RQ8: Do service organisations more appreciate the need to support their staff to provide a good service for CALD victims/survivors of child sexual abuse?

Background and rationale

Cultural competency at the organisational/institutional level

As stated earlier under RQ1, there are three levels to cultural competency within the social services sector: personal, organisational, and institutional. The implication of this is that good service provision does not all belong to the frontline service provider, who is often and falsely seen as most or more important for delivering culturally competency than the local organisation in which they work on a daily basis or the larger institution to which they belong. As has been argued elsewhere (Sawrikar, 2017), these three tiers are seen to be equally responsible for delivering cultural competency; the likelihood of good outcomes among clients is increased when service providers are supported structurally by their service organisation and institution.

Mandatory

In this project, the following organisational/institutional support was seen as essential for delivering services high in cultural competency for CALD victims/survivors of child sexual abuse (derived from the systematic literature review conducted in 2016):

- using interpreters trained in matters to do with sexual assault, and service organisations providing such training to interpreters
- having an ethnically diverse workforce, including in management positions
- providing regular ‘cultural competency’ training, to address staff turnover and respond to new and emerging communities
- using ‘a multicultural framework’, and thus fundamentally valuing cultural differences
- mandatorily collecting data on all ethnicity-related variables
Ideal

In this project, two elements of cultural competency were ultimately categorised as ideal but not essential. The first was that organisations use visual images of a target client group that is ethnically diverse in their promotional materials (e.g. pamphlets, website, etc.). This element was not identified as essential in an attempt to recognise the severe lack of resources common within the social services sector. However, it could also be counter-argued that even within finite and pressured funding constraints, decisions that reflect investment in ethnic diversity do not implicitly condone ‘white privilege’ as if poor resourcing is an acceptable justification. Overall, larger organisations with greater financial power are seen to be more responsible for delivering on this element than smaller organisations who may not have the financial capacity to rebrand their website and other promotional materials if required.

The second element identified as ideal for cultural competency was having strong links with local CALD community members and organisations. This element was not seen as essential to help acknowledge in advance that not all communities across Australia have high CALD densities, and therefore links with such organisations would/should reflect the local milieu and respond accordingly.

Measures

Program attendees were asked a number of questions that measured cultural competency at the organisational/institutional level. In regards to use of interpreters, participants were asked: (i) C.5 – ‘Does your organisation only use bilingual staff or interpreters trained in matters relating to sexual assault when required for the client?’ with options Yes, No (We use any CALD staff member or interpreter that is available at the time we need them, whether they are trained in matters relating to sexual assault or not), or N/A (I do not work at a service organisation) (ii) C.6 – ‘Does your organisation run training sessions for interpreters on matters relating to sexual assault?’ with options Yes, No, or N/A (I do not work at a service organisation), (iii) C.7 – ‘Does your organisation pre-brief interpreters before meeting a client with a matter relating to sexual assault?’ with options Yes, No, or N/A (I do not work at a service organisation), and (iv) C.8 – ‘Does your organisation de-brief interpreters after meeting a client with a matter relating to sexual assault?’ with options Yes, No, or N/A (I do not work at a service organisation).

In regards to CALD staff representation, participants were asked: (i) C.10 – ‘Does your organisation have service provider staff from CALD backgrounds (including those of mixed ethnicity)?’ with options Yes, No, or N/A (I do not work at a service organisation), (ii) C.11 – ‘If yes, (a) how many in total? ___________; (b) how many of these are in management positions? ___________; and (c) what is the total service provider staff size of your local
office? ______________ (i.e. please do not include administrative staff), and (iii) C.12 – ‘If yes, does your service organisation offer CALD client victims/survivors of child sexual abuse choice about whether they would like an ethnically-matched service provider?’ with options Yes, No, or N/A (We have no CALD clients).

In regards to cultural competency training, participants were asked: C.9 – ‘Have you ever received training on culturally appropriate service provision for CALD client victims/survivors of child sexual abuse while working at your organisation?’ with options Yes (If yes, by whom? e.g. another staff member, a local community organisation, etc.? ______________), No, or N/A (I do not work at a service organisation).

In regards to the use of a ‘multicultural framework’, participants were asked: (i) C.3 – ‘How respectful of ethnic diversity (i.e. race, culture, language, and/or religion) do you feel your organisation is in principle (e.g. in mission statements, philosophy, practice frameworks, etc.)?’ with options varying from 1 = Not at all to 5 = Completely, and (ii) C.4 – ‘How respectful of ethnic diversity (i.e. race, culture, language, and/or religion) do you feel your organisation is in practice (i.e. daily work)?’ with options varying from 1 = Not at all to 5 = Completely.

In relation to data collection, participants were asked: (i) C.1 – ‘Does your organisation collect data on ethnicity-related variables for its CALD clients?’ with options Yes, No, N/A (We have no CALD clients), or N/A (I do not work at a service organisation), and (ii) C.2 – ‘If yes, which ones?’ (Please tick all that are relevant) with options (a) Languages spoken at home, (b) Need for interpreter, (c) Country of birth, (d) Citizenship (e.g. Australian, permanent resident, temporary resident, refugee, asylum seeker, etc.), (e) Religion, and (f) Other.

Links with local CALD organisations was measured by asking participants: C.13 – ‘How strong would you rate the links of your organisation with other local CALD community organisations and/or members within them?’, with options 1 = Not at all strong (we have no links with local CALD community organisations or members of such organisations), 2 = Somewhat strong (we have had some contact with local CALD community organisations or members within them but it is not regular), 3 = Quite strong (we have regular contact with local CALD community organisations or members within them), and 4 = Very strong (our links with local CALD community organisations or members within them could be described as excellent).

Finally, the homepage of the websites of all 57 organisations that attended the education program were explored for their visual inclusiveness, just prior to the program being delivered in that city and then again six months later. Thus, data on this element of organisational/institutional cultural competency was not collected from the participants. This
helped ensure accurate data was collected, not subject to the issues associated with potentially poor recall.

Changes over time

Interpreters

Data Table G.7 summarises interpreter engagement for the total sample, by the cultural background of the service provider, whether the service provider works at a mainstream or non-mainstream organisation, and whether the service provider works at an organisation specialised for sexual assault or not. Specifically, it identifies the number of service providers that only use interpreters trained in matters relating to sexual assault, that train interpreters on matters relating to sexual assault, and that pre-brief and de-brief interpreters when meeting about matters relating to sexual assault. As participants within the same organisation provided different responses to each other, the unit of analysis became the service provider rather than their organisation.

Only using trained interpreters

At T1, two participants did not answer C.5; six said ‘Not sure’; nine said ‘N/A – I do not work at a service organisation’; 67 said ‘No – We use any CALD staff member or interpreter that is available at the time we need them, whether they are trained in matters relating to sexual assault or not’; and 27 said ‘Yes’. At T2, eight participants did not answer this question; three said ‘N/A’; 20 said ‘No’; and 13 said ‘Yes’.

