



Western Sydney Culturally Informed

Primary Health Care Practice Toolkit

WV
WentWest

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WESTERN SYDNEY
An Australian Government Initiative

Introduction

Western Sydney is one of the most culturally diverse regions in Australia, with nearly half its population born overseas.

This diversity makes cultural competence essential in primary care. Primary care providers play a critical role in delivering equitable health care to culturally and linguistically diverse (CALD) communities.

This toolkit has been developed to support primary care teams to strengthen culturally informed practice and improve patient engagement and outcomes.

Important Resources

General Practices can access translated MyMedicare [resources here](#)



Use the Model for Improvement and [Plan-Do-Study-Act \(PDSA\)](#) cycles to test changes, drive progress and embed high-quality care.



WentWest provides tailored training, professional development and networking opportunities for providers in Western Sydney. [Check out what's on at WentWest.](#)



The Western Sydney Health News shares updates, resources and upcoming events for health care professionals. [Subscribe to our newsletter.](#)



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WentWest, the Western Sydney Primary Health Network, acknowledges the First Nations peoples of Australia as the Traditional Custodians of the land on which we work and live.

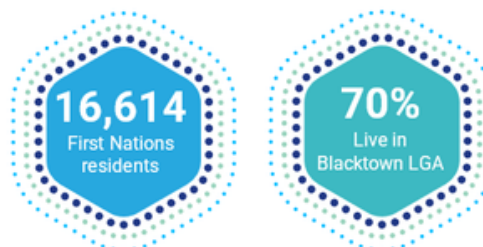
We pay our respect to Elders past, present and future and extend that respect to all Aboriginal and Torres Strait Islander peoples within western Sydney.

Overview

Western Sydney is one of the most diverse regions in Australia, with over half of Western Sydney's community born overseas and one of Australia's largest urban First Nations populations. The diversity of the region is something to celebrate every day, yet it is often these community members who face challenges in accessing the right health care to live full, happy lives.

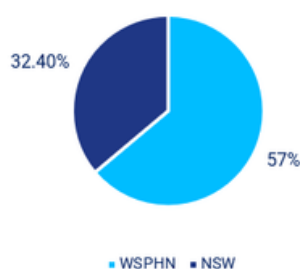
First Nations People

Western Sydney has one of the largest urban Aboriginal and Torres Strait Islander populations in the nation and supporting Aboriginal health in the region is a health priority.

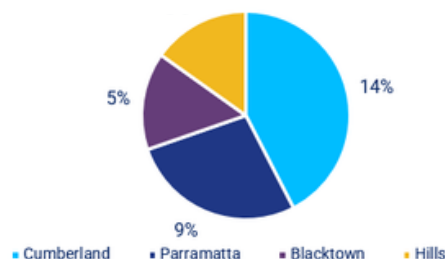


Languages

Speak Language Other Than English At Home

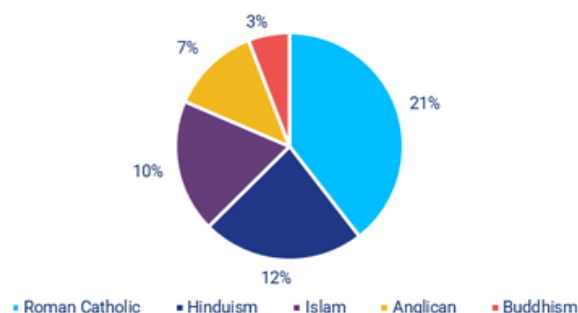


Speak limited English



Religion

People living in Western Sydney are more highly religious than the rest of Australia with one in five people identifying as secular (21.8 per cent) compared to NSW (33.0 per cent) and Australia (38.7 per cent)



Ancestry

Western Sydney has greater ancestral diversity, with lower proportions of Australian and English ancestry. Only 16.5 per cent of residents report Australian ancestry and 15.6 per cent report English ancestry in the region, compared to state and national averages of almost 30 per cent.

Top 5 Ancestries in Western Sydney (%)



Leadership: Preparing your Practice

Needs Assessment

Effective leadership in general practice supports the assessment and development of organisational capacity for culturally responsive practice.

Leaders play a key role in promoting cultural awareness, identifying gaps in service delivery, reviewing data and feedback from CALD communities, and implementing quality improvement initiatives. ,

By fostering a culture of continuous learning, inclusivity and accountability, leaders help ensure the practice has the systems, workforce capability and resources required to provide equitable, culturally responsive care to diverse populations (RACGP 2025).

