

Needs Assessment Report: CALD Services Review Report

**JUN
15**

An internal evaluation of Living Positive Victoria's programs and services in relation to people affected by and living with HIV from culturally and linguistically diverse backgrounds.



ABOUT LIVING POSITIVE VICTORIA

VISION

Living Positive Victoria shares the vision of the National Association of People with HIV Australia of a world where people living with HIV live their lives to their full potential, in good health and free from discrimination.

MISSION

Living Positive Victoria is a community-based organisation that works to advance the human rights of people living with HIV.

Its mission is to enable and empower all people affected by and living with HIV in Victoria to be part of the response that seeks an end to the HIV epidemic.

COMMITMENT TO COMMUNITY ENGAGEMENT

People living with HIV have a right to be directly involved in the response to HIV in Australia, as declared in the greater involvement and meaningful engagement of people living with HIV (UNAIDS GIPA/MIPA Principle).

Living Positive Victoria is committed to engaging with and listening to its members and the communities it seek to represent. The organisation actively invites people living with HIV to become involved and to directly guide and inform the organisation's work.

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LIST OF ABBREVIATIONS

ATSI	Aboriginal and Torres Strait Islander people
AFAO	Australian Federation of AIDS Organisations
AIDS	Acquired Immune Deficiency Syndrome
BBV	Blood Borne Virus
CALD	Culturally and Linguistically Diverse
CEH	Centre for Culture, Ethnicity and Health
HIV	Human Immunodeficiency Virus
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
MHSS	Multicultural Health and Support Service
MSM	Men who have sex with men
PLC	Positive Living Centre
PLHIV	People Living with HIV
PWID	People who Inject Drugs
STI	Sexually Transmitted Infection
VAC	Victorian AIDS Council

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EXECUTIVE SUMMARY

Living Positive Victoria is committed to enabling and empowering all people affected by and living with HIV in Victoria. The population of people living with HIV (PLHIV) in Victoria is diverse and is seen across gender, sexuality, family relationships, social status, age, disability, language, ethnicity, culture, religion and physical location. This commitment and recognition of the diversity of people living with and affected by HIV in Victoria inspired an independent assessment of their current programs and services.

The evaluation was commissioned by Living Positive Victoria to assess the gaps and opportunities for the organisation to enhance and further develop health promotion and education initiatives for people living with HIV from culturally and linguistically diverse (CALD) backgrounds. Prior to this initiative no formal assessment has been performed in relation to CALD communities in Victoria regarding the programs and services that Living Positive Victoria provides in supporting people living with HIV.

The evaluation approach used semi-structured interviews as a primary way of generating information on key issues and the identification of service gaps and opportunities for improved service delivery. The evaluation adopted a framework that measured the criteria of accessibility, appropriateness, effectiveness and capacity building which are recognised as essential for the assessment of health promotion interventions (Glasgow et al, 1999 & Jolley et al, 2008). These dimensions reflect Living Positive Victoria's development of programs and services that support people living with HIV in Victoria from CALD backgrounds, in relation to meeting the strategic goals outlined in the Strategic Plan 2014-2017.

Data were collected from all staff working on or among the programs and services provided by Living Positive Victoria along with eight key external stakeholders that work directly with CALD communities. A variety of data collection methods were used including qualitative interviews and quantitative secondary sources. The multiple data sources enabled the evaluation to address the specified evaluation questions and also provided triangulation and added rigour. Data from 10 staff members of Living Positive Victoria as well as eight key stakeholders were obtained by interview. All the interviews were transcribed for analysis, and all except one of the external interviews were audio recorded. The internal staff interviews were all recorded through written responses.

Key Findings

The following is a summarised selection of the key findings from the transcripts from the interviews and the secondary data sources used. The findings are separated into the designated evaluation criteria.

Accessibility

- Living Positive Victoria programs cover a wide demographic with a particular reach to those most affected in Australia, i.e. gay men living in Australia living with HIV.

- Emerging trends show that Asian men and sub-Saharan African women make up the highest proportion of people living with HIV in Victoria born overseas.
- There was a consistent view expressed through all the interviews that there is a gap in reaching target demographics of CALD communities throughout the organisation.
- Staff reported a scarcity of representation of CALD populations within their programs and services and ability to maintain engagement.
- Although it is in the process of being updated, the current membership details do not contain adequate information to accurately access the current demographics of the members.

