We Speak Your Language

Supporting Culturally and Linguistically Diverse Individuals, Families and Communities

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ODYSSEY HOUSE
NEW SOUTH WALES

In the spirit of reconciliation Odyssey House NSW acknowledges the Traditional Custodians of Country where we live, work and heal. We pay respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples here today.

ODYSSEY HOUSE

NEW SOUTH WALES

Our Partners

We particularly want to acknowledge our partners Winifred Asare-Doku, Stella Settumba Stolk, and Catherine Foley from NDARC, and Robert Stirling from NADA

How is CALD Defined in Australia?

Culturally and Linguistically Diverse [CALD]

- Born overseas

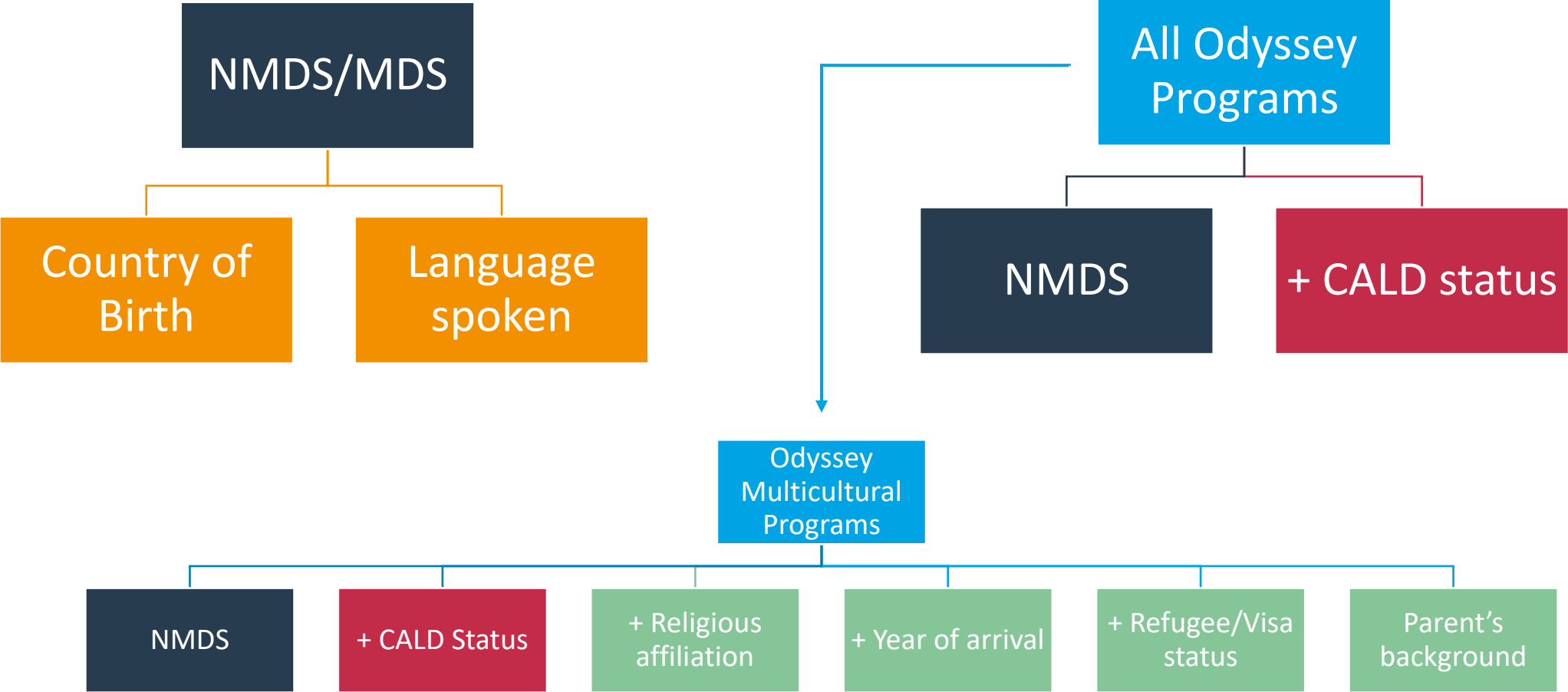- One or both parents born overseas (i.e. 2nd generation)

In a country other than those classified as 'main English-speaking countries'.