Several participants at T1 and T2 also said:

No – We only use NAATF Level IV (Baseline Survey_51).

I’m not aware of our sexual assault policy (Follow up Survey_9).

I am unaware of the guidelines for programs in this area (Follow up Survey_20).

We use any interpreters but not staff members/family members (Follow up Survey_14).

1 In this report, ‘non-mainstream’ organisations are interchangeably described as ‘CALD-specialised’ organisations, and organisations ‘not specialised for sexual assault’ are interchangeably described as ‘generalist’ organisations.

2 National Accreditation Authority for Translators and Interpreters.
No – We can only use TIS\(^3\) due to funding agreement, not able to choose (Baseline Survey_42).

Yes – if client consents having someone from original culture or language (Baseline Survey_35).

We are a legal service, we also have social workers. Some of our solicitors are bilingual and we will match clients appropriately to them – however we most often use interpreters (Follow up Survey_11).

I don’t know as I don’t work in this area. However, I would assume sometimes there are no interpreters (particularly for some languages) that have this training (Follow up Survey_12).

All bilingual staff are trained/have experience providing sexual assault support services. Interpreters are not always trained in particular areas. However, [org name] has provided a professional development session targeting interpreters on interpreting in sexual assault support settings (Follow up Survey_22).

Thus, not including the participants who selected N/A (i.e. those who do not work in frontline services), 26% of the total sample at T1 only used an interpreter trained in matters relating to sexual assault. This marginally increased to 32% at T2, somewhat demonstrating the effectiveness of the program on this element (see Figure 12).\(^4\)

The data shows that more CALD (T1 33%, T2 38%) than Anglo (T1 17%, T2 25%) service providers, and more service providers in non-mainstream (T1 43%, T2 42%) than mainstream organisations (T1 18%, T2 32%), only use interpreters trained in matters relating to sexual assault. There was also little difference on this between service providers who work at organisations specialised for sexual assault (T1 27%, T2 20%) and those who do not (T1 24%, T2 41%) at T1 only, suggesting that the program may have been effective on this element among service providers who work in organisations not specialised for sexual assault.

Overall, the results show that service providers are either unaware of relevant policies, or unable to only use interpreters trained in matters relating to sexual assault when required due to resource constraints. Organisational policies about which interpreters can be used may also limit choice. Generally, CALD staff, and staff working in organisations formally designed to support CALD clients, are more likely to implement this aspect of effective interpreter

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\(^3\) Translating and Interpreting Service.

\(^4\) The total sample, and numbers within the cross-tabulated cells, are too small at T2 to conduct \(\chi^2\) statistical analyses, so only trends have been described.

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engagement. By corollary, the program appears to have been most effective for Anglo service providers, and service providers in mainstream and generalist organisations.

**Figure 12: Percentage distribution on only using interpreters trained in matters relating to sexual assault by cultural background of service provider and types of service organisation (T1 and T2)**

![Percentage distribution on only using interpreters](image)

**Training interpreters**

At T1, five participants did not answer C.6; six said ‘Not sure’; nine said ‘N/A – I do not work at a service organisation’; 78 said ‘No’; and 14 said ‘Yes’. At T2, three participants did not answer this question; three said ‘N/A’; 33 said ‘No’; and three said ‘Yes’.

Participants at T1 and T2 also said:

*Unsure – new to org (Baseline Survey_79).*

*No – I wish we could (Baseline Survey_99).*

*Yes – we will in a few weeks (Baseline Survey_48).*
Yes – this is what I do, my role (Baseline Survey_44).

We are not a specialist service for sexual assault (Follow up Survey_38).

[Org name] offers this service and we encourage interpreters to attend where possible (Follow up Survey_34).

Two sessions held on interpreting in domestic violence and sexual violence support settings (Follow up Survey_22).

Yes – I believe our organisation is planning to run the training session, and seeking funding for this (Baseline Survey_47).

We do not run training sessions for interpreters on matters relating to sexual assault, however we train all staff on how to work effectively and respectfully with interpreters and clients (Follow up Survey_29).

Thus, not including the participants who selected N/A, 14% of the total sample at T1 said they worked at an organisation that runs training sessions for interpreters on matters relating to sexual assault. Surprisingly, this decreased to 7% at T2 suggesting the program was ineffective on this element (see Figure 13).

Descriptively, the data shows that more CALD (T1 23%, T2 10%) than Anglo (T1 2%, T2 5%) service providers, and more service providers in non-mainstream (T1 29%, T2 17%) than mainstream organisations (T1 7%, T2 4%), run training sessions for interpreters on matters relating to sexual assault. There was also little difference on this between service providers who work at organisations specialised for sexual assault (T1 12%, T2 20%) and those who do not (T1 10%, T2 4%) but only at T1, suggesting that the program has been effective on this element among service providers who work in organisations specialised for sexual assault.

Overall, the results show that very few service providers train interpreters on matters relating to sexual assault, that low funding likely constrains this ability, that intentions to do so are afoot within some organisations, and that a desire among service providers for this to occur is present. When it does occur, it is CALD staff, and staff working in organisations designed to support CALD clients, that are more likely to implement this aspect of effective interpreter engagement. Counter-intuitively, the program has not nurtured this trend. There was an observable drop in the number of CALD staff and staff working in non-mainstream organisations that train interpreters on matters relating to sexual assault after the program, and it is not known why.
Figure 1: Percentage distribution on training interpreters on matters relating to sexual assault by cultural background of service provider and types of service organisation (T1 and T2)

Pre-briefing interpreters

At T1, five participants did not answer C.7; eight said ‘Not sure’; 13 said ‘N/A – I do not work at a service organisation’; 32 said ‘No’; and 51 said ‘Yes’. At T2, 10 participants did not answer this question; four said ‘N/A’; 12 said ‘No’; and 18 said ‘Yes’.

Several participants at T1 and T2 also said:

Yes – I would (Baseline Survey_34).

N/A – refer out (Baseline Survey_76).

Yes – whenever possible (Baseline Survey_16).

I’m not sure not my area (Follow up Survey_43).
Yes and no – inconsistent (Baseline Survey_44).

Yes – but does not always happen (Baseline Survey_6).

Not sure – have not dealt with this as yet (Baseline Survey_9).

N/A – According to org policy we should (Baseline Survey_48).

Yes – I would, I believe the others also do (Baseline Survey_46).

I am unaware of the practice in this area (Follow up Survey_20).

No – we’ve not done this; I’ve not had need to (Baseline Survey_80).

No – unless it’s a factor in the MH presentation (Baseline Survey_35).

It’s up to the individual worker to organise this (Follow up Survey_14).

Not sure – do not use interpreters in my program (Baseline Survey_110).

Yes – our specific team but not the agency as a whole (Baseline Survey_95).

Yes – I do as a S/W, but there’s no organisational policy (Baseline Survey_104).

Yes – I can only speak to my personal and team practice here (Baseline Survey_99).

