementing multicultural policy in health services

Queensland is a culturally and linguistically diverse (CALD) state – in 2006 nearly one in five Queenslanders (17.9 per cent) was born overseas and 7.9 per cent spoke a language other than English at home. The increasing cultural diversity in the Queensland population means that to be safe, health services need to be culturally appropriate and responsive.

A review of the literature conducted in 2012 identified that a culturally competent organisation (i.e. one which providers culturally appropriate and responsive services) is active in the following areas:

1. Leadership and partnership
2. Interpreter services
3. Resource development and translation
4. Community engagement
5. Data collection and analysis
6. Culturally competent staff
7. Recruitment and retention
8. Special needs population groups

Action in the above areas is underpinned by four foundations:
- Management commitment
- Quality standards (National Safety and Quality Health Service Standards)
- Culturally inclusive systems and services (e.g. the informed consent system, chronic disease services)
- Cross cultural capabilities (i.e. the knowledge and skill staff require to provide culturally capable services). Queensland Health's Cross Cultural Capabilities are available at http://www.health.qld.gov.au/multicultural/health_workers/train-evaluate.asp.
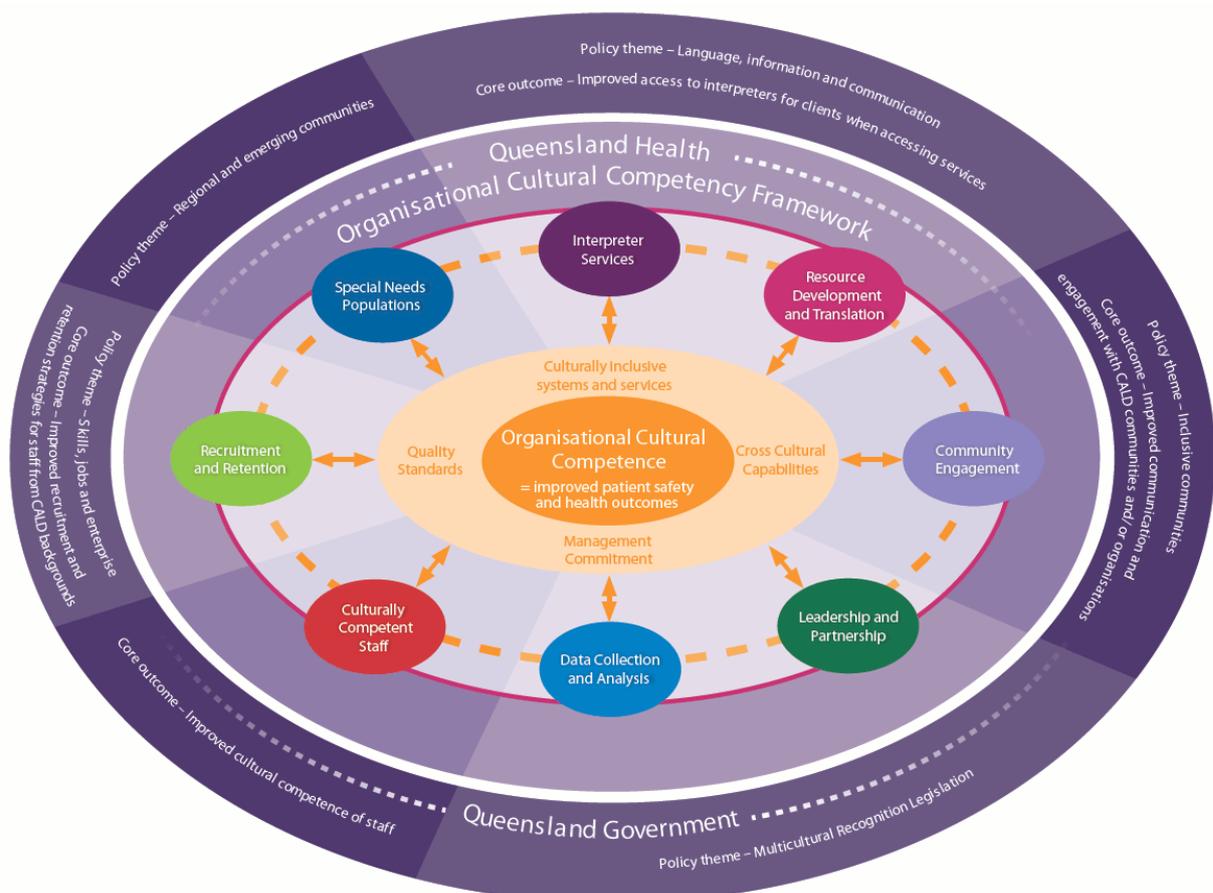