(ABS 2021)

Even this definition excludes many CALD individuals.

How is CALD Defined in AOD in Australia?

AOD Use in CALD Communities

The **National Drug Strategy Household Survey (NDSHS)** is the primary source on alcohol and other drug use in the CALD* population in Australia, with **limited data available**.

People from CALD backgrounds were more likely to be alcohol abstainers/ex drinkers compared to primary English speakers in 2022–2023.[1]
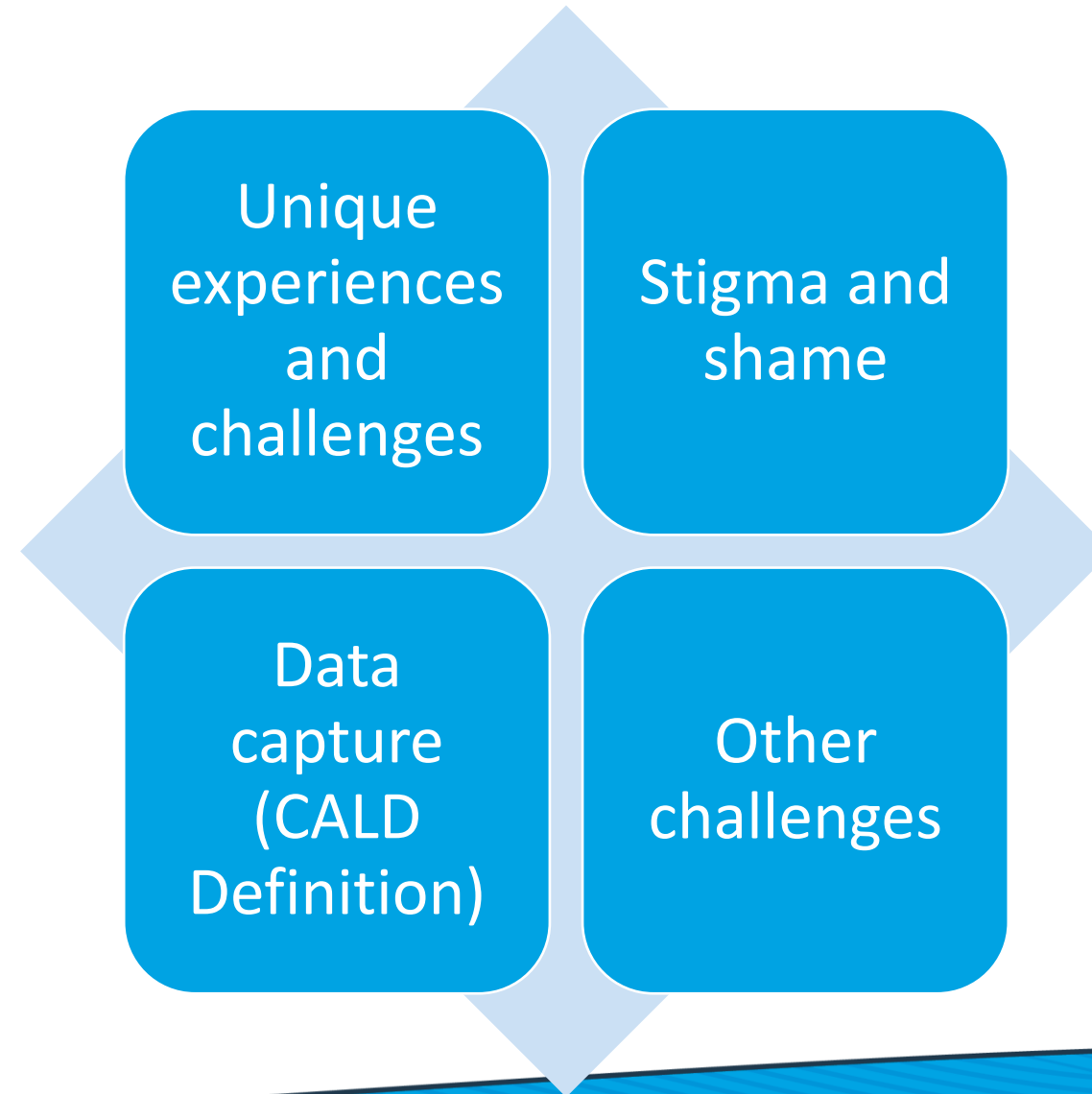
51%