I personally do and would however this is not a workplace policy (Follow up Survey_2).

I haven’t worked with interpreters and a client regarding sexual assault (Follow up Survey_9).

Not sure, but I have emailed the team to know the answer for the future (Follow up Survey_12).

I haven’t had a sexual assault client that needed an interpreter (Follow up Survey_15).

However, TIS will often ask if the appointment relates to violence when allocating interpreters (Follow up Survey_11).

While booking an interpreter, you need to inform the interpreter that it is a domestic violence session (Follow up Survey_40).

Yes – I do, however unsure other workers. This was suggested way to work with interpreter at my work (Baseline Survey_47).
I would like to assume that they do pre-brief as well as confirming the client’s comfort with appointed interpreter (Follow up Survey_1).

Struggle to source F2F interpreters. If using F2F then prior debrief is conducted. If using TIS interpreters then no pre-brief (Baseline Survey_32).

That is the reason we are always requesting TIS to provide female interpreters because we are dealing with sensitive issues which is domestic violence (Follow up Survey_42).

It is the practice of the small team that I work in to do so – we brief all interpreters prior to complex meetings with CALD clients. It is not necessarily the practice of my broader department (Follow up Survey_23).

If no pre-brief available, on the request we indicate purpose of the session. However, if the sexual assault matter is brought up at the session, the interpreter can refuse to continue the session. However, our service is well-known as a provider of DV and SA (sexual assault) support services so interpreters can decide in advance if they take the job or not (Follow up Survey_22).

Thus, not including the participants who selected N/A, 52% of the total sample at T1 said they pre-brief interpreters on matters relating to sexual assault. This slightly decreased to 45% at T2, somewhat suggestive of the ineffectiveness of the program on this element (see Figure 14).

Descriptively, the data shows that more CALD (T1 57%, T2 50%) than Anglo (T1 44%, T2 40%) service providers, and more service providers in non-mainstream (T1 67%, T2 82%) than mainstream organisations (T1 45%, T2 35%), pre-brief interpreters on matters relating to sexual assault. In comparison, there is little difference on this between service providers who work at organisations specialised for sexual assault (T1 49%, T2 60%) and those who do not (T1 49%, T2 44%).

Overall, the results show that compared to the number of service providers that only use trained interpreters or train interpreters in matters relating to sexual assault, many more pre-brief interpreters. This may be because in comparison it is easier to do. However, it may not be done consistently, and this in turn may be due to specific client needs, the individual service provider, and/or explicit organisational policies. This practice was also less influenced by the cultural background of the service provider and whether they worked at a mainstream or non-mainstream organisation.
De-briefing interpreters

At T1, six participants did not answer C.8; 13 said ‘Not sure’; 12 said ‘N/A – I do not work at a service organisation’; 44 said ‘No’; and 37 said ‘Yes’. At T2, seven participants did not answer this question; four said ‘N/A’; 17 said ‘No’; and 15 said ‘Yes’.

Participants at T1 and T2 also said:

Yes – I would (Baseline Survey_34).

Yes – I think so (Baseline Survey_59).

Yes – if necessary (Baseline Survey_3).

Yes – where necessary (Baseline Survey_99).
Not sure not my area (Follow up Survey_43).

Yes – whenever possible (Baseline Survey_16).

Yes – but does not always happen (Baseline Survey_6).

Not sure – I would say it is inconsistent (Baseline Survey_44).

N/A – According to org policy we should (Baseline Survey_48).

I am unaware of the practice in this area (Follow up Survey_20).

No – unless it’s a factor in the MH presentation (Baseline Survey_35).

Not sure – do not use interpreters in my program (Baseline Survey_110).

Yes – I do and offer only for significantly cases. Not all the time. But this is suggested in my work setting (Baseline Survey_47).

Yes – there is no organisational policy but as a social worker I am concerned about what the interpreter heard and their wellbeing so I do debrief them (Baseline Survey_104).

As required and not all interpreters take up debriefing. However, the majority of the time interpreters have to attend to other interpreting jobs, therefore there is limited time for debriefing. Parking in the area also limits debriefing due to parking restrictions (Follow up Survey_22).

Thus, not including the participants who selected N/A, 37% of the total sample at T1 said they de-brief interpreters on matters relating to sexual assault. This remained consistent at 38% at T2, demonstrating that the program had no effect on this element (see Figure 15).

Descriptively, the data shows that only marginally more CALD (T1 40%, T2 40%) than Anglo (T1 33%, T2 35%) service providers, and more service providers in non-mainstream (T1 52%, T2 55%) than mainstream organisations (T1 31%, T2 35%), de-brief interpreters on matters relating to sexual assault. There was also little difference on this between service providers who work at organisations specialised for sexual assault (T1 39%, T2 70%) and those who do not (T1 34%, T2 30%) at T1 only, suggesting that the program has been effective on this element among service providers who work in organisations specialised for sexual assault.

Overall, the results show that de-briefing occurs more often than the sole use of trained interpreters or training interpreters, but less often than pre-briefing, and appears to depend significantly on the individual case. This practice also appears to be more influenced by
whether the service provider worked at a mainstream or non-mainstream organisation, and less by the cultural background of the service provider.

**Figure 15: Percentage distribution on de-briefing interpreters on matters relating to sexual assault by cultural background of service provider and types of service organisation (T1 and T2)**

![Percentage distribution on de-briefing interpreters](image)

**Qualitative data**

Much of the Q&A discussions at the end of each workshop and open-ended comments on the Follow-up Survey centred on interpreter engagement, demonstrating that it is a central issue in the service space and warrants substantial further research. All quotes obtained from these as well as the Baseline and Participant Satisfaction Surveys are identified below. Overall, the comments highlight the difficulties of working effectively with interpreters, as well as the program’s affirmation of the importance of the four elements investigated (if not effectiveness in improving practice on them):

*Good food for thought especially on what is our policy around interpreters (Baseline Survey_104).*
I will make time to meet with new interpreter’s before session starts with client (Satisfaction Survey_99).

We use a telephone interpreter, but it doesn’t make your job easier, it makes your job harder (Q&A Forum_Adel).

Working with interpreters who understand work with clinical issues is complex and difficult (Satisfaction Survey_45).

Interpreter availability on [area name] is extremely low. This provides a problem when supporting clients from CALD backgrounds (Baseline Survey_32).

(Any other comments?) The importance of debriefing before and after with an interpreter if exploring sexual abuse with clients (Satisfaction Survey_25).

Some people ask for, say if they were Iraqi Arabic speaking, they would ask for a Lebanese interpreter, for that issue of confidentiality (Q&A Forum_Melb).

I think it’s equally important to offer [interpreter] choices to someone of a particular faith. I think a lot of the time, culture and faith get conflated (Q&A Forum_Syd).

The interpreter speaks Arabic and can be from Lebanon, but the client’s from a part of Africa, and that’s been really good, it’s worked really well (Q&A Forum_Adel).