Figure 1 Queensland Health Organisational Cultural Competency Framework.

Aim of this guide

This guide aims to assist Hospital and Health Services and Queensland Health Divisions to effectively implement the Queensland Multicultural Policy 2011 and Queensland Government Language Services Policy by providing recommendations for best practice in the planning, delivery and evaluation of health services for a culturally and linguistically diverse community. It does this for each of the eight action areas of the Queensland Health Organisational Cultural Competency Framework.

1.   Recommendations for leadership and partnership

1.1   Hospital and Health Services and Queensland Health Divisions

1.1.1   The Chief Executive Officer (CEO) of each Hospital and Health Service and Queensland Health Division is required to report performance against the whole-of-government multicultural key performance indicators (KPIs), using the definitions and counting rules detailed in Appendix 1.

1.1.2   The CEO of each Hospital and Health Service and Queensland Health Division may delegate sponsorship of multicultural health to an executive officer and require this sponsor to be included in a multicultural sponsor register.

1.1.3   The CEO of each Hospital and Health Service and Queensland Health Division, or the executive sponsor for multicultural health (where delegated), may identify and implement strategies to improve performance against the whole-of-government multicultural KPIs in order to:
- recognise language and cultural barriers for CALD communities in core policies and plans, and include strategies to address these barriers
- develop policies and plans in partnership with the local multicultural community sector and communities
- evaluate the implementation of policies and plans in relation to how language and cultural barriers to health care have been addressed
- use relevant multicultural health resources to ensure compliance with the National Safety and Quality Health Service Standards
- use the Queensland Health Organisational Cultural Competency Framework to guide planning to improve health outcomes for CALD communities.

2.   Recommendations for interpreter services

2.1   Local arrangements for language services

2.1.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), is required to annually report performance against the following whole-of-government multicultural KPIs which relate to interpreter services:
- The amount spent annually on interpreters engaged by department and government funded non-government organisations.
- The number of interpreters engaged annually by the department and government funded non-government organisations.

2.1.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider:
- incorporating a provision for interpreting and multilingual information in budgeting, human resource management and health service management
- complying with the *Queensland Language Services Policy 2011* by providing language services at no cost to consumers of Queensland publicly funded health services
- disseminating information on interpreter services to consumers
- developing business process improvements for interpreter services, particularly to improve the use of professional interpreters as per the Queensland Health Interpreter Service (QHIS) order of preference for engaging interpreters protocol
- encouraging staff to register to use the Interpreter Service Information System (ISIS) to:
  - request and manage their own interpreter requests

    – verify assignments of both planned and unplanned interpreter use
    – complete assignment completion sheets and return to their respective District Interpreter Service Coordinator.

2.1.2   The CEO of a Hospital and Health Service with medium to high interpreter demand may employ an Interpreter Service Coordinator to manage interpreter bookings. The CEO of a Hospital and Health Service with low interpreter demand may assign this responsibility to an existing position with incorporation into the role description. Hospital and Health Services may consider releasing an Interpreter Service Coordinator for training, professional development and other staff forums/workshops to build their expertise in interpreter services.