19.1%

Primary English speakers   **CALD**

18.8%

People from CALD backgrounds were less likely to have recently used illicit drugs compared to primary **English speakers** in 2022–2023.[1]

8.5%

Recently used illicit drugs
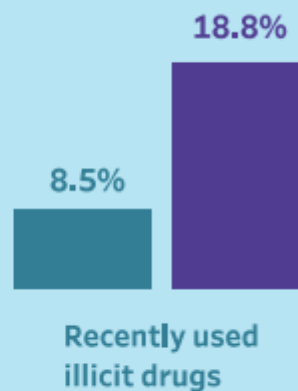
Cannabis was the **most commonly used drug** in 2022–2023 among people who mainly spoke a language other than English at home (4.8%).[1]

Under-representation in AOD Treatment

Unique experiences and challenges

Stigma and shame

Data capture (CALD Definition)

Other challenges

Conclusion

Lower rates of risky substance use

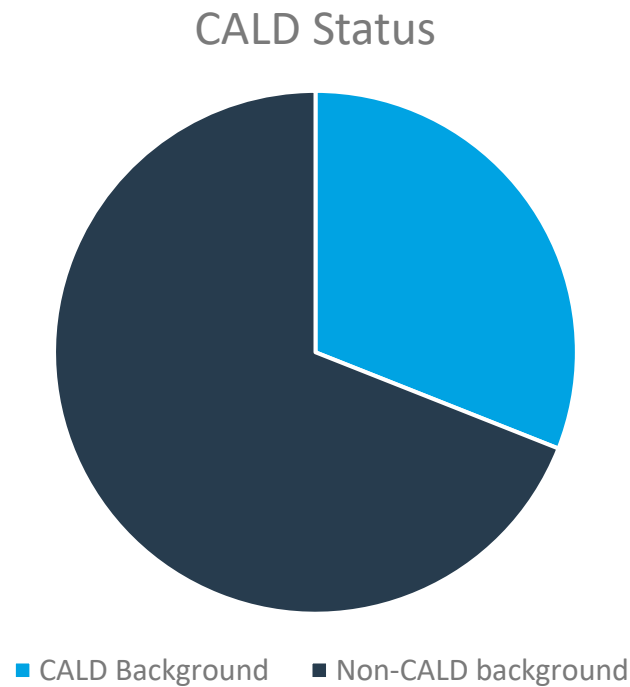Less likely to report harms and access AOD treatment

Lack of studies on CALD specific treatment programs or frameworks in Australia.

A co-designed CALD specific framework is needed to improve access and engagement with services.

