

Breaking down barriers: Cultural Responsiveness Assessment Tool

FINAL SUMMARY REPORT 2024



phn
NORTH WESTERN
MELBOURNE

An Australian Government Initiative

Identifying the need

Across the 3,200 square-kilometre catchment of North Western Melbourne Primary Health Network, about 40 per cent of residents speak a language other than English in the home.

The more than 200 languages spoken in the region underpin and enrich a broad and wonderful tapestry of faiths, customs, and cultures. This extraordinary diversity, however, can sometimes present challenges when it comes to accessing, navigating and receiving health care.

Data analysis by NWMPHN revealed that on occasion members of some communities were not experiencing equitable outcomes when engaging with the primary, secondary and tertiary health sectors. To learn more, the organisation commissioned the **Ethnic Communities Council of Victoria** and **Community-Owned Primary Health Enterprises** to analyse the barriers to health care experienced by people who primarily spoke languages other than English.

The result was [a report](#) which found that health outcomes could be negatively impacted when service providers were unable to overcome language barriers, or when clinicians exhibited forms of discrimination, cultural misunderstanding and unconscious bias.

NWMPHN is committed to the ideal that everyone in its catchment has the right to the best health care possible. This principle of health equity holds it to be self-evident that no individual or community should be prevented from receiving treatment and support because of social, cultural, economic or environmental factors.

From its own extensive engagement with health care providers NWMPHN realised that the barriers to access experienced by some community members arose overwhelmingly through deficits in cultural understanding rather than intentional discrimination.



**Languages
Spoken**



**Speak languages
other than English**

Identifying the need

In response, the organisation worked again with the Ethnic Communities Council of Victoria and Community-Owned Primary Health Enterprises to develop a collection of resources and strategies to empower and enable health care providers to improve their cultural responsiveness and build their capability to respond to the needs of all communities.

The collection was called the [Culturally Responsive Assessment Tool](#) (CRAT).

7 Steps to undertake Culturally Responsive Assessment



- Step 1:** Reviewing CALD population health data
- Step 2:** Getting your service ready to use the Tool
- Step 3:** Planning the workshop
- Step 4:** Running the workshop
- Step 5:** Developing an Action Plan
- Step 6:** Implementing and monitoring the Action Plan
- Step 7:** Keeping the momentum going

10 Indicators used in the CRAT tool



- 1** Co-production with community
- 2** Workforce mutuality
- 3** Consumer feedback
- 4** Culturally responsive digital access
- 5** Interpreter engagement
- 6** Culturally responsive communications
- 7** Culturally responsive referrals and partnerships
- 8** Culturally responsive leadership and organisational culture
- 9** Culturally responsive data
- 10** Cultural responsiveness training

Testing the CRAT

NWMPHN is committed to evidence-based innovation, so once the CRAT had been developed it was important to test its use and effectiveness in real-world settings.

Accordingly, in 2021, a pilot program was established. Seven service providers were commissioned to test the toolkit. These were:

- IPC Health
- Merri Health
- Orygen, focused on headspace Sunshine
- Jesuit Social Services
- CatholicCare
- Youth Support and Advocacy Service – headspace Collingwood
- Neami National

The program participants were supported by input from NWMPHN leadership, a working group to assist with implementation, and a Community of Practice to exchange ideas and discuss results.

As is common for pilot projects, the CRAT pilot faced emergent challenges. One was the tension between the necessarily short timeframe for testing and the need to embed the practice of culturally responsive assessment as a long-term, iterative process.

The pilot was also impacted by the COVID-19 pandemic, and organisational and key staff changes taking place during the period.

All of these factors resulted in some organisations delaying implementation, and others enduring interruptions to planned activities. Program extensions were negotiated, and it was not until May 2023 that all participants had completed the test phase.



**Providers
tested the
CRAT**

Pilot results

Pilot results

In January 2024, the seven providers were re-engaged to determine whether they had continued to use the CRAT.

All were invited to take part in informal interviews to share their thoughts. Five took up the option.

It was revealed that two of the original providers continued using the CRAT resources after the pilot phase ended. For these, its use was enthusiastically supported by senior leadership, and embedded into strategic plans and systems.

The remaining organisations had adopted and adapted various results arising from the CRAT and continued to use these as crucial components of their activities.



Conclusion

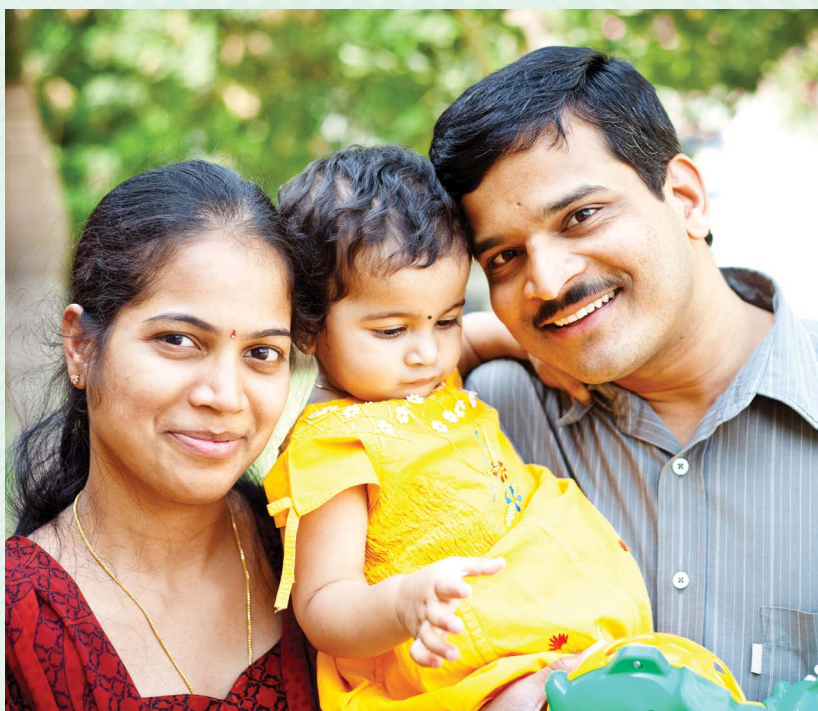
The upshot

NWMPHN's careful analysis of the CRAT pilot concluded that, overall, all service providers found the assessment process useful and a catalyst for evidence-based conversations across their organisation.

The CRAT framework also encouraged reflection and identification of strengths and opportunities for improvement, and the development of action plans to address priority gaps. Some providers also established more planned and intentional engagement with various communities, reducing or even eliminating barriers to access.

The principle of health equity is of central importance. The development of the Culturally Responsive Assessment Tool provided the opportunity to explore practical approaches to making it a reality through strengthening understanding between health care providers and the communities they serve.

The lessons drawn from the pilot are now being incorporated into NWMPHN's own program design and implementation processes, as well as those of other health care organisations.



The CRAT Tool:

- encouraged reflection
- identified gaps
- established intentional engagement
- helped eliminate barriers
- supported practical approaches to engagement
- strengthened links with community



To learn more about the CRAT, and to investigate applying it within your own operations visit nwmpbn.org.au

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