2.1.3   The role of an Interpreter Service Coordinator includes:
- creating, managing and reconciling interpreter bookings for the Hospital and Health Service and tracking planned service requests in ISIS
- following the Queensland Health emergency/after hours procedure for booking and accessing interpreters in situations where interpreters are required and have not been prearranged
- reporting on the usage of interpreter services and gaps in service provision
- monitoring, evaluating and implementing quality improvement processes where required
- providing QHIS training and awareness raising sessions to staff, or in low use areas, facilitating the delivery of training sessions.

2.2.   Identifying the need for interpreter services

2.2.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), must comply[1] with the multicultural minimum data set requirements for admitted patients and outpatients through the collection of consumer information about country of birth, preferred language and whether an interpreter is required.

2.3.   Engaging an interpreter

2.3.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider that:
- staff inform consumers of their right to an interpreter
- an interpreter is engaged when requested by the consumer or when a consumer is not proficient in English
- in providing a direct service, staff ascertain the English proficiency of a consumer and their ability to communicate in order to minimise language barriers
- staff follow the approved protocols to arrange an interpreter including engagement of professional interpreters and consumer preferences for interpreters including gender and cultural background
- staff use the highest qualified professional interpreter available as per Queensland Health Interpreter Services order of preference for engaging interpreters protocol
- staff are aware of their responsibilities if a consumer refuses an interpreter. In this situation, it is recommended that staff ensure that the consumer understands the reason for using an interpreter, including that health professionals need to understand the information while it is being conveyed to the consumer. If the consumer still refuses, it is recommended that staff document the discussion and the reason for proceeding with the appointment/services without an interpreter in the consumer's health record
- when onsite interpreters are not available, either telephone or video remote interpreting (VRI) services are used
- staff are aware of their responsibilities in the case of a medical emergency where no professional interpreter is available (either onsite, via VRI or telephone). In this situation, it is recommended that staff use bilingual speakers in the following order of preference as per the *Queensland Health Working with Interpreters Guidelines*:
  1. local workforce (health professionals and other health employees)
  2. relatives or friends, except for children (under 18) who are never to be used as interpreters

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1. 2012-2013 Queensland Hospital Admitted Patient Data Collection.

- staff are aware that in circumstances where a bilingual speaker has been used, it is recommended that the workforce clearly document in the consumer's health record that it was not possible to access a professional interpreter
- staff are aware that bilingual speakers (family, friends and people without interpreter qualifications) may be used for simple day-to-day communication.
- the workforce, particularly those in front-line positions providing direct services and information to consumers, receives information on interpreter services from this guideline at orientation, and then regular, ongoing training and education on:
  - how to use ISIS
  - how to work with interpreters (onsite, telephone, VRI)
  - the importance of using interpreters (patient safety and duty of care obligations)
  - how to access interpreters in both planned and unplanned situations.

2.3.2 The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider compliance with Part 5 of the *Queensland Health Guide to Informed Decision-making in Healthcare.*

2.4 Promoting the availability of interpreter services to consumers

2.4.1 The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider the development and implementation of strategies to promote the availability of interpreter services to consumers.

2.5 Corporate office

2.5.1 A senior officer may be delegated to:
- be responsible for the development and review of relevant departmental standards on interpreter services, including guidelines and protocols and other relevant promotional and training material
- monitor and report on the performance of Queensland Health and Hospital and Health Services against the whole-of-government multicultural KPIs
- oversee the procurement of the statewide interpreter provider/s, including best procurement options for the end user
- establish and manage the statewide service contract for interpreter service provision and implement a range of strategies to improve the quality and the deliverables of the contract
- maintain and improve as necessary the online booking, reconciliation and data reporting system, ISIS (Interpreter Service Information System). This includes continuous registration of new system users, workforce and internal providers, and periodical reference data updates such as district locations and language reference files
- develop and implement standardised interpreter service training programs, including associated resources, and provide train the trainer sessions to District Interpreter Service Coordinators and nominated staff
- provide regular support to District Interpreter Service Coordinators, including problem solving and help desk, and managing strategic contract issues
- coordinate the provision of interpreter services to non-government organisations funded by Queensland Health
- incorporate professional development training for interpreters in the statewide service contract including the delivery of the *Interpreting within a health context* program for interpreters, and other relevant professional development activities aiming at improving the quality of interpreter services
- develop strategies to increase the number of professional interpreters in line with demand.