Supporting CALD Clients in Non-specialist Programs

CALD Status

CALD Background — Non-CALD background

Broadening definition of CALD

Working with our and other specialist CALD organisations

CALD staff in non-specialist programs

Engaging community and family
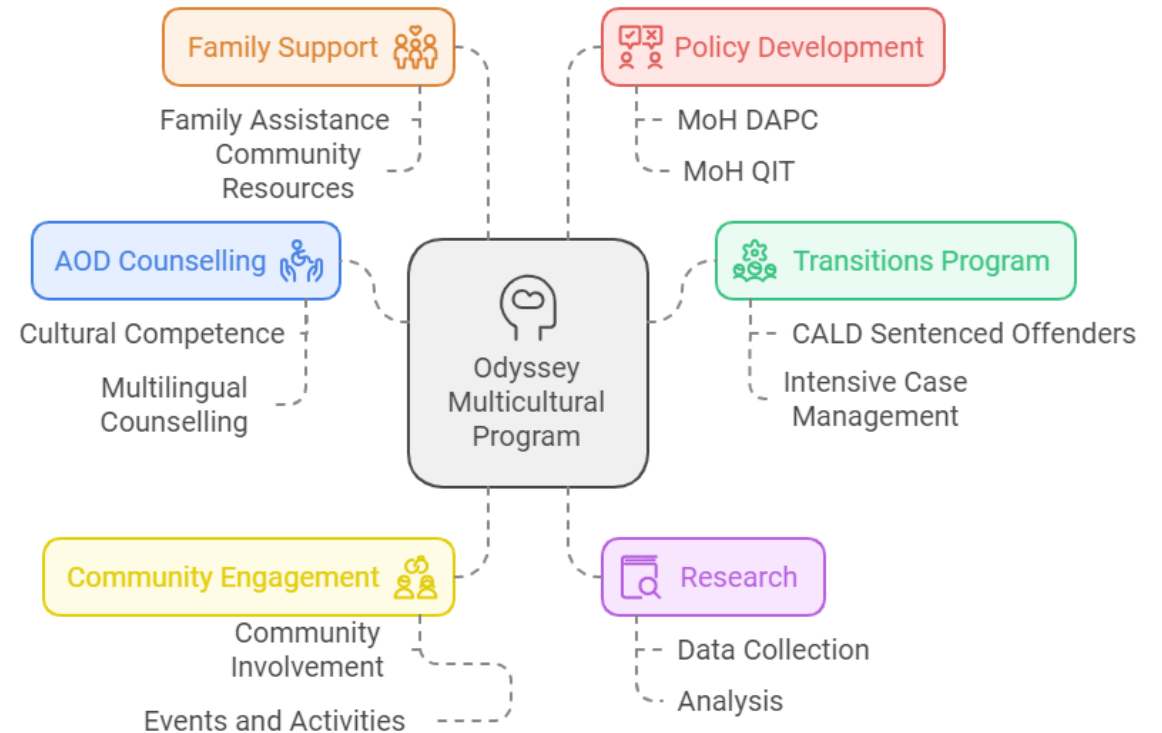
Ensuring cultural and faith needs are met and addressed

Ensuring cultural and faith context is included in treatment care planning

Training, support, mentoring, supervision for staff

Supporting CALD Clients in Specialist Programs

Family Support
- Family Assistance
- Community Resources

Policy Development
- MoH DAPC
- MoH QIT

AOD Counselling
- Cultural Competence
- Multilingual Counselling

Transitions Program
- CALD Sentenced Offenders
- Intensive Case Management

Community Engagement
- Community Involvement
- Events and Activities

Research
- Data Collection
- Analysis

Odyssey Multicultural Program

Our Response

Welcoming Environment

Service Delivery

CALD Workforce

Community Engagement

CALD organisation collaboration

Key Takeaways

Client-Centered & Holistic
- Prioritisation of family, friends and communities
- Aligning to AOD Clinical Care Standards

Cultural Competence
- Attracting and retaining CALD Workforce
- Flexibility in service delivery and direct clinical practice

Community Representation
- Advocating for better access and treatment
- Enhance community wellbeing.

Positive Outcomes
- High retention rates
- Increased client satisfaction and trust
- CALD data collection

Policy Implications
- Investment in specialist CALD programs
- Address inequity in service provision

How to Make Your Service CALD Friendly

A welcoming environment	Ongoing cultural competence training for staff members
Co-designed programs and resources	Engage with CALD communities and establish community collaborations
Establish a family/community centric model	Language and interpretation service access
Acknowledging client's cultural/religious values and beliefs for effective healing and recovery	Recruit and retain staff members from diverse backgrounds
Access to CALD relevant treatments and peer support groups	

Key Projects

1. Transitions Program

2. Community Fora, Faith Leaders, AOD Champions

3. CALD Audit project

1. Transitions Program Team

Transitions Program: Background

Program Overview

Support community reintegration for people of CALD backgrounds in custody influenced by AOD.