I find that most interpreters say, ‘oh hang on a sec, we don’t have a word for that, I’m just trying to explain that to them’. Then I feel ‘ok that’s fine’ (Q&A Forum_Melb).

The interpreter will be from their community, and they say to me [later], the interpreter approached them in church, and said, ‘oh how you going?’ (Q&A Forum_Adel).

Can I just be devil’s advocate here, it’s really important we don’t use interpreters as cultural brokers, because they come with their own understanding too (Q&A Forum_Adel).

Answers from questions C.7 and C.8 are based on what I would do, as the use of interpreters is not a lot at [org name]. We have it available, but we don’t use as often (Baseline Survey_46).

The education around privacy and confidentiality, but also supervision for interpreters who are involved in or going into counselling, trauma or torture cases (Q&A Forum_Melb).
I’m an interpreter. You absolutely cannot divulge information you come across. It threatens our accreditation, and we could be taken to court for breaching confidentiality (Q&A Forum_Melb).

Our organisation is currently undergoing a restructure, but when things stabilise, I anticipate our CALD focus group will reform and the question of briefing interpreters can be raised (Follow up Survey_14).

My observation is that most interpreters are male, but most clients from CALD communities are female, and that is problematic. The need for training interpreters on self-care is another observation (Q&A Forum_Adel).

[Speaking with interpreters after] they’re some of the best conversations I’ve had in learning about culture, and because interpreters move around so many different services that’s really valuable too (Q&A Forum_Adel).

I think the challenge of working with interpreters and social workers is a real challenge. The concept of privacy, the concept of working in a clinical relationship with three people, there are conflicts (Q&A Forum_Syd).

As this is a government agency the views appear to be diverse, however most of our client officers are of non-CALD backgrounds and do not speak any languages other than English to provide that assistance (Baseline Survey_65).

The questions with “not sure” are because I have never had personal experience with using an interpreter. My ticked/marked answers were based on my knowledge of the organisation’s level of professionalism and accountability (Baseline Survey_50).

Our organisation usually refers clients to appropriate services for CALD clients, when we don’t have staff speaking the same language. We also use phone interpreter services for walk-in clients. Majority of our staff are volunteers/students (Baseline Survey_64).

[In the Department of Child Protection] we use telephone interpreters, and we go one step further, and say, ‘this interpreter’s from a different state, and we won’t be using your name’. Some communities are so small that even across states they know each other (Q&A Forum_Adel).

I think your section where you talk about ‘use this as an opportunity to teach feminist language, or understand power and control in relationships, or patriarchy’ is so important to do. It’s so important to have an interpreter that can find those words, so that they can be used well (Q&A Forum_Adel).
I’ve had lots of experiences where I said something and the interpreter was taking forever. Just the other day, I was explaining what domestic violence was and the interpreter just went on and on and on and on. It’s hard. You know when you’ve got a good interpreter (Q&A Forum_Melb).

Something that I think is missing in practice, that I’ve seen over the years, we don’t use interpreters to help us after a visit. We sign off and say bye. Interpreters can be a resource for non-verbal cues. With child sexual abuse, and even physical abuse, there’s so much trauma that you need to pick up body language in order to have good clinical engagement (Q&A Forum_Adel).

It is difficult to provide a definitive response to [the] questions in relation to pre-brief and debrief interpreters. There are guidelines about working with interpreters we are to comply with. Pre and de brief require prior knowledge that child sexual assault is the focus of the therapeutic work, and the client has consented for the information to be shared in a therapeutic context (Follow up Survey_29).

I went to a mediation and was sitting with my client, and we had a male interpreter, and during the conversation – because I speak the same language but I had no say – the interpreter was saying ‘just go back home, at the end of the day he is your everything’. After the whole mediation, I said ‘look, this interpreter is not doing his job because he’s telling my client to go back to the perpetrator’ (Q&A Forum_Melb).

Many interpreters are self-employed or engage in contract work and so my responses would have been too inconsistent. However, I would like to note that all interpreters are working under NAATI’s COE (Code of Ethics), and that NAATI as an organisation does engage frequently with CALD communities and approve PD courses on DV, CSA, and so on. We also work with CALD communities every day (Baseline Survey_111).

We are trained to always direct the client back to the professional, but sometimes (there are) things that just do not exist in that culture or country. Bulk-billing (for example) doesn’t exist in Japan. It needs a whole paragraph to explain what that is and how it works, so sometimes they might be talking for such a long time. We need to be accurate. We’re also required to have knowledge of Australian legal systems, medical systems, healthcare systems, if we don’t we can’t be an interpreter. But, I’m part of a small group of interpreters that are born here, western interpreters (Q&A Forum_Melb).

I think something to remember as well is that if we’re trying to explain systems and government bodies and statutory obligations to a newly arrived client, and then the
interpreter themselves doesn’t quite have that knowledge, or hasn’t been in the country for very long themselves, for them to understand the concepts, we have to be very mindful of using basic language, which also the interpreter can find a word for in their language. So the idea around training is so important, but no one has the time or resources to do it. What we think is basic information, is not basic to them, so there’s an extra barrier with the interpreter because they don’t understand the system (Q&A Forum_Adel).

CALD staff and choice regarding matching

Representation of CALD staff

At T1, participants within an organisation provided the same responses to each other to C.10, so the unit of analysis could be the organisation rather than the service provider. Participants from five organisations selected ‘N/A’ because they worked at a university, were a student on field placement, or did not work in frontline services, and one participant did not answer this question because they were in private practice. Of the remaining 45 organisations, 38 (84.4%) said that CALD staff were employed there. This is a positive finding. However, that 15.6% of organisations do not have any CALD representation is still problematic and in need of address. It indicates that a sizeable number of service organisations are wholly white, and therefore do not have the diversity of knowledge that both colleagues and clients require or benefit from while working in a multicultural society.

At T2, two participants from one organisation provided different responses to each other to C.10. However, of the remaining 26 service organisations represented in the follow up data set, 25 (96.2%) said that CALD staff were employed there, and one private practitioner was of CALD background. This suggests that service organisations with diversity in their staff profile were most interested in the program than those without.

C.11 was designed to explore what proportion of staff are CALD and how many are in management positions, however the data that was collected needs to be treated with caution: 34 participants at T1 and 16 at T2 did not answer a, b, or c; 19 at T1 said they were ‘Not sure’ about a, b, or c; six at T1 and six at T2 did not provide logically consistent answers, with number of CALD staff either exceeding total staff size or equalling it but additionally identifying CALD staff in management positions; at both T1 and T2 responses from participants within organisations varied from one another; and at T1 and T2 approximations were often offered rather than exact numbers. For all these reasons, the data cannot be seen as trustworthy. Instead, the remaining usable data represents an initial tentative signal.