Appropriateness

- The barriers of stigma and discrimination- including fear of disclosure, shame and guilt experienced by CALD populations - impact their ability to access Living Positive Victoria's programs.
- Specific programs such as Phoenix, In the Loop, QUIT, peer education and one on one support are transferable and suitable to various CALD populations.
- There is a strong view from key stakeholders that Living Positive Victoria is perceived as an organisation that mostly accommodates and serves gay men,- or men who have sex with men. This notion is generally opposed by staff acknowledging the changes made over time and being more inclusive in supporting all people living with HIV regardless of sexuality, gender or ethnicity.
- Barriers such as language, inadequate access to interpreters and limited practical experience working with CALD communities impact the engagement of Living Positive Victoria staff with CALD populations.
- The geographical location of the Living Positive Victoria office and the environment to which it is situated is seen as a barrier to CALD populations accessing the service.
- Themes of confidentiality, building trust, creating a safe and comfortable space and longevity were identified as priorities when working with CALD communities.

Effectiveness

Complex and specific referral processes in accessing HIV organisations and services in Victoria,-impact the capacity of Living Positive Victoria to deliver their programs to CALD communities.

Development of a strategic organisational approach to working with CALD communities is essential.

There is a perceived need to ensure staffs are provided with professional development opportunities to enhance their cultural responsiveness.

Capacity building

- There was a consistent lack of awareness and understanding of the programs offered by Living Positive Victoria by the key stakeholders.
- There is an identified need to strengthen partnerships with key Victorian stakeholders, including the Centre for Culture, Ethnicity and Health (CEH)/Multicultural Health and Support Service (MHSS) and the Alfred HIV CALD Service, to improve service delivery to CALD populations.

- There is opportunity for further collaboration and potential program development with Positive Women Victoria, Straight Arrows, CEH/MHSS and the Alfred HIV CALD service.
- Potential areas of further partnerships include greater media engagement and,- establishment of relationships with the African Health Action Network, neighbourhood houses, multicultural interfaith councils, multicultural resource centres, housing/resettlement services, and mental health and religious services.
- Highlighted was the notable reputation of Living Positive Victoria and the willingness for further collaboration by all key stakeholders.

RECOMMENDATIONS

- 1) Develop an organisational approach to cultural responsiveness in working with CALD communities. To further develop organisational strategies and procedures to guide staff including a CALD policy and incorporation in the business plan.
- 2) Staff at all levels should be provided with professional development opportunities to enhance their cultural responsiveness, including ongoing training in cultural diversity and awareness.
- 3) Develop enhanced monitoring systems and evaluation of the demographics of members and participants in programs and services.
- 4) To further enhance the reach of people living with and affected by HIV to include the emerging key populations of sub-Saharan African women and Asian men within the programs and services.
- 5) Strengthen partnerships with CEH/MHSS, Alfred HIV CALD Service, Positive Women Victoria and Straight Arrows to develop greater awareness and understanding of Living Positive's Victoria's programs. This will also encourage greater engagement with and access to target populations, open referral pathways and build positive relationships.

1.0 INTRODUCTION

1.1 HIV context in Australia and Victoria

In 2013, an estimated 26800 people were living with HIV infection in Australia (The Kirby Institute, 2014). Australia's HIV epidemic continues to remain concentrated, with the majority of HIV infections occurring in specific risk groups (Crawford et al, 2014). The transmission of HIV remains primarily through sexual contact between men, which in 2013 accounted for 67 per cent of all new infections, compared to 25 per cent from heterosexual contact (The Kirby Institute, 2014).

Over the past 10 years there has been around a nine per cent increase in the rate of HIV diagnosis, with a rate of 5.1 per 100,000 seen from 2009-2013 (The Kirby Institute, 2014). The population rate of HIV diagnosis in people born overseas has also increased, with high HIV prevalence countries such as sub-Saharan African born and Asian born populations recording an increase of 66 per cent in the last five years, 2009-2013, compared to the previous five years. Among newly diagnosed HIV cases in the past five years, 10 per cent were people who reported speaking a language other than English at home (The Kirby Institute, 2014).