Key Components

- Pre and post custodial support
- Culturally Responsive Practices
- Equitable Service Access
- Holistic Wellbeing

Strategies

- Service Provision
- Practitioner Training
- Research and Advocacy

Expected Outcomes

- Reduced Recidivism
- Improved AOD Service Access
- Community Well-being

Transitions Program: Effectiveness

Substance Use Reduction

84% of clients reported a decrease in substance use

Enhanced Quality of Life

83% of clients reported an improvement in quality-of-life score

Improved Psychological Health

82% of clients reported better psychological health score

Transitions Program: Client Experiences

Accommodation	Satisfaction and travel	Employment	Legal	Payment of fines	Medical
• "During my parole and conditional release process, the support I received in securing accommodation was substantial. It was crucial for **my successful transition to stable living conditions**." - Client (Arabic Background)	• "I deeply appreciate the service, and I'm **willing to travel long distances** to receive the support I need." - Client (Arabic Background)	• "The Odyssey team **helped me find a job** by linking me to Centrelink and Jobseeker services. Their support was invaluable." – Client (Vietnamese Background)	• "My Case Manager **accompanied me to court for each hearing and provided emotional support**. Treating me to lunch afterward made me feel supported and valued." - Client (Vietnamese Background)	• "Through the opening **of Work Development Orders**, I received support in paying my fines. Each time I accessed services my fines were progressively paid off." - Client (Pacific Islander Background)	• "I appreciated the support I received in getting admitted to the hospital. My Case Manager even **visited me during my stay,** which meant a lot to me." – Client (Pacific Islander Background)

Testimonials from Focus Group Discussions
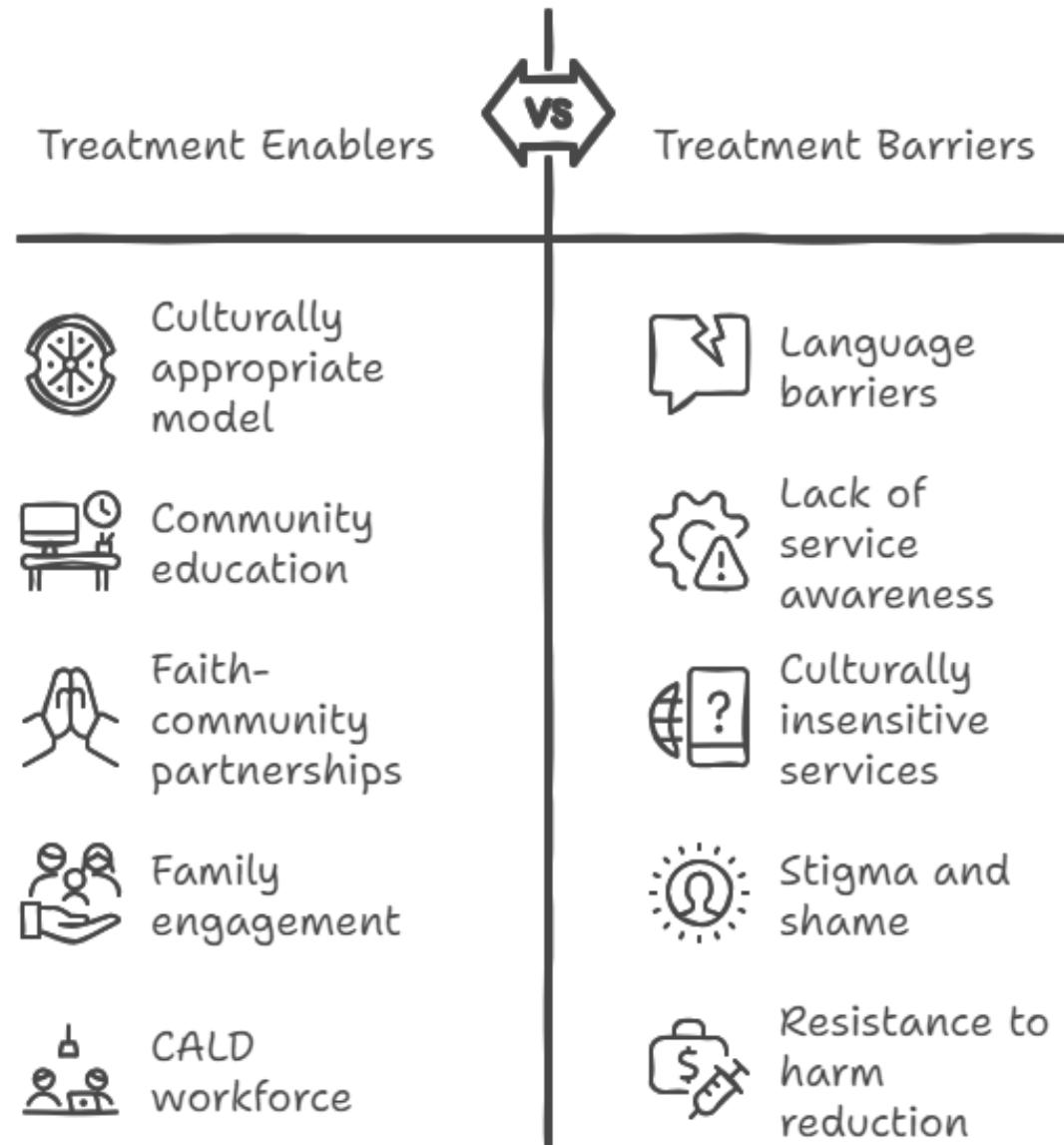
2. Community Forums