Regarding proportion of CALD staff, there was usable data for 31 organisations at T1 and 18 at T2. At both times, the average was taken among participants from the same organisation.
Based on this, the proportion of CALD staff was stated to range from 8–100% (M = 43.4%) at T1 and from 8–100% (M = 44.3%) at T2. However, the trends at T1 show (not reported here) that the higher numbers were obtained among non-mainstream organisations that formally support CALD clients (as expected), pushing the average up.

Regarding proportion of CALD staff in management positions, one participant said *N/A – Our organisation is a feminist collective flat structure (Baseline Survey_I)*. There was usable data for 29 organisations at T1 and 18 at T2, and again the average was taken among participants from the same organisation at each time. Based on this, the proportion of CALD staff in management positions was stated to range from 0–100% (M = 12.8%) at T1 and from 0–20% (M = 5.7%) at T2, with the higher numbers at T1 among non-mainstream organisations (not reported here). These low proportions are problematic because they reflect systemic racial bias (i.e. ‘white privilege’), else they would be proportionate to the representation of CALD people in Australia’s population (approximately 33%, ABS 2016). Indeed, almost all participants at T2 worked at organisations with ethnically diverse staff profiles (96.2%) but very few were in management positions (5.7%). The data is summarised in Figure 16.

**Figure 16: Average proportion of CALD staff employed in service organisations and in management positions for total sample (T1 and T2)**

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Qualitative data

Some participants provided qualifying information regarding CALD staff representation within their organisation. Overall, they indicate that CALD staff may not be represented in their team but are in the wider organisation, that some organisations have intentions to grow their CALD staff representation, that there is recognition of low representation of CALD staff in management positions, and that there are institutionally racist barriers:

*It’s very rare that CALD group will achieve a manager position in this organisation (Follow up Survey_4).*

*(Any other comments?) The importance of having CALD staff in management and power (Satisfaction Survey_25).*

*No CALD background employees in small SV team – CALD workers in broader DVAC team (Baseline Survey_22).*

*We are a small private practice with 2 GP’s and 2 psychologists all from CALD backgrounds (Follow up Survey_41).*

*We have a number of different programs and CALD practitioners are spread based on their skills (Baseline Survey_39).*

*The org as a whole I cannot totally speak for but I have not noticed a wide prevalence of CALD leadership positions (Satisfaction Survey_88).*

*Have followed up with some of these teams for more information/clarification, have distributed information to colleagues (from training), (but) the size of the organisation (small) poses challenges for staff that reflect client diversity (Follow up Survey_12).*

*I know that when I was employed, my manager was hoping to employ someone from CALD background but didn’t find anyone suitable. I also know we are trying to be more CALD inclusive – attending networking meetings in CALD services etc. (Baseline Survey_109).*

*We have CALD practitioners and staff from many varied ethnic communities. To name a few, these include South Sudanese, West African, Iran, Iraq, China, Malaysia, India, Afghanistan, Brazil, and Lithuania. We also have Aboriginal and Torres Strait Islander practitioners and program managers, as well as from other Australian states and territories (Baseline Survey_102).*
Client choice regarding ethnic matching

At T1, 19 participants did not answer C.12; three said ‘Not sure’; five said ‘N/A – We have no CALD clients’; 30 said ‘No’; and 55 said ‘Yes’. At T2, 10 participants did not answer this question; two said ‘N/A’; 12 said ‘No’; and 20 said ‘Yes’.

Some participants at T1 also said:

- Yes – if available (Baseline Survey_39).  
- No – not explicitly (Baseline Survey_18).  
- N/A – from memory, no (Baseline Survey_56).  
- No – we have no CALD staff (Baseline Survey_109).  
- Yes – always discuss preferences (Baseline Survey_76).  
- Yes – where we can or refer for all matters (Baseline Survey_59).  
- Yes – we offer freedom of choice for counselors (Baseline Survey_46).  
- Yes – Indig families but not necessarily other groups (Baseline Survey_20).  
- Sometimes – depending on availability and client preference (Baseline Survey_29).  
- No – the offer of services is limited to CALD service availability (Baseline Survey_75).

Thus, not including the participants who selected N/A, 51% of the total sample at T1 said their service organisation offer CALD clients choice about whether they would like an ethnically-matched service provider. This decreased to 48% at T2, somewhat suggestive of the ineffectiveness of the program on this element (see Figure 17 and Data Table G.8).
Participants from the same organisation provided different responses to each other, so the unit of analysis became the service provider rather than their organisation. Descriptively, the data shows that at T1 more CALD (T1 60%, T2 48%) than Anglo (T1 42%, T2 48%) service providers, more service providers in non-mainstream (T1 63%, T2 47%) than mainstream organisations (T1 46%, T2 44%), and more service providers in organisations not specialised for sexual assault (T1 57%, T2 50%) than those that are (T1 38%, T2 33%), offer CALD clients choice about whether they would like an ethnically-matched service provider, but that these numbers mostly evened out at T2.

Overall, the results show that client choice regarding ethnic matching occurs inconsistently at approximately half the time, and that CALD service providers, and service providers working in non-mainstream organisations, are generally more likely to do it. Interestingly, the results also show that service providers working in organisations not specialised for sexual assault
are more likely to offer ethnic matching. This suggests that in organisations specialised for sexual assault meeting cultural needs is seen as less important than meeting the needs of victims/survivors of sexual assault, thereby failing to take an intersectional lens.

**Qualitative data**

One participant provided qualitative data regarding ethnic matching. They said:

> [Org name] is not a case management or crisis support service and has little face to face interaction with CALD clients. Client service roles are phone-based and it is not always possible to identify CALD clients. [Org name] relies on bilingual staff to assist with translating when language barriers are present. Client services have a dedicated Aboriginal Contact Officer to assist with clients who identify as Aboriginal and/or Torres Strait Islander. CALD clients are given the opportunity to nominate a counselor based on their language preferences (Baseline Survey_53).

**Training**

**For total sample**

At T1, two participants did not answer C.9; 11 said ‘N/A – I do not work at a service organisation’; 77 said ‘No’; and 22 said ‘Yes’. At T2, three participants did not answer this question; two said ‘N/A’; 15 said ‘No’; five said ‘Yes’ (but named this program); and 19 said ‘Yes’.

Thus, not including the participants who selected N/A or this program, 21.8% of the total sample at T1 said they had received training on culturally appropriate service provision for CALD victims/survivors of child sexual abuse while working at their service organisation. This had increased at T2 (51.4%) but likely reflects the current program without it being explicitly named by participants. Thus, it could not be claimed that the program has effectively heightened general awareness of this issue in the field.

Some participants identified their source of training, and they included local mainstream or multicultural organisations as well as internal staff. One participant also said, *Yes (a trainer within the organisation. It was a very short/general training though (Baseline Survey_56).* Another said: *We have received training from [org name] on CALD clients experience of trauma, and separately we have received training from [org name] on sexual violence. Workers can opt to seek out specific training as part of their professional development, so some workers may have received more specialised training, e.g. our CNP program where workers speak to victims of sexual assault (Follow up Survey_11).* Overall, the results indicate that training in this area is nascent.
Qualitative data

Several participants offered qualitative feedback that does not explicitly identify the need for training, but does highlight a desire for in-depth knowledge, appreciation of the content within the current program, or ideas for future work, all of which indirectly support the usefulness of training:

(Liked best?) Barriers to seeking help (Satisfaction Survey_1).