Implementation Steps	Progressing	Date Completed
Practice environment is welcoming and inclusive (e.g., multilingual signage, diverse imagery)	☐	
Translated materials are available in common community languages	☐	
Cultural responsiveness is embedded in the practice's vision, policies, and strategic planning	☐	
Intake forms capture preferred language, cultural background, and communication needs	☐	
Staff are aware of and able to access interpreter services (e.g., TIS National) when required.	☐	
Interpreter services are routinely offered and documented (not relying on family members)	☐	
Patients are supported to express preferences, beliefs, and cultural needs	☐	
Staff receive training in cultural competence and culturally safe care	☐	
Training includes working with interpreters and cross-cultural communication.	☐	
Workforce reflects community diversity where possible (e.g., bilingual staff)	☐	
Staff understand trauma-informed and refugee health principles	☐	
Care plans consider cultural beliefs, health literacy, and social determinants	☐	
Referral pathways include culturally appropriate and bilingual services	☐	
Data is used to identify gaps and improve equity in health outcomes	☐	
CALD-specific indicators are included in quality improvement plans	☐	
Regular review of cultural responsiveness practices is undertaken	☐	

Engaging Interpreters

Private general practitioners can access the Free Interpreting Service to provide Medicare rebatable services to anyone in Australia who is eligible for Medicare.

Medical practitioners can engage a credentialed interpreter to communicate complex or technical information to patients with limited or no English language proficiency.

This can help to ensure accuracy of communication, reduce confusion, save time, and protect practitioners from professional risk.
[Click here or scan code for factsheet](#)

Relying on family members can lead to errors, omissions, or discomfort particularly when discussing sensitive topics while also placing unfair pressure on them.

Professional interpreters ensure neutrality, protect privacy, and help all parties communicate effectively and confidently.

The interpreter [Engagement in General Practice in Australia guide](#) is developed by Victorian Refugee Health Network provides great and comprehensive insight on standards GPs should adhere to when utilising interpreting services.
[Click here or scan code for guide](#)



 Australian Government
Department of Home Affairs



Free Interpreting Service for private medical practitioners

The Free Interpreting Service aims to provide equitable access to key services for people with limited or no English language proficiency.

Private medical practitioners can access the Free Interpreting Service to provide Medicare rebatable services to anyone in Australia who has a Medicare card.

Why medical practitioners use interpreters

Australia has a rich cultural diversity. The 2016 census revealed that Australians were born in almost 200 different countries and speak more than 300 languages.

Medical practitioners use credentialed interpreters to communicate complex or technical information to patients with limited or no English language proficiency. This can help to ensure accuracy of communication, reduce confusion, save time, and protect practitioners from professional risk. It is particularly important when:

- seeking informed consent
- dealing with complex cases
- dealing with patients in a crisis
- assessing patient competence

Services available to private medical practitioners

Private medical practitioners can use the Free Interpreting Service to access interpreting services delivered by TIS National, including:

- immediate phone interpreting
- pre-booked phone interpreting
- pre-booked onsite interpreting

Immediate phone interpreting is most useful for unplanned interactions. It provides:

- access to over 3000 interpreters in over 100 different languages
- interpreting services 24 hours a day 7 days a week
- connection to an interpreter within a few minutes of calling

Pre-booked phone interpreting is useful for planned medical appointments, or if you need to request a less common language.

When phone interpreting is not suitable, TIS National can arrange an interpreter to attend onsite for a face-to-face appointment. This may be important when the consultation is particularly complicated, for example, where a doctor needs to give complex or technical instructions or rely heavily on non-verbal cues.

You may also wish to use onsite interpreting if you have several patients who need the same language interpreter and are able to schedule these so that one interpreter can attend for several appointments.

Medical Practitioner Priority Line: 1300 131 450



Interpreter Engagement in General Practice in Australia

May 2020

 MIGRANT & REFUGEE
HEALTH PARTNERSHIP



Refugee Health Assessment

General Practices can offer a comprehensive health assessment for refugee patients including adults, youth and children. The assessment is recommended to be performed within one month of the arrival.