This national increase in HIV diagnoses in people born overseas from high prevalence countries is also reflected in the statistics in Victoria. In 2013 of the 307 new diagnoses of HIV, 41 per cent were among people born overseas, with the largest percentages being from Asia and sub-Saharan Africa (CPH, 2013). A higher percentage of male diagnoses were from Asia, 46 per cent, whereas for females 42 per cent were from sub-Saharan Africa (CPH, 2013).

The rate of HIV diagnosis has remained stable in Victoria over the past 10 years. In Victoria, there were 6781 people living with HIV at the end of 2013. The majority of males living with HIV are Australian born, 70 per cent, whereas for females more than two thirds diagnosed with HIV, since 1994, are born overseas, with 46 per cent being from sub-Saharan Africa (CPH, 2013). As of 2013, both females and males born overseas living with HIV in Victoria, predominately reside in North-West metropolitan Melbourne.

1.2 National HIV Strategy

The Seventh National HIV Strategy 2014-2017 guides Australia's response to HIV and AIDS and is one of five interrelated national strategies that aim to reduce the transmission and impact of blood borne viruses (BBV) and sexually transmitted infections (STI) in Australia (DoH, 2014).

This Strategy identifies guiding principles that underpin Australia's response to the 'challenges, threats and impacts of HIV, STI and viral hepatitis' (DoH, 2014, p.10). These principles are; human rights approach, access and equity, health promotion, prevention, harm reduction, shared responsibility, commitment to evidence-based policy and programs, partnership and meaningful involvement of affected communities (DoH, 2014).

Key priority populations identified in the strategy are people living with HIV (PLHIV), gay men and other men who have sex with men (MSM), people from high HIV prevalence

countries and their partners, Aboriginal and Torres Strait Islander People (ATSI), travellers and mobile workers, people in custodial settings, sex workers and people who inject drugs (PWID). Priority populations of particular interest in relation to the evaluation are PLHIV, gay men and other men who have sex with men and people from high HIV prevalence countries and their partners. It is specified within the strategy that targeted prevention and treatment approaches that effectively address language, culture and gender issues are needed for the people from high HIV prevalence countries and their partners. Ensuring the meaningful involvement of PLHIV in the development and implementation of programs and policies is also outlined as essential to the partnership approach and the success of the strategy (DoH, 2014). The strategy identifies the priority action areas of; Prevention, Testing, Management Care and Support, Workforce, Enabling Environment and Surveillance, Research and Evaluation.

1.3 Living Positive Victoria's Strategic Plan and Framework

Living Positive Victoria is a community based not for profit organisation representing all people living with HIV in Victoria. Living Positive Victoria's vision is of a world where people living with HIV live their lives to their full potential, in good health and free from discrimination. Their mission is to enable and empower all people affected by and living with HIV in Victoria to be part of the response that seeks an end to the HIV epidemic (Living Positive Victoria, 2014).

Living Positive Victoria's Strategic Plan 2014-2017 outlines three strategic goals. These are:

- Strategic Goal 1- Excellent health promotion programs and services that inform and enable wellbeing
- Strategic Goal 2- Effective advocacy that enables and empowers individual and community participation
- Strategic Goal 3- A model community organisation that has sustainable development and excellence in governance and operations

Living Positive Victoria is committed to equal opportunities and welcomes diversity within the organisation from the Board of Directors, staff and volunteers. By ensuring diversity within its governance and strategic development the following diversity statement has been implemented:

'The Board, staff and volunteers of Living Positive Victoria are committed to equal opportunities and welcome the participation from appropriately qualified people from all sections of the community on its Board of Directors and among staff and volunteers. We attach importance to the diversities of gender identification, age, sexuality, socio-economic background and those from linguistically diverse backgrounds and importantly the diversity of lived experiences of people living with HIV on the Board of Directors and among staff and volunteers. We are committed to the greater involvement of people living with HIV and welcome meaningful participation from HIV affected communities on our governance, staffing, volunteer and community structures' (Living Positive Victoria, 2015).