- **Cultural Backgrounds:**
  African, Asian, Pacific Islander, Arabic

- **Various Language groups:**
  Arabic-speaking, Vietnamese speaking, and others.

- **Faith based groups:**
  Buddhist, Islamic, Christian

Methods

- Ethics: UNSW HREC

- Interview: CALD religious and community leaders (N=8)

- Focus groups: CALD consumers (N=30)

- Resident in South-West Sydney and Western Sydney

- COB - Sub-Saharan African; North African and Middle Eastern; East Asian; and Pacific Islander descent

- Thematic analysis

Key Findings

Treatment Enablers **VS** Treatment Barriers

Treatment Enablers	Treatment Barriers
Culturally appropriate model	Language barriers
Community education	Lack of service awareness
Faith-community partnerships	Culturally insensitive services
Family engagement	Stigma and shame
CALD workforce	Resistance to harm reduction

CALD Community Engagement Strategies

Cultural Sensitivity

- Dates, time and venue needs to be to be strategically comfortable, convenient and safe
- Culturally appropriate food, decorations
- Content of community engagement activities to be culturally sensitive and trauma informed.
- Flexibility in approach

Faith Considerations

- Welcome acknowledgements of diverse faith based groups present
- Opportunity to engage in prayers
- Considerations during religious observations e.g. Ramadan

Community Involvement

- Key representatives sourced with community groups
- Program co-designed and co-led
- Work with community and religious leaders as gate keepers

Education and Outreach

- Resources in various languages
- Translated and interpreters
- Dialogue

3. CALD Audits

Cultural auditors (L-R) Ahmad Jadran; Shuv Homsi; Alison Jaworski; Mandira Mishra; Tata de Jesus; Mohammad Fenj; Pacifique Ndayisaba

Audit criteria

Section	Assessment criteria
1. A welcoming environment	1a. A welcoming greeting 1b. A welcoming physical environment
2. Service delivery	2a. Service access 2b. Assessment, referral and continuing care 2c. Interpreters 2d. Direct practice 2e. Telehealth
3. Capable staff	3a. Staff knowledge and skill assessment 3b. Supervision around working with people from CALD background 3c. Training staff in working with CALD people 3d. Support for CALD staff
4. Organisation's policies and protocols	4a. Recruitment 4b. Service induction/mandatory training 4c. Governance 4d. Policies and procedures
5. Community Engagement	5a. Scoping your environment 5b. Community engagement to develop relationships
6. Working with CALD organisations and workers	6a. Working with organisations and workers 6b. Collaborative Projects 6c. New service/program

Audit Findings

Strong support from AOD staff and desire to improve practice

Variation in the scope of culturally responsive activities across sites

Limited understanding of CALD

Opportunities to improve CALD related systems and processes (rather than relying on self-motivated staff)

Client discussion groups centred on service delivery – intake experience, direct practice, continuing care, family support.

Actions plans focussed on strengthening policies, improving intake, and engagement with CALD communities

What's Next?

- CALD Families, Carers, and Friends Resource.

- Further development of other resources included translated materials.

- Continued delivery of Community Development, Community Forums, Sector Development, Peer training.

- CALD-specialised Mental Health and suicide aftercare Programs in South Western Sydney.

- Working with NADA on CALD Guidelines (for generalist services).

- Working with NDARC and NADA on a CALD Treatment Framework.

- Working with CALD communities and leaders on response to Drug Summit.