A refugee health assessment includes migration history; a full medical history, including current concerns, developmental history in children and adolescents and psychosocial history; physical examination; investigations; and development of a management plan. For children and adolescents, history may be taken from a parent or carer where appropriate.

The Australian Refugee Health Practice Guide includes key points and information on conducting and completing initial and follow up refugee health assessments covering most aspects and elements of the health assessment.

Health Assessment: Related MBS Items

The Department of Health, Disability and Aged Care (DoHAC) has established specific Medicare Benefits Schedule (MBS) items that general practitioners (GPs) can claim when conducting health assessments for humanitarian entrants. Eligibility for these services is outlined on the MBS website and generally applies to individuals holding certain visa subclasses, in accordance with the Migration Act 1958.

These include:

- [Subclass 070 Bridging \(Removal Pending\) visa](#)
- [Subclass 200 \(Refugee\) visa](#)
- [Subclass 201 \(In-country Special Humanitarian\) visa](#)
- [Subclass 202 \(Global Special Humanitarian\) visa](#)
- [Subclass 203 \(Emergency Rescue\) visa](#)
- [Subclass 204 \(Woman at Risk\) visa](#)
- [Subclass 786 \(Temporary \(Humanitarian Concern\)\) visa](#)
- [Subclass 790 \(Safe Haven Enterprise\) visa](#)
- [Subclass 866 \(Protection\) visa](#)

Relevant MBS items for these health assessments include: [701](#), [703](#), [705](#), [707](#), [224](#), [225](#), [226](#), and [227](#). GPs should select the appropriate MBS item based on the type and complexity of the service provided. For the most current guidance, refer to the [DoHAC MBS Online resource](#).



The [Refugee Health Assessment Template 2018](#) considers the primary care context including workflow and whole of practice approaches and will assist primary care providers to deliver high quality on arrival health care for people from refugee backgrounds.

Patient Immunisation Histories

People from refugee-like backgrounds are at significant risk of being unimmunised or under-immunised on arrival in Australia, due to their refugee and forced migration experience.

Source country immunisation schedules are different to the Australian immunisation schedule, meaning not all may arrive fully vaccinated.

To access immunisation records, GPs can refer to [Australian Immunisation Register \(AIR\)](#) for children where vaccines were given. Additionally, [Australian Immunisation Handbook](#) provides further guidance and is a valuable reference point for catch up vaccines.

Some patients may present with written records, and some may verbally express the vaccines.

Written records are considered reliable evidence of vaccination status.

In the absence of written immunisation documentation, full catch-up immunisation is recommended. ([Refugee Health Network of Australia 2024](#); [Australian Government Department of Health and Aged Care 2025a](#); [Australian Government Department of Health and Aged Care 2025b](#)).

Local Public Health Units (PHUs) play a vital role in protecting community health by monitoring and responding to infectious diseases, investigating outbreaks, providing immunisation advice, managing environmental health risks, and offering public health guidance to healthcare providers and the community.

Call 1300 066 055 or [visit the website](#).



Patient Centred Care

Patient-centred care is an approach to health care that places the patient at the centre of all care decisions by recognising and respecting their individual preferences, needs, values, cultural background and personal circumstances.

It involves developing collaborative partnerships between patients and health professionals, supporting informed and shared decision-making, and ensuring care is coordinated, accessible and responsive to what matters most to the individual. Patient-centred care aims to improve health outcomes, patient experiences and engagement by providing care that is respectful, holistic and tailored to each person's unique needs (Royal Australian College of General Practitioners 2015).

A whole-of-practice approach can improve access, engagement and health outcomes for people from refugee and refugee-like backgrounds. Creating a culturally responsive practice environment requires attention to reception processes, patient records, appointment systems and clinical care (Refugee Health Network of Australia 2024).

Reception and waiting areas:

- Employ welcoming and culturally responsive reception staff, including bilingual staff where available
- Provide health information and practice resources in languages commonly spoken by local refugee communities
- Display clear signage informing patients of the availability of interpreter services
- Create flexible waiting areas that accommodate children and families, including spaces for play and quiet areas

Practice systems and patient records:

- Record interpreter requirements, including preferred language and any gender preferences for interpreters
- Document country of birth, ethnicity, and date or year of arrival in Australia
- Maintain contact details for settlement workers, next of kin and supporting family members, where relevant
- Record patient preferences for a general practitioner, including gender preferences
- Confirm and update patient contact details at each appointment