Living Positive Victoria's core values reflect the principles that underpin the Seventh National HIV Strategy 2014-2017. These include human rights, health promotion, PLHIV involvement and engagement, inclusion, partnership, excellence and evidence and

evaluation. The strategic goals are in line with National HIV Strategy, that address the priority action areas of 1) Prevention, which includes peer based education and support and innovative health promotion action, 2) Management, Care and Support, which includes addressing co-infection and ensuring links to services with PLHIV, 3) Workforce, ensuring that workforce is highly skilled and knowledgeable in order to support PLHIV, 4) Enabling Environment, which includes enabling social and legal environments, breaking down stigma and discrimination, advocacy and awareness raising initiatives and education programs (DoH, 2014).

Living Positive Victoria’s strategic plan is also in line with the Victorian Health Priorities Framework 2012-2022 in the core principle of ensuring universal access and a focus on those most in need (Victorian Government DoH, 2011). It is also in line with the Victorian Public Health and Wellbeing Plan 2011-2015 interventions in keeping people well by supporting affected communities to participate in STI/HIV prevention, health promotion and education strategies (Victorian Government DoH, 2011).

1.4 Overview of Living Positive Victoria’s programs and services

Living Positive Victoria provides an extensive range of health promotion activities and programs along with various campaigns and communication methods to support PLHIV and affected by HIV in Victoria. Table 1 outlines the broad range of programs and services that are currently offered.

Table 1: Delivered programs and services by Living Positive Victoria

Health Promotion	Peer Support/ Social activities	Communications/ resources
Positive Speakers Bureau	One on-one-client support	Organisational website
Senior Voices Project for PLHIV 50yrs or older	Generation Next Guys- Social support and information for next generation/ 30’s and under	Media engagement
Disclosure project/ campaign	Planet Positive social events	Social media outreach
Volunteer program	Peer facilitator training	Sexual media outreach
Community forums	FLIP – financial assistance- Finance, learning, independence program	Community Service Announcements (CSA) - radio
Syphilis prevention campaign	Christmas Hampers	Poslink- members’ newsletter
Phoenix workshop for Newly diagnosed with HIV	Positive Leadership Development Institute	Poslink Express- e-version of Poslink
HIV/HCV co-infection project	Generation Next Group – social and information group for PLHIV 30 and under	Health promotion resources – factsheets,
In the Loop workshop for family, friends and partners affected by HIV		Positive Living- NAPWHA newsletter contributions

ENUF campaign- addressing HIV stigma and discrimination		
QUIT smoking cessation programs		
Community festival outreach		

1.5 Evaluation Overview

In December 2014, Living Positive Victoria commissioned an independent contractor to conduct a needs assessment to evaluate the gaps and opportunities to improve the health promotion and education programs for people living with HIV from CALD backgrounds. The evaluation was inspired by Living Positive Victoria’s commitment and recognition of the diversity of people living with and affected by HIV in Victoria. Prior to this evaluation no formal assessment has been performed in relation to CALD communities in Victoria regarding the programs and services that Living Positive Victoria provides in supporting people living with HIV.

1.6 Evaluation Aim

To assess the gaps and opportunities for Living Positive Victoria to enhance and further develop health promotion and education initiatives for people living with HIV from CALD backgrounds.

1.7 Evaluation Objectives

1. To develop an understanding of the guiding policies and strategies of Living Positive Victoria that model their current work practices and to identify priorities against the National HIV strategy.
2. Assess and identify the target population that Living Positive Victoria’s programs are delivered to and identify any gaps in relation to emerging key populations.
3. Explore the programs provided by key stakeholders working with CALD populations and identify barriers and potential opportunities for greater partnerships and improved service delivery.
4. Identify and explore the potential barriers to CALD populations in accessing the programs and services offered by Living Positive Victoria.
5. Explore the existing and potential collaboration and partnerships with key stakeholders working with CALD populations in Victoria.

2.0 METHODS

The evaluation methods were developed in consultation with the health promotion manager throughout the evaluation period. The evaluation questions developed reflected the objectives of the evaluation. The evaluation framework was submitted to and reviewed by

Living Positive Victoria board members for any ongoing modifications. The evaluation approach used enabled a snapshot of the current programs and services offered at Living Positive Victoria and to identify the issues and needs of PHIV from CALD backgrounds. Involving key stakeholders in the evaluation allowed for assessing the gaps and barriers in service provision, to identify opportunities for health promotion and to assist in opportunities to collaborate. Using qualitative methods through semi-structured interviews allowed for in-depth responses around individual experiences, knowledge, perceptions, opinions and feelings.