3   Recommendations for resource development and translation for multicultural health

3.1   Hospital and Health Services and Queensland Health Divisions

2.1.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), is required to annually report performance against the following whole-of-government multicultural KPIs which relate to resource development and translation:

- The number of key information publications translated into languages other than English.
- The number of languages in which publications are available.

3.2   Identifying the need for translated and culturally tailored information for consumers

3.2.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider using data from CALD district profiles, national and state data on health outcomes, service utilisation data, and consultations with CALD communities to inform the development of multicultural health resources.

3.3   Local arrangements to provide information to consumers who are not proficient in English

3.3.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider:

- incorporating a provision for translated information for CALD consumers into financial, human resource management and health service management planning
- encouraging staff to provide translated information on services, policies and public health issues to consumers from CALD backgrounds. This information is provided at no cost to the consumer
- promoting the development of information for CALD consumers at a level that will be easily understood and that is supported with visual aids such as pictures and diagrams where possible.

3.4   Translating health information

3.4.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), is required to comply with the *Queensland Government Language Services Policy 2011*. The *Queensland Health Practical guide to organising translations* is available to staff as a guide when translating information for CALD consumers.

3.5   Cultural tailoring of campaigns and health information

3.5.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider consulting with members of CALD communities to ensure the cultural appropriateness of health messages and adaption as appropriate.

3.6   Disseminating health information to people who are not proficient in English

3.6.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may:

- identify local CALD community leaders and non-government organisations
- use this network and ethnic media as channels for information provision
- identify and use other modes of information dissemination to communities
- hold regular engagement sessions with CALD communities to disseminate information on health services or issues and receive feedback regarding the cultural competency of health services
- promote 13 HEALTH (13 43 25 84) to CALD consumers as a source of information about health issues.

3.7   Build the cultural capability of staff through information

3.7.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may:
- develop resources to support the health care workforce to provide culturally competent care/services
- provide information to the workforce about existing resources and facilitate access to these resources.

3.8   Corporate office

3.8.1   A senior officer may be delegated to:
- maintain a website containing health information for CALD consumers to build consumer health literacy
- facilitate the provision of culturally capable care/services for staff.

4.   Recommendations for engagement with multicultural consumers and communities

4.1   Hospital and Health Services and Queensland Health Divisions

4.1.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), is required to annually report performance against the following whole-of-government multicultural KPIs which relate to community engagement with multicultural communities:
- The number of information sessions or workshops on government services and/or programs held for people from culturally and linguistically diverse backgrounds.
- The number of culturally and linguistically diverse groups, peak bodies and other stakeholders consulted or engaged on the development or implementation of department projects, services, policies and programs.

4.2   Engagement with CALD consumers

4.2.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may promote:
- engagement sessions with CALD consumers and communities to disseminate information on health services or issues
- the engagement of consumers and communities in the planning and evaluation of services.

4.3   Planning community engagement

4.3.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may promote:
- the use of existing guides to plan and implement community engagement with CALD communities, including:
    - Engaging Queenslanders: an introduction to working with culturally and linguistically diverse communities (Department of Communities)
    - Consumer and Community Engagement Framework (Health Consumers Queensland)
    - Health care providers' guide to engaging multicultural communities and consumers (Queensland Health)
- the development of a district CALD profile for use in guiding engagement.

4.4   Engagement strategies

4.4.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may:

- identify and address barriers to engagement with CALD consumers and communities
- establish or continue formal structures for engaging with the multicultural community sector, or participate in an existing local network
- embed engagement with CALD consumers into broader engagement strategies, including with Medicare Locals
- engage CALD representatives in mainstream engagement groups
- use local community leaders as contacts to facilitate engagement with CALD communities
- use dedicated multicultural health workforce roles, where available, to assist with implementation of interventions and address barriers to access to health information and health services for CALD communities.