(Liked best?) Three things to take home (Satisfaction Survey_2).

(Liked best?) Barriers and how to address (Satisfaction Survey_77).

The topic needs to be taken more in consideration (Satisfaction Survey_56).

(Liked best?) The discussion of the service delivery model (Satisfaction Survey_23).

(Liked best?) How services can better support CALD people (Satisfaction Survey_54).

(Liked best?) Info how to respond when a child wants to disclose (Satisfaction Survey_3).

More knowledge of diverse cultures where child abuse happens? (Satisfaction Survey_94).

(Anything redundant?) Opportunity and role of community leaders (Satisfaction Survey_45).

Never thought of ‘being secondary victim’. Have to explore more, thank you (Satisfaction Survey_3).

(Liked best?) Shedding light on barriers we may overlook but need to address (Satisfaction Survey_46).

Highlighting that we should be doing more to support “CALD” people to access our service (Satisfaction Survey_54).

I love how you presented a model with principles underpinned by research and literature (Satisfaction Survey_21).

The reasons for non-disclosure – comparison between Western and non-Western based samples (Satisfaction Survey_95).

The explanations for barriers to services in CALD communities was very helpful and interesting (Satisfaction Survey_99).
Key messages in addressing/understanding CALD communities responses to childhood sexual assault (Satisfaction Survey_96).

(Liked best?) Ideas of cultural competency at organisational level – good to easily apply to be more inclusive (Satisfaction Survey_99).

(Liked best?) The basic linkage and understanding for individuals to work and support CALD communities (Satisfaction Survey_79).

So important to consider CALD backgrounds but to keep your job focused on the client themselves is paramount (Satisfaction Survey_80).

(Liked best?) The barriers women/children from CALD communities experience in accessing support. Thank you very much (Satisfaction Survey_70).

(Liked best?) Acknowledging the many different factors, specifically cultural and acculturative, that pose as barriers to disclosure (Satisfaction Survey_92).

(Any other comments?) Have left today with a clearer understanding of barriers/challenges faced by CALD victims/survivors (Satisfaction Survey_39).

My organisation provides services for all women no matter your background. I’ll suggest that this program conduct this session across community levels (Baseline Survey_52).

(Liked best?) Ideas on providing “culturally competent” service provision and particularly your service delivery model - I’m going to use (try!!) this in my work (Satisfaction Survey_52).

I have learnt more about the difference in the CALD and Western differences. I understand the importance of understanding CALD clients around CSA and the extreme barriers (Satisfaction Survey_37).

Potential leadership and drive to influence and change community attitudes within/for CALD communities – increase awareness of government and organisations and community responsibility (Satisfaction Survey_47).

(Any other comments?) When someone discloses, you might get one shot to put them on the right direction or help them. We, as a community, have to be knowledgeable, educated to support others (Satisfaction Survey_3).

(Any other comments?) Something that stuck out was to acknowledge difference in culture but don’t make them feel different. Also not focusing on politeness to the point where victim’s trauma is underplayed (Satisfaction Survey_46).
Excellent! Although there was a lot of content I was familiar with, the challenges you raised by your questions has given me a lot to think about in how I provide service to CALD clients – how to make it easier for CALD clients to access service (Satisfaction Survey_34).

It was really interesting, I would have liked to go a bit deeper into possible ways to move forward with issues/barriers for victims for collectivist cultures, how to challenge the negative outcomes of communities punishing victims, whilst remaining cultural respectful (Satisfaction Survey_68).

Many CALD women are unaware and/or have little confidence that they are equal in the eyes of the law – they have rights which are protected by law. Many believe Police and institutions operate in the same way as their home country. Many CALD women are financially abused and coerced. Work at the client’s pace (Satisfaction Survey_9).

At times it was difficult to follow if you were speaking about the child victim or adult survivor of sexual abuse. Adults won’t present to organisations (DHS etc.) therefore I feel training individuals (as your training is presumably designed to do) is essential – the organisation is only as good as its frontline workers but many do not work as part of organisations (Satisfaction Survey_16).

Just a mindfulness that I think most people in the room were not mandatory reporters to Child Safety (social workers, counselors, human service practitioners etc.) and there is a lot of fear among workers regarding reporting to Child Safety when developing trust (especially with CALD communities) and would be good to touch on navigating this (Satisfaction Survey_65).

In my mind, there is a long journey ahead for child protection agencies across the country to come up to speed in terms of cultural competency with CALD clients in most regards, unfortunately. Progress will be noted when cultural responsiveness is embedded as strongly for CALD families as it is for Aboriginal families and I say this with no disrespect to Aboriginal communities. We all know why Aboriginal practice approaches are so needed due to our past horrific practices. I would, however, like to see the word “culture” be associated with ALL cultures and an equal worth be placed on working effectively with CALD families (Follow up Survey_23).
Multicultural framework

Table 18 contains descriptive data on service providers’ ratings of their organisation’s respect for ethnic diversity in principle and in practice. This is for the total sample, by the cultural background of the service provider, whether the service provider works at a mainstream or non-mainstream organisation, and whether the service provider works at an organisation specialised for sexual assault or not.

The results show that for the total sample at both T1 and T2, ratings are higher for ‘in principle’ (T1 M = 4.1, T2 M = 4.4) than ‘in practice’ (T1 M = 3.7, T2 M = 4.0), but that both are still high. This suggests relatively good convergence between the rhetoric and implementation of a multicultural framework within service organisations. The results also show that ratings increased from T1 to T2, suggesting that the education program was effective in enhancing this component of cultural competency at the organisational level. However, as one participant importantly pointed out, Re C.3 and C.4 – But we are always learning (Baseline Survey_48).

The results also show that ratings are higher among service providers who work in non-mainstream organisations (T1 M = 4.5, T2 M = 4.7; T1 M = 4.2, T2 = 4.7) than those who work in mainstream organisations (T1 M = 4.0, T2 M = 4.3; T1 M = 3.6, T2 = 3.7), at both T1 and T2. This finding is consistent with expectations that CALD-specialised organisations would be better in using a multicultural framework in both word and deed. However, the difference was considerable at T2 and suggests that mainstream organisations have sizeable room for improvement.

Finally, there were no or little differences at T1 between CALD and Anglo service providers, nor between service providers who work at organisations specialised for sexual assault and those who do not. However, there was an observable increase among Anglo service providers (T1 M = 4.1, T2 M = 4.6) for ‘in principle’ ratings. This may suggest that support from their organisation to attend this program and obtain professional development was particularly positively regarded.