2.1 Evaluation Framework

The evaluation implemented a framework to assess the current needs of the organisation within operational and program levels. The framework design allowed identification of the gaps and opportunities for the organisation to assess their current situation in relation to the inclusion of people living with HIV from CALD backgrounds. The framework is divided into the broad dimensions of accessibility, appropriateness, effectiveness and capacity building that are recognised as essential for health promotion interventions. Within the evaluation criteria specific performance measures have been identified to enable the measurement of success or performance in these designated areas among the existing programs and services at Living Positive Victoria. Health promotion is an activity directed towards enabling people to take action, with the purpose of strengthening the skills and capabilities of individuals and or groups (Nutbeam, 1998).

These dimensions reflect Living Positive Victoria's development of programs and services that support people living with HIV in Victoria from CALD backgrounds, in relation to meeting the strategic goals outlined in the Strategic Plan 2014-2017.

2.2 Evaluation Questions

The evaluation questions are focused on the four dimensions that will be used to make an assessment about Living Positive Victoria's development of programs and services that support people living with HIV in Victoria from CALD backgrounds.

Evaluation question 1

To what extent are the programs and services offered by Living Positive Victoria reaching the most in need of the service?

Evaluation question 2

To what extent are Living Positive Victoria's programs and services suitable for CALD populations? What are the existing barriers to CALD populations?

Evaluation question 3

What factors, internal and external, have influenced Living Positive Victoria's delivery of program and services to CALD populations? Can the programs be modified to be more effective?

Evaluation question 4

What are the potential areas for greater partnerships and improved service delivery in CALD populations and key stakeholders?

Table 2: Evaluation Framework

Dimension	Evaluation Questions	Indicators	Data sources/ measuring tools
Accessibility	<p>To what extent are the programs and services offered by Living Positive Victoria reaching the most in need of the service?</p> <p>Within the target population, who is not participating in the programs and services?</p> <p>Are the proposed program target demographics being delivered to the intended people?</p>	<p>Numbers of targeted participants in programs</p> <p>Defined demographics of target group not participating</p> <p>Numbers of targeted participants in programs</p> <p>Characteristics of target group not participating in programs</p> <p>Engagement strategies identified and used</p>	<p>Staff interviews Membership database</p> <p>Business plan/ reports Staff interviews</p> <p>Secondary data/ demographic analysis of Victorian statistics Staff interviews</p>
Appropriateness	<p>To what extent are Living Positive Victoria's programs and services suitable for CALD populations?</p> <p>To what extent are Living Positive Victoria's program strategies acceptable to key stakeholders and CALD populations?</p> <p>What are the barriers that result in the unmet need in the CALD populations?</p> <p>What are the potential impacts of the current perception and understanding of Living Positive Victoria's programs and services?</p>	<p>Potential transferability of programs</p> <p>Identification and documentation of partnerships</p> <p>Identification of existing barriers for CALD persons</p> <p>Identification of perceptions versus the degree of programs and services offered</p>	<p>External interviews Staff interviews</p> <p>External interviews Strategic plan</p> <p>External and staff interviews</p> <p>External and internal interviews</p>

Effectiveness	<p>What factors, internal and external have influenced Living Positive Victoria's delivery of program and services to CALD populations?</p> <p>Could delivery of Living Positive Victoria's programs and services be modified to be more efficient and or effective?</p>	<p>Identification of challenges internal and external encountered</p> <p>Identification of other factors affecting program delivery</p> <p>Identification of potential solutions to increase scope of CALD persons in programs</p>	Staff and external interviews
Capacity Building	<p>To what extent is the awareness of the programs and services offered by Living Positive Victoria known by key stakeholders?</p> <p>What are the potential areas for greater partnerships and improved service delivery in CALD populations and key stakeholders?</p>	<p>Identified knowledge of the scope of programs and services offered by Living Positive Victoria</p> <p>Identified current partnerships</p> <p>Acknowledged potential partnerships</p>	<p>External interviews</p> <p>Staff and external partnerships</p>

2.3 Data sources and collection

Data were collected from all staff working on or among the programs and services provided by Living Positive Victoria along with eight key external stakeholders that work directly with CALD communities. A variety of data collection methods were used that included qualitative interviews and quantitative secondary sources. The multiple data sources enabled the evaluation to address the specified evaluation questions and also provide triangulation and added rigour.