5.   Recommendations for data collection and analysis for multicultural health

5.1   Collecting information on CALD consumers

5.1.1   The multicultural minimum data set comprises:

- country of birth
- preferred language
- interpreter required.

Religion is also collected in admitted patient data but is not centrally collated.

5.1.2   A senior officer may be delegated to:

- advise on multicultural minimum data set and required changes
- identify population trends in regard to health outcomes for CALD communities
- organise analysis of data on CALD community health outcomes relevant to policies and plans under development, to facilitate cultural inclusiveness
- facilitate statistical information and data being available on the cultural and linguistic diversity of the state and Hospitals and Health Services to support service provision and planning.

5.1.3   The CEO of each Hospital and Health Service and Queensland Health Division is required to record the multicultural minimum data set in the following core information systems:

- Queensland Hospital Admitted Patient Data Collection
- Outpatient Information System

5.1.4   Other core systems which will transition to collect the multicultural minimum data set are:

- Emergency Department Information System
- Mental Health
- Sexual Health
- Alcohol, Tobacco and Other Drugs
- Oral Health.

5.1.5   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may:

- develop and implement strategies to improve the identification of CALD consumers in administrative databases
- promote staff engagement with local CALD communities to identify qualitative information on service access and health issues.

5.2 Analysing service access and outcomes for CALD consumers

5.2.1 The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider analysing variations in access for CALD consumers on a routine basis.

5.2.2 The Chief Health Officer may delegate to a senior officer the analysis of variations in health status for CALD consumers every four years.

5.3 Implementing service changes to address identified issues to access or health outcomes for CALD consumers

5.2.1 The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider changes to services to address identified access and outcome issues for CALD consumers.

6 Recommendations for a culturally competent workforce

6.1 Hospital and Health Services and Queensland Health Divisions

6.1.1 The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), is required to annually report the number of staff that have participated in cultural competence training. This is a whole-of-government multicultural KPI which relates to a culturally competent workforce and includes:
- the number of staff attending internally provided cross-cultural training
- the number of staff attending externally provided cross-cultural training
- the number of times online cross-cultural training is accessed
- the number of staff that have participated in cultural competence training as a percent of the total number of department staff for the year.[2]

6.2 Conduct face to face training

6.2.1 The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), will require all orientation information in Hospital and Health Services and Queensland Health Divisions to include the Cultural Diversity in Health Care module, and for all staff to complete this module upon commencement of employment.

6.2.2 The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may promote the delivery of cross cultural training using the available dedicated packages at least twice a year, targeting staff with the largest intersect with CALD consumers. The packages include:
- Customer Service in a Culturally Diverse Society
- Cultural Issues in Clinical Practice
- Working in Culturally Diverse Teams
- Managing a Culturally Diverse Workplace.

6.3 Integrate cross cultural capabilities into training

6.3.1 The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider integrating the *Queensland Health Cross Cultural Capabilities* into new training programs on communication, clinical health assessment and policy development.

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2 Note that these KPIs exclude cultural capability training specifically and primarily focused on Aboriginal and Torres Strait Islander cultures.

6.4   Build the cultural capability of the future health workforce

6.4.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider undertaking work with the tertiary sector to incorporate the *Queensland Health Cross Cultural Capabilities* into the tertiary curriculum for health professions.

6.5   Integrate cross cultural capabilities into externally provided training

6.5.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider integrating the *Queensland Health Cross Cultural Capabilities* into externally provided training on communication, clinical health assessment and policy development.

6.6   Evaluate cross cultural training

6.6.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may promote the collection of evaluation data from attendees for annual analysis, through the use of the *Cross Cultural Capability Training Pre and Post Evaluation Survey* form.

6.7   Corporate office

6.7.1   A senior officer may be delegated to:
- manage and provide training to district and division trainers for the delivery of the Cultural Diversity in Health Care module which is provided at orientation, and the cross cultural training packages
- advise health services on the evidence basis for effective cross cultural training to build the cultural capability of the health workforce.