Qualitative data

One participant appreciated that the organisational responsibility was included in the program, not just the responsibility of frontline workers. Importantly, she highlights that the implementation of a multicultural framework is challenging and far from being realised:

*I liked the part about cultural awareness of individuals and organisations. I’ve seen child-centric cultures in so many organisations, but it’s really occurred to us it’s just ticking a box for the government, it’s really Western, not taking others into consideration* (Q&A Forum_Adel).
Table 18: Descriptive data on use of multicultural framework by cultural background of service provider and types of service organisation (T1 and T2)

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<thead>
<tr>
<th></th>
<th>T1</th>
<th>T2</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td><strong>How respectful of ethnic diversity service organisation is in principle (C.3)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4.1</td>
<td>0.9</td>
</tr>
<tr>
<td>CALD</td>
<td>4.1</td>
<td>0.9</td>
</tr>
<tr>
<td>Anglo</td>
<td>4.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Mainstream</td>
<td>4.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Non-mainstream</td>
<td>4.5</td>
<td>0.9</td>
</tr>
<tr>
<td>Specialised for sexual assault</td>
<td>4.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Not specialised for sexual assault</td>
<td>4.2</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>How respectful of ethnic diversity service organisation is in practice (C.4)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.7</td>
<td>0.9</td>
</tr>
<tr>
<td>CALD</td>
<td>3.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Anglo</td>
<td>3.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Mainstream</td>
<td>3.6</td>
<td>0.8</td>
</tr>
<tr>
<td>Non-mainstream</td>
<td>4.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Specialised for sexual assault</td>
<td>3.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Not specialised for sexual assault</td>
<td>3.8</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Data collection

At T1, one participant said ‘Not sure’ to C.1; seven said ‘N/A – I do not work at a service organisation’; 20 said ‘No’; and 84 (80%; not including N/A) said ‘Yes’. At T2, seven did not answer this question; two said ‘No’; and 35 (79.5%) said ‘Yes’.

Participants at T1 also said:

*Yes – but not very well! (Baseline Survey_99).*

*Yes – only some programs collect CALD data (Baseline Survey_94).*

*Within my program there is no data – until recently when I have requested to collect specific data for CALD and a SW student to do research (Baseline Survey_88).*

At both T1 and T2, some participants from the same organisation provided different responses to each other. To depict the best possible scenario, data was used from participants who said ‘Yes’ rather than ‘No’ and who ticked the highest number of variables. Of the 45 organisations for which there is data at T1, one said ‘Not sure’; four said ‘No’; and 40 (88.9%) said ‘Yes’. Of the 31 organisations for which there is data at T2, six said ‘No’ or did not respond; and 27 (87.1%) said ‘Yes’.

The change over time was small, indicating that the program was not effective in ensuring organisations collect ethnicity-related data. Prima facie, it appears that this aspect of organisational cultural competency is already being done well which is why improvements are not being observed, however selecting the most favourable data also somewhat inflates the proportion of organisations collecting this data. More precise, accurate research is required in the future.

As can be seen from Figure 18 (and Data Table G.9), the most common variables that organisations collect data on are languages spoken at home, need for interpreter, and country of birth. All those who provided a qualitative response under ‘Other’ said:

*Diet (Follow up Survey_31).*

*Ethnicity (Follow up Survey_47).*

*Ethnic group (Baseline Survey_47).*

*COB of parents (Baseline Survey_89).*

*Cultural identity (Baseline Survey_35).*

*Indigenous Status (Follow up Survey_29).*
Preferred language (Baseline Survey_46).

Identified cultural group (Baseline Survey_81).

Minority/ethnicity status (Follow up Survey_34).

Sexual identity/orientation (Baseline Survey_77).

Year of arrival if a migrant (Baseline Survey_51).

What culture they identify with (Baseline Survey_29).

Ethnicity – if majority/minority (Baseline Survey_58).

Cultural group that they identify with (Baseline Survey_16).

If the individual identifies belonging to a culture (Baseline Survey_66).

Year of arrival in Australia (Baseline Survey_19, Follow up Survey_22).

Relevance of culture etc. relating to presenting need (Baseline Survey_101).

Cultures within cultures e.g. Dinka in South Sudanese context (Baseline Survey_34).

Cultural background and means of connection (people, organisations, events) (Baseline Survey_80).

We ask individual to advise us whether there are cultural issues we should be aware of (Baseline Survey_102).
Promotional inclusiveness

Within the month prior to the programs being delivered (i.e. between 25 Feb–25 Mar 2019), the homepage and each main tab on the websites of the 61 organisations that registered were explored for their visual inclusiveness (Yes or No). For the purposes of this study, images of only Indigenous Australians did not constitute as ethnically diverse/visually inclusive. However, not all registrants attended the programs on the day, or completed or named their organisation on the Baseline Survey, so only data for the 46 organisations named on the Baseline Surveys have been analysed here. Visual inclusiveness was explored again six months later (25 Sep 2019), and findings are summarised in Figure 19.
At baseline, three organisations were universities rather than service organisations, and so were not included in further analyses. Of the remaining 43 organisations, three (7%) had no website, one (2.3%) did not use any images, and four (9.3%) used inanimate images not of people (e.g. flowers); likely to be intentional as part of branding and/or informed by costs. Excluding these, 24 were mainstream organisations and 13 (54.2%) had websites deemed visually inclusive. Three of the mainstream organisations that did not have images of people from CALD communities did however provide different language options, thereby addressing linguistic accessibility. All 11 multicultural organisations were visually inclusive.

At follow up, 16 of 24 (66.7%) mainstream organisations were deemed visually inclusive. Of the three additional organisations, one was national and two were state-based. The only small increase in the proportion of mainstream organisations implementing this aspect of cultural competency may not necessarily indicate the program’s ineffectiveness about this, but rather that organisations may not have sufficient funds or other resources to prioritise and implement it.
Links with local CALD organisations

There appeared to be a small amount of confusion with the question regarding links with other local CALD community organisations or members within such organisations. Most answered it based on what they currently do (as the question intended to ascertain), but a small number of participants seemed to base it on what they would do (indicative of a future intention should a CALD victim/survivor present to their service). Thus, the validity of this data appears slightly compromised, and in turn should be treated with some caution.

Table 19: Descriptive data on links with CALD community organisations by cultural background of service provider and types of service organisation (T1 and T2)

<table>
<thead>
<tr>
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<th>T1</th>
<th>T2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Total</td>
<td>2.4</td>
<td>0.9</td>
</tr>
<tr>
<td>CALD</td>
<td>2.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Anglo</td>
<td>2.3</td>
<td>0.8</td>
</tr>
<tr>
<td>Mainstream</td>
<td>2.1</td>
<td>0.8</td>
</tr>
<tr>
<td>Non-mainstream</td>
<td>3.1</td>
<td>0.9</td>
</tr>
<tr>
<td>Specialised for</td>
<td>2.1</td>
<td>0.8</td>
</tr>
<tr>
<td>sexual assault</td>
<td>2.6</td>
<td>0.9</td>
</tr>
</tbody>
</table>

Table 19 contains the descriptive data for the total sample, by the cultural background of the service provider, and by types of service organisation. (See also Data Table G.10 for frequency data). As expected, it shows that non-mainstream organisations have stronger links (T1 M = 3.1, T2 M = 3.7) than mainstream organisations (T1 M = 2.1, T2 M = 2.1) at both T1 and T2.