Living Positive Victoria Staff Interviews

In order to obtain in-depth information about the implementation of all of the programs and services as well as achievements and experiences, semi-structured face-to-face interviews were performed. The interview questions were developed collaboratively with Living Positive Victoria and included questions on the demographics of programs, current partnerships, perception of existing services and barriers and gaps to services for CALD communities (Refer to Appendix A for the interview guide). Interviews were conducted between December 2014 and March 2015. 10 staff interviews were recorded through written responses and transcribed for analysis. Key themes and issues relating to the programs and evaluation questions were identified.

Stakeholder Interviews

Stakeholder consultations were performed to obtain views and specific experiences regarding the broader issues relating to CALD communities within the sector and directly with Living Positive Victoria. The stakeholders were purposively chosen for their direct involvement within the sector and work to date with CALD communities and invited to be interviewed. The interviews were used as a primary way of generating further

information from an expert source with the ability to provide a deeper insight into working with CALD communities.

Each individual was invited by telephone or email to be interviewed and was sent information regarding the evaluation. The evaluation interviews were conducted from February 2015 to March 2015. All interviews were conducted face to face except one that was over the telephone. The interviews were semi-structured utilising the same interview guide as the staff interviews, Refer to Appendix A. Eight interviews in total were conducted and seven of these were audio recorded and one recorded through written responses. The audio recordings were transcribed verbatim and reviewed for accuracy. Transcripts were then analysed and key themes relating to the evaluation questions were identified.

Organisational Documentation

Key organisational documentation was reviewed including;

- Living Positive Victoria Strategic Plan 2014-2017
- Living Positive Victoria Business Plan 2014-2015
- Living Positive Victoria Annual Report 2014-2015
- Online policies
- Health Promotion resource materials
- Living Positive Victoria website information and organisational databases

Secondary Documentation

- Australian Government Department of Health, (2014) Seventh National HIV Strategy 2014-2017
- Victorian Government Department of Health (2011) Victorian Health Priorities Framework 2012-2022 Metropolitan Health Plan
- Victorian Government Department of Health (2011) Victorian Public Health and Well-being Plan 2011-2015
- Victorian Government Department of Health (2009) Cultural responsiveness framework: Guidelines for Victorian Health Services

Ongoing consultation was performed with staff over the period of the evaluation regarding any changes that had occurred within the organisation relating directly to the evaluation.

3.0 FINDINGS

The information collected from the data sources used generated an extensive amount of information. The findings provided are a combination of the data collected, selectively utilising data sources to provide a comprehensive assessment of Living Positive Victoria.

3.1 Key Evaluation Question 1

Accessibility

To what extent are the programs and services offered by Living Positive Victoria reaching the most in need of the service?

This key evaluation question outlines the extent of reach that Living Positive Victoria have within their programs and services. It incorporates analysis of the current programs and services, current national and Victorian statistics and identifying any emerging trends that may require a specific demographic focus. This evaluation found that Living Positive Victoria reach a wide demographic of PLHIV and people affected by HIV in Victoria but there is an evident gap in the access to PLHIV from CALD communities.

Programs and Services

Living Positive Victoria provides a diverse and extensive range of programs and services for people affected by and PLHIV in Victoria, including a member base of around 1500. The majority of programs are health promotion centred, along with awareness raising, advocacy and empowerment on both individual and community levels, peer support, professional development and education and training. In addition to the extensive programs and services there are also working groups that are run to address the specific needs of PLHIV such as legal concerns.

The programs and services delivered are targeted; issue based and are frequently developed from an identified gap and or need for PLHIV. Only a few of the programs and services have an exclusive target demographic of age, gender and sexual orientation. The majority are all inclusive demographic of PLHIV and people affected by HIV. Membership and all of the programs and services offered are free of charge and are delivered at Living Positive Victoria office with the exception of one program that is offered online.