7   Recommendations for culturally inclusive recruitment and retention

7.1   Hospital and Health Services and Queensland Health Divisions

7.1.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), is required to annually report performance against the following whole-of-government multicultural KPIs which relate to inclusive recruitment and retention:
- number and percentage of staff indicating that they are from a non-English speaking background
- number of complaints about racial discrimination within the department.

7.2   Recruitment

7.2.1   Staff advertising employment opportunities may consider disseminating job advertisements to multicultural employment agencies.

7.2.2   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may consider:
- advising multicultural employment agencies on the process of recruitment in the Queensland Health context
- the need for cultural diversity of panels being reviewed when applicant pools are diverse panel members receiving training on culturally competent recruitment processes including management of cultural biases.

7.3   Retention of overseas trained professionals

7.3.1   The Registration Assessment Placement Training and Support (RAPTS) program may develop and coordinate comprehensive clinical transition support programs and resources for international medical graduates employed in Queensland publicly funded services.

7.3.2   The CEO of each Hospital and Health Service may delegate officers to support overseas trained professionals through the provision of candidate care.

7.4   Retention of CALD workforce

7.4.1   The CEO of each Hospital and Health Service and Queensland Health Division, or executive sponsor for multicultural health (where delegated), may encourage managers to participate in cross cultural training using the available dedicated packages relating to working in, and managing a diverse workforce.

8   Recommendations for special needs population groups – Pacific Islander, Australian South Sea Islander and refugee communities

8.1   Special needs population groups

8.1.1   Special needs population groups comprise:
- refugee communities
- Pacific Islander communities
- Australian South Sea Islander communities.

8.2   Corporate support for special needs populations

8.2.1   A senior officer may be delegated to raise awareness of the identified special needs population groups with the health workforce through orientation and ongoing promotional activities.

8.3   Refugee communities

8.3.1   The CEO of each Hospital and Health Service in which refugee settlement occurs may delegate officers to conduct refugee health assessments and develop local responses to address barriers to accessing services and identified health inequalities.

8.4   Pacific Islander communities

8.4.1   The CEO of each Hospital and Health Service with large Pacific Islander communities (Metro North, Metro South, Gold Coast, West Moreton, Cairns, and Townsville) may delegate officers to review and analyse the results of the *Pacific Islander and Maori Health Needs Assessment* and respond to the outcomes by developing local responses to address identified health inequalities.

8.5   Australian South Sea Islander communities

8.5.1   The CEO of each Hospital and Health Service with large Australian South Sea Islander communities (Mackay, Central Queensland, and Wide Bay) may delegate officers to review and analyse the results of *The Australian South Sea Islander People in Queensland* report and respond to the outcomes by developing local responses to address identified health inequalities.

Appendix 1

Core Outcome 1		
Improved cultural competence of staff		
Performance indicators	**Definitions**	**Counting rules**
1.1 Number of staff that have participated in cultural competence training annually (this may include): • number of staff attending internally provided cross-cultural training • number of staff attending externally provided cross-cultural training • number of times online cross-cultural training is accessed.	Cultural awareness and cross-cultural training is both face-to-face and online training, typically covering topics such as: • demographic information on Queensland's cultural and linguistic diversity • awareness of cultural and linguistic differences and the impact on service delivery • the impact of the migration experience • strategies for developing culturally responsive services. It also includes training relating to specific cultural groups and training on working with interpreters. It excludes cultural capability training specifically and primarily focused on Aboriginal and Torres Strait Islander cultures. Training must be of a reasonable duration as determined by the reporting department. Annually is the financial year (1 July to 30 June) for each reporting period – 2011/12, 2012/13 and 2013/14.	The unit of measure is the number of staff. Count of number of attendees attending cultural awareness/cross-cultural training whilst employed by the department in the reporting period. The number of hours, days or occasions in which a staff member participated in cultural competence training does not affect the count of the number of staff.
1.2 Number of staff that have participated in cultural competence training as a percent of the total number of department staff for the year.	Cultural awareness and cross-cultural training is both face-to-face and online training, typically covering topics such as: • demographic information on Queensland's cultural and linguistic diversity • awareness of cultural and linguistic differences and the impact on service delivery • the impact of the migration experience • strategies for developing culturally responsive services. It also includes training relating to specific cultural groups and training on working with interpreters.	The unit of measure is the percentage of staff. The counting rules on the number of staff participating in cultural awareness training (above) apply.