The following should be considered when booking appointments:

- Offer longer appointments
- Arrange interpreters if needed
- Flexibility with appointment times
- Coordinate appointments with practice nurse availability, particularly when planning catch-up immunisations
- Implement reminder and recall systems, such as text messages or translated appointment reminders
- Establish follow-up processes for patients who do not attend scheduled appointments
- Ensure consulting rooms can accommodate larger family groups where appropriate

Clinical considerations:

- Consider bulk billing arrangements to reduce financial barriers to care
- Requesting previous health records if available
- Case conferences for patients with complex needs
- Coordinating care with refugee health nurses if available
- Use the Teach-Back Method to support patient understanding and engagement

Staff Cultural Competency Training

The Centre for Culture, Equity & Health (CEH) Provides cultural responsiveness training that are designed to help you work more effectively with people from refugee and migrant backgrounds. We offer monthly workshops based in Richmond or we can come to your workplace to deliver training. Contact CEH to arrange workforce training. Costs may apply.

[Website](#)



Settlement Services International (SSI)

Offers a range of trainings via e-Learning, online workshops or customised learning courses. It aims to build a common understanding amongst staff and organisation on how to respond inclusively in a multicultural context. Access training programs. Costs may apply.

[Website](#)



Partnership, Platforms and Enablers

Partnerships in general practice involve collaboration with patients, families, providers, community organisations and other stakeholders to deliver coordinated, person-centred care.

They enable shared decision-making, improve continuity and access to services, and help practices respond to community needs, including those of culturally and linguistically diverse (CALD) populations. Strong partnerships support more integrated, equitable and effective care. These community and government organisations provide resources for partnership and collaboration purposes:

NSW Refugee Health Service

Provides specialised care including early health assessments, GP clinic services for asylum seekers, early childhood and disability assessments. Also offers advice to providers and links health services with refugee support agencies.

[Website](#)



Transcultural Mental Health Centre (TMHC)

Supports CALD communities and health professionals across NSW to improve mental health and access to care, complementing public mental health services.

[Website](#)



SydWest Multicultural Services

Supports diverse communities across Western Sydney with services including settlement, aged care, disability support, housing, and programs for youth, women and families.

[Website](#)



Community Migrant Resource Centre (CMRC)

Builds community capacity by working with multicultural communities to address local needs, in partnership with other agencies, delivering both immediate and long-term support.

[Website](#)



Settlement Services International (SSI)

Delivers settlement and case management services to help newly arrived refugees build independence and integrate into the community.

[Website](#)



STARTTS (NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors)

Provides culturally appropriate psychological care, support and community programs to help refugees recover from trauma and rebuild their lives.

[Website](#)



Useful Tools

Australian Refugee Health Practice Guide

A guide for doctors and other health care providers caring for people from refugee backgrounds and caring for patients in general practice.

[Access clinical practice guide.](#)



Department of Health, Disability and Ageing Website provides resources translated into a wide range of languages including Arabic, Chinese, Greek, Hindi, Italian, Turkish, Vietnamese and many others.

[Access translated health resources.](#)



CALD Assist

A free app downloadable from Apple [App store](#) and [Google play Store](#), which can assist clinicians communicate with people with limited English proficiency. Developed by Western Health in partnership with CSIRO, CALD Assist does not replace professional interpreters but can assist overcome basic language barriers when interpreters are not available.

GoShare

A digital patient education platform that allows health professionals to send tailored, trusted health resources to patients by email or SMS to help manage their medical conditions. WentWest has funded GoShare and GoShare Plus subscriptions for all Western Sydney general practices so that all GPs have access to GoShare's free educational resources.

[Access patient education resources.](#)



MyMedicare

A voluntary patient registration model. It aims to formalise the relationship between patients, their general practice, general practitioner and primary care teams.

[Access the translated resources here.](#)



HealthPathways

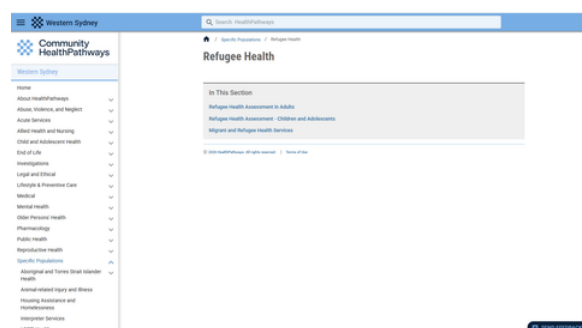
Western Sydney Health Pathways has been developed collaboratively by local general practitioners, specialists, nurses and allied health providers.