Generation Next Guys, a peer support and social networking group, has a specified demographic of males in their 30s or younger that identify as homosexual or bisexual. This group was developed due to a need expressed from the younger members of Living Positive Victoria to have a space of their own with their peers.

"The young men stated they couldn't fit in, there are different needs for youth." (LPV worker).

The Senior Voices project targets PLHIV that are 50 years or older who perform public speaking within the aged care sector and the community. There is also a focus on targeting lesbian, gay, bisexual, transgender and intersex (LGBTI) PLHIV within the

project. There are also two workshops, 'Phoenix' and 'In the Loop' that also have targeted demographics. Phoenix is for people who have recently been diagnosed with HIV and In the Loop is for people who support PLHIV. There is a degree of flexibility in the criteria for the Phoenix workshop in the length of diagnosis, in some instances to cater for PLHIV that are heterosexual it has been increased due to the number of participants. There are no other prerequisites other than the focus of the content in the workshops. Requirements of membership in programs to participate and or attend are the Positive Speakers Bureau, Planet Positive, Generation Next Guys and the Finance, Learning Independence Program (FLIP). The Living Positive newsletter, *Poslink*, is distributed to members, partner organisations and specific HIV services. The four issues per year are themed and targeted towards a specific topic and or demographic with input from key stakeholders.

Demographics accessing the Programs and Services

Although it was in the process of being updated throughout the evaluation, the current membership details do not contain adequate information to accurately access the demographics of the members. The proposed membership form will include identification from a different cultural background and all of the current members will be updated on their cultural background. From the data available it can be seen that in terms of reach the majority of programs are successful in engaging the most represented group of people living with HIV in Victoria, Australian born males that have sex with men (The Kirby Institute, 2014).

Emerging trends in Victoria are showing an increasing number of new HIV diagnoses among people born overseas. In 2013 it was reported that 41 per cent of the new HIV diagnoses were among people born overseas of which 90 per cent were male (CPH, 2013). It is evident that this trend has considerably increased in 2013 by around 6 per cent, compared to the previous five years where it has been an average of around 35 per cent. The two most common regions of birth for males and females born overseas newly diagnosed with HIV in Victoria are Asia and sub-Saharan Africa. In 2013 data indicates that 46 per cent of the men born overseas diagnosed were from Asia and 43 per cent of females were from sub-Saharan Africa (CPH, 2013). Male to male sex was the most common exposure to HIV of the new diagnoses in 2013 and accounted for 83 per cent of the males born overseas, compared to heterosexual sex which accounted for 24 per cent of the total new HIV diagnosed among those born overseas (CPH, 2013).

At the end of 2013, there were 6781 people living with HIV in Victoria. Men born in Australia account for 70 per cent and those born overseas are mainly from Asia. In contrast to women living with HIV in Victoria, 68 per cent are born overseas with almost half being from sub-Saharan Africa (CPH, 2013). Overseas born people living with HIV in Victoria are identified as residing in two main areas of Victoria, North-West Metro and Southern Metro areas.

There was a consistent view expressed from all staff that there is a gap in reaching the target demographic of people born overseas, particularly from CALD communities throughout the organisation. Engagement with specific CALD communities is evident in the health promotion activities at various festivals, such as the Lunar Festival, but is poorly represented in programs and other services. Women are under-represented in the programs and services although programs such as Phoenix which has an interchangeable curriculum has been run with Straight Arrows and is later this year to be run with

Positive Women Victoria. Other attempts to engage a wider demographic include targeted editions of *Poslink* such as the recent 'Children and Families' issue and the June theme of 'CALD'.

Staff reported a scarcity of representation of CALD populations within their programs and services and ability to maintain engagement.

"There have been many attempts but for some reason they step back, it is usually for personal reasons" (Living Positive Victoria worker).

A common theme in discussing the target demographics was that there were no CALD specific programs and that there are different needs within CALD communities compared to the mainstream and gay communities. It was represented as a diverse separate group that requires further investigation, understanding and cultural sensitivity to engage.

"We need to be creative, find different ways and work more with our partners, work out how?" (Living Positive Victoria worker).

To increase the reach to CALD communities, it is evident that further collaboration with other HIV and multicultural health services is required in order to assess needs and how best to approach the communities in a culturally sensitive way.