Core Outcome 1		
Improved cultural competence of staff		
Performance indicators	**Definitions**	**Counting rules**
	It excludes cultural capability training specifically and primarily focused on Aboriginal and Torres Strait Islander cultures Training must be of a reasonable duration as determined by the reporting department. The total number of department staff is the full-time equivalent count of staff as reported in the department's Annual Report. Annually is the financial year (1 July to 30 June) for each reporting period – 2011/12, 2012/13 and 2013/14.	

Core Outcome 2		
Improved access to interpreters for clients when accessing services		
Performance indicators	**Definitions**	**Counting rules**
2.1 Amount spent annually on interpreters engaged by department and government funded non-government organisations.	Interpreters are as detailed in the *Language Services Policy*. Interpreters do not include relatives, friends or advocates of a client, or non-accredited bilingual staff of the department or other agencies. Interpreters for this performance indicator may include Auslan (Australian Sign Language) interpreters. This performance indicator includes on-site interpreting, telephone interpreting and video-conference interpreting. Funded non-government organisations means an entity, other than the Crown, which is or may be funded through a government department to deliver human services. Annually is the financial year (1 July to 30 June) for each reporting period – 2011/12, 2012/13 and 2013/14. Departments are encouraged to investigate the level of professional versus non-professional interpreters engaged during the reporting period.	The unit of measure is the total amount (ex GST) spent (rounded up to the nearest dollar) on engaging professional interpreters for clients accessing department services and the services of non-government organisations funded by the department. Data should be sourced from departmental files only so as not to impose additional reporting requirements on non-government organizations.

Core Outcome 2		
Improved access to interpreters for clients when accessing services		
Performance indicators	**Definitions**	**Counting rules**
2.2 Number of interpreters engaged annually by the department and government funded non-government organisations.	Interpreters are as detailed in the *Language Services Policy*. Interpreters do not include relatives, friends or advocates of a client, or non-accredited bilingual staff of the department or other agencies. Interpreters for this performance indicator may include Auslan (Australian Sign Language) interpreters. This performance indicator includes on-site interpreting, telephone interpreting and video-conference interpreting. Annually is the financial year (1 July to 30 June) for each reporting period – 2011/12, 2012/13 and 2013/14.	The unit of measure is the number of occasions on which an interpreter was engaged. Count each occasion where an interpreter is engaged, irrespective of whether the same interpreter is engaged for the same client/s on a number of different occasions or if the interpreter was engaged for another client/s. If more than one interpreter is engaged for a group meeting (eg. where interpreters are needed in different languages) count each interpreter that is engaged for that meeting. Data should be sourced from departmental files only so as not to impose additional reporting requirements on non-government organisations.

Core Outcome 3		
Improved communication and engagement with culturally and linguistically diverse (CALD) communities and/or organisations		
Performance indicators	**Definitions**	**Counting rules**
3.1 Number of key information publications translated into languages other than English, annually.	Key information publications to include print and electronic versions of brochures, booklets, fact sheets, posters, forms and other documents, available to the public and translated into languages other than English. It also includes audiovisual resources (such as videos, audio-cassettes etc.) which have been subtitled, dubbed, voice-overed, or produced in a language other than English. Annually is the financial year (1 July to 30 June) for each reporting period – 2011/12, 2012/13 and 2013/14.	The unit of measure is the number of publications. Translated publications which are produced in more than one medium are to be counted once only. May include Auslan (Australian Sign Language). The number of publications to be counted includes existing publications which are still current and in use during the reporting period as well as any new publications produced in the reporting period.
3.2 Number of languages in which publications are available.	As per 'key publications' definition above, publications include print and electronic versions of brochures, booklets, fact sheets, posters, forms and other documents, available to	The unit of measure is the total number of distinct languages other than English in which publications have been translated.