HealthPathways is an online decision support tool that provides locally agreed information on how to assess and manage medical conditions, and how to refer patients to local services.

Each pathway is evidence-informed and aims to preserve clinical autonomy and patient choice by providing agreement and clarity on access to services.

Access Western Sydney Health Pathways to support clinical decision-making, assessment and referral to local health services.

A password is required to access Western Sydney HealthPathways. If you don't have the login details, you can contact our HealthPathways team at healthpathways@wentwest.com.au or call 8811 7100.



Data Driven Quality Improvements

Overview

Data collection in general practice is essential for safe, effective, and coordinated patient care. It helps clinicians make informed decisions, ensures continuity between providers, and supports proactive management of chronic conditions.

It also enables compliance with standards set by organisations like RACGP standard 5, supports funding and reporting requirements, and improves practice efficiency. Accurate data allows practices to monitor performance, identify community needs, and continuously improve the quality of care.

CALD Data Collection – Considerations

Community profiling: General Practices may identify communities who live in their catchment area.

When collecting data General Practices may refer to:

- [ABS Census](#)
- [Australian Census and Migrants Integrated Dataset \(ACMID\)](#)
- [Australian Bureau of Statistics – National Health Survey \(NHS\)](#)
- [Settlement reports \(Dept of Home Affairs\)](#)

General Practices should ensure that all care providers, with patient consent and when appropriate, collect the following information:

- Country of birth
- Language spoken
- Need for an interpreter
- Ethnicity or cultural background
- Year of arrival in Australia
- Original entry visa type

For QI Documentation, General Practices may Use the Plan-Do-Study-Act (PDSA) cycles to test changes, drive progress and embed high-quality care.

Please contact WentWest at support@wentwest.com.au



PenCAT Recipes: provide practical guidance for general practices on collecting, recording, extracting, and analysing CALD patient information. The resource supports practices to improve data quality, identify priority populations, monitor health outcomes, and implement targeted quality improvement activities to enhance equitable access to care. Visit the [website](#) to find out more.

Definitions

CALD (Culturally and Linguistically Diverse) / Multicultural

CALD refers to people from diverse cultural and language backgrounds, often used in health and service planning. Multicultural is a broader term describing diverse communities and identities.

Cultural competence

Delivering accessible, inclusive services that meet the needs of migrant and refugee communities, supported by appropriate systems, policies and practices.

Cultural responsiveness

Recognising and responding appropriately to an individual's cultural background and diversity in care interactions.

Health literacy

An individual's ability to understand and use health information, and the system's ability to make information and services accessible.

Cultural readiness

An organisation's capacity—through leadership, systems and workforce—to provide inclusive and responsive care.

Cultural awareness

Understanding how culture shapes beliefs, behaviours and interactions, including awareness of one's own cultural perspective.

Culturally safe care

Care that is respectful, free from discrimination, and responsive to patient identity, with attention to power imbalances.

Patient-centred care

Care that respects patient preferences and values, and involves them in decisions about their health.

Equity vs equality

Equality provides the same care to all; equity tailors care to ensure fair health outcomes.

Interpreter services

Professional language support (in person, phone or video) for patients who prefer a language other than English; should be used instead of family members where possible.

Trauma-informed care

An approach recognising the impact of trauma, prioritising safety, trust, choice and empowerment to avoid re-traumatisation.

Quality improvement (QI)

An ongoing, data-driven approach to improving care safety, effectiveness and patient experience.

Model for improvement

A QI framework using three key questions and PDSA cycles to test and measure changes.

PDSA cycle

A rapid improvement method: Plan, Do, Study, Act—testing changes on a small scale before wider adoption.

CALD data (core fields)

Key patient information (e.g. language, country of birth, interpreter need) used to support culturally responsive care and planning.

Data disaggregation

Breaking data into groups (e.g. language, ethnicity) to identify differences and target improvements.

MyMedicare

A voluntary patient registration model supporting stronger GP relationships and more coordinated, continuous care.

Partnerships (primary care)

Collaborations between general practices and other services to coordinate care, share resources and improve outcomes.



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