However, it also shows that organisations not specialised for sexual assault have stronger links (T1 M = 2.6, T2 M = 2.7) than organisations specialised for sexual assault (T1 M = 2.1, T2 M = 2.6) at T1. This seems to suggest that the intensity of clinical work involved with sexual assault victims/survivors, in a resource-poor climate, limits the ability of organisations specialised for sexual assault to take an intersectional approach for its CALD clients.

However, after the program the difference closed suggesting that the program may have had an impact on promoting intersectionality.

Overall, there was an increase in ratings of links with CALD organisations from T1 to T2 for the total sample (T1 M = 2.4, T2 M = 2.7), and among CALD (T1 M = 2.5, T2 M = 3.0) and
Anglo (T1 M = 2.3, T2 M = 2.7) service providers. This is suggestive of the effectiveness of the program on this element of organisational cultural competency.

**Qualitative data**

Two participants provided qualitative data regarding links with local community organisations:

*Re C.13: My team yes, broadly no (Satisfaction Survey_44).*

*C.13 to my knowledge leaves all responsibility for connections to the Multicultural Services team within DCP – which is possibly 4–5 staff members who assist/provide advice across 19 offices and program areas (Baseline Survey_85).*
Summary

- The onus for cultural competency does not all belong to frontline service providers; structural support from their service organisation/institution is equally required.
- The following forms of organisational/institutional support were seen as mandatory:
  - using interpreters trained in matters to do with sexual assault, and service organisations providing such training to interpreters
  - having an ethnically diverse workforce, including in management positions
  - providing regular ‘cultural competency’ training, to address staff turnover and respond to new and emerging communities
  - using ‘a multicultural framework’, and thus fundamentally valuing cultural differences
  - mandatorily collecting data on all ethnicity-related variables
- Two forms of organisational/institutional support were seen as ideal:
  - using visual images of an ethnically diverse target client group in promotional materials
  - having strong links with local CALD community members and organisations
- The results show that CALD staff, and staff working in CALD-specialised (i.e. non-mainstream) organisations, are more likely to only use interpreters trained in matters relating to sexual assault. By corollary, the results also show that the program was most effective in increasing the number of Anglo service providers, service providers from mainstream organisations, and service providers from organisations not specialised for sexual assault, that use trained interpreters. Overall, it appears that many service providers are unable to only use trained interpreters due to resource constraints, lack of awareness of organisational policies, and policies about which interpreters can be used.
- Prior to the program, CALD staff, and staff working in CALD-specialised organisations, were more likely to train interpreters on matters relating to sexual assault, but this decreased substantially after the program and it is not known why. It did however increase among service providers working in organisations specialised for sexual assault, suggestive of the program’s effectiveness for this group. Overall, there is a desire and intention among service organisations to train interpreters, but low funding appears to constrain this ability.
- CALD staff, and staff working in CALD-specialised organisations, are more likely to pre- and de-brief interpreters on matters relating to sexual assault. The program appeared mostly ineffective in changing these, except for service providers working in organisations specialised for sexual assault for whom there is an observable increase. Compared to the number of service providers that used trained, or train, interpreters, more pre- and de-brief interpreters, perhaps because they are easier in comparison to
implement. Pre-briefing was also more common than de-briefing. However, pre- and de-briefing may not be done consistently, due to specific client needs, the individual service provider, or whether there are such explicit organisational policies.

- The difficulties of working effectively with interpreters requires substantial further research.

- Positively, most service organisations employed CALD staff. However, they were more often employed in CALD-specialised rather than in mainstream organisations. Moreover, approximately 15% of service organisations do not have any CALD staff, which is problematic and in need of address because it indicates that a sizeable number of service organisations are wholly white. They therefore do not have the diversity of knowledge that both colleagues and clients require and benefit from while working in a multicultural society.

- It is not known with confidence how many CALD employees are in management positions, but it appears that it is very low (approximately 6–13%), and that those who are work in CALD-specialised rather than mainstream organisations. This trend reflects white privilege; the systemic racial favouring of opportunities to white Australians.

- Overall, there is some recognition by service organisations of the need to address the low representation of CALD staff including in management positions.

- Although it occurs inconsistently, CALD staff, and staff working in CALD-specialised organisations, are more likely to offer CALD clients choice about whether they would like an ethnically-matched service provider. Overall, the program was ineffective in changing the number of service providers that offer choice about ethnic-matching to CALD clients. Interestingly, service providers working in organisations not specialised for sexual assault are more likely to offer ethnic matching, suggesting that organisations specialised for sexual assault do not or are unable to take an intersectional lens; de-prioritising meeting cultural needs to the needs of victims/survivors of sexual assault.

- The proportion of service providers who reported having received training on culturally appropriate service provision for CALD victims/survivors of child sexual abuse while working at their service organisation had increased over time, but this does not necessarily indicate that the program was effective in heightening general awareness of this issue in the field as their response may be about the current program. When training other than this program had been received, it was by local mainstream or multicultural organisations as well as internal staff but was seen as short or general. Overall, there is desire for in-depth knowledge, appreciation of the content within the current program, and ideas for future work, which all support the usefulness of further continued training.
The use of a multicultural framework – operationalised as respect for ethnic diversity – was rated as higher ‘in principle’ than ‘in practice’, and higher among CALD-specialised organisations. Ratings also increased over time, demonstrating the effectiveness of the program. Support from organisations to attend professional development opportunities such as this education program are highly regarded by staff and perceived as their organisation implementing a multicultural framework.

The proportion of service organisations collecting data on ethnicity-related variables did not increase over time, indicating that the program was not effective in improving this aspect of cultural competency. However, this may be because it is already being done well. The most common variables on which data is collected include languages spoken at home, need for interpreter, and country of birth. Less frequently, organisations also collect data on citizenship, religion, ethnicity, year of arrival, and diet.

All CALD-specialised organisations had visually inclusive websites; just over half of the mainstream organisations had visually inclusive websites; and a small number of mainstream organisations were not visually inclusive, but their website offered different language options. These proportions did not change substantially over time, indicating that the program was not really effective in addressing it. However, resource constraints may have an impact on being able to prioritise or implement it.

As expected, CALD-specialised organisations have stronger links with local CALD community organisations. However, unexpectedly, organisations not specialised for sexual assault have stronger links than those specialised for sexual assault. This again suggests that the intensity of clinical work involved with sexual assault victims/survivors, in a resource-poor climate, limits the ability of such organisations to take an intersectional approach for its CALD clients. However, ratings of links did improve over time, suggesting that the program was effective in promoting intersectionality and this element of organisational cultural competency.