Core Outcome 3		
Improved communication and engagement with culturally and linguistically diverse (CALD) communities and/or organisations		
Performance indicators	**Definitions**	**Counting rules**
	the public and translated into languages other than English. It also includes audiovisual resources (such as videos, audio-cassettes etc.) which have been subtitled, dubbed, voice-overed, or produced in a language other than English.	Each language is only to be counted once, irrespective of the number of different publications translated into that particular language. The number of translated languages includes translated languages for existing publications which are still current and in use during the reporting period as well as any new publications produced in the reporting period. May include Auslan (Australian Sign Language).
3.3 Number of information sessions or workshops on government services and/or programs held for people from culturally and linguistically diverse backgrounds.	This performance indicator relates to information sessions or workshops held for which the primary target audience is people from culturally and linguistically diverse (CALD) backgrounds. People from CALD backgrounds refer to people who identify as being from a CALD background. It may include people from a non-English speaking background, people from a migrant or refugee background, and people who identify as Australian South Sea Islander. For the purpose of this performance indicator, people from CALD backgrounds exclude people who identify as Aboriginal or Torres Strait Islander. Annually is the financial year (1 July to 30 June) for each reporting period – 2011/12, 2012/13 and 2013/14.	The unit of measure is the number of information sessions or workshops held for people from CALD backgrounds. Each information session or workshop held is to be counted once only, irrespective of its duration. Multiple information sessions or workshops held on the same topic/s are to be counted separately (i.e. each occurrence).
3.4 Number of culturally and linguistically diverse groups, peak bodies and other stakeholders consulted or engaged annually on the development or implementation of department projects, services, policies and programs.	CALD groups, peak bodies and other stakeholders refer to groups, bodies or stakeholders representing people who identify as being from a CALD background as defined above. For the purpose of this performance indicator, CALD	The unit of measure is the number occasions a group/peak body or stakeholder is consulted or engaged for each reporting period.

Core Outcome 3		
Improved communication and engagement with culturally and linguistically diverse (CALD) communities and/or organisations		
Performance indicators	**Definitions**	**Counting rules**
	groups, peak bodies or other stakeholders exclude those groups, bodies or stakeholders representing people who identify as Aboriginal or Torres Strait Islander. Consultation and engagement includes planned face-to-face meetings, teleconferences and video-conferences, on-line, as well as the receipt of solicited written submissions as part of a consultation process. Annually is the financial year (1 July to 30 June) for each reporting period – 2011/12, 2012/13 and 2013/14.	

Core Outcome 4		
Improved recruitment and retention strategies for staff from CALD backgrounds		
Performance indicators	**Definitions**	**Counting rules**
4.1 Number and percentage of staff indicating that they are from a non-English speaking background.	Staff from a non-English speaking background refers to staff that have migrated to Australia and whose first language is a language other then English, and the children of those people as defined in the *Public Service Act 2008.* The total number of department staff is the full-time equivalent count of staff as reported in the department's Annual Report.	The unit of measure is the number and percentage of staff. The number of staff counted is only those staff who self-identify as being from a non-English speaking background through the Equal Employment Opportunity (EEO) Census – refer to PSC data (NESB Code Specification / Coding Standard).
4.2 Number of complaints about racial discrimination within the department.	Complaints about racial discrimination within the department refer to substantiated and finalised complaints by staff or individuals contracted by the department, or people applying for employment with the department. Substantiated and finalised complaints are those recorded with the departmental Human Resources/Complaints unit. Annually is the financial year (1 July to 30 June) for each reporting period – 2011/12, 2012/13 and 2013/14.	The unit of measure is the number of substantiated complaints which have been finalised during the reporting period. Each individual complaint which references racial discrimination is to be counted. If the same complainant raises the same complaint about a different incident, the complaint is counted as a new, separate complaint.