Key Points:

- Living Positive Victoria programs cover a wide demographic and reach the larger proportion of men in Victoria living with HIV born in Australia.
- Emerging trends show that Asian men and sub-Saharan African women make up the highest proportion of people living with HIV in Victoria born overseas.
- There is a gap in reaching target demographics of CALD communities throughout the organisation.
- Staff reported a scarcity of representation of CALD populations within their programs and services and ability to maintain engagement.
- Although it is in the process of being updated, the current membership details do not contain adequate information to accurately assess the current demographics of the members.

3.2 Key Evaluation Question 2

Appropriateness

To what extent are Living Positive Victoria's programs and services suitable for CALD populations? What are the existing barriers to CALD populations?

This evaluation question summarises the extent that Living Positive Victoria's programs and services are suitable to CALD populations. It outlines the existing barriers to accessing the programs and services as well as the perception of the programs and services

Transferability of Programs and Services

Many programs that are offered at Living Positive Victoria are adaptable and appropriate to CALD populations. The *Phoenix* workshop for people that have been newly diagnosed

with HIV has an interchangeable curriculum that can be adapted to various specific demographics. It is based on a peer education framework, sharing of information and connecting with other people living with HIV. Various healthcare professionals speak throughout the workshop about relevant information and health management in a safe and confidential space. The focus has been mainly on gay and bisexual men although it has been successful in previous years with both heterosexual and bisexual people living with HIV specific workshops in collaboration with other HIV organisations such as Straight Arrows. To date there has not been a women specific 'Phoenix'- workshop, although consultations are in progress with Positive Women Victoria around holding one in 2015-2016. Collaboration with other demographic specific HIV organisations has proven to work well in catering to the various needs and demographics that represent the diversity of people living with HIV.

In the Loop is also transferable to CALD populations. This workshop caters to a wider group of people such as carers, partners, friends and families of people living with HIV. The *QUIT* program, designed to assist people living with HIV in quitting smoking, is also transferable to CALD populations. This program is offered face-to-face through group sessions and also online. Peer education and one-on-one counselling and support are also transferable and are particularly suitable to CALD populations. Research performed in Victoria on access to HIV prevention information with selected CALD communities found that the majority of participants valued information delivered face-to-face (McNally & Dutertre, 2006). Having one-on-one or information sessions allow for sensitivity to be addressed and also help place information within its cultural context (McNally & Dutertre, 2006). One-on-one support was also seen to be more suitable and effective in working with CALD communities in the opinions of the stakeholders. One stakeholder discussed the situation of a husband and wife supporting a young woman living with HIV, and finding a more effective way of supporting them and working with them.

"Talking to them, planting seeds and providing information that they are willing to take and to the best of their ability in learning as well...in my head at the moment it will be redundant to have an HIV 101 two hour session about how HIV is transmitted; it's probably more effective to let them know we are willing to come around to your house, tell you what it is, tell you about HIV transmission... we are willing to engage in, talk to you on a one-to-one level." (Stakeholder)

By working in the same office building as two other HIV specific organisations, there is evidence of referrals, assistance with peer support and collaboration in working together on forums and programs that can assist one another to support people living with HIV.

Perceptions and Barriers

Common themes expressed by both staff and stakeholders in relation to the perception of Living Positive Victoria's programs and services were that they are diverse and incorporate a broad range for PLHIV. There was a clear awareness from the stakeholders that the organisation is involved in peer support, health promotion, education, advocacy and campaigns.

"Well my perception is that it's pretty visible and that it's very on top of news and developments, and quite vocal and quite strong on advocacy." (Stakeholder)

A number of the staff stated that the changing of the name of the organisation and removing the word AIDS has made a large impact allowing more people to access the programs and services, and is more acceptable to CALD communities. There was also recognition of the evolution of the organisation moving from MSM to a broader, more inclusive demographic. This perception is conflicted with some of the staff and the majority of the stakeholders, that it is seen as an organisation that works with gay men and MSM. It was also expressed that this perception can also be a barrier to CALD communities accessing the programs and services offered.

"The perception of Living Positive Victoria is that it works with the majority, that it is focused on MSM and gay men." (Living Positive Victoria worker)

"You always have an image that they work with gay men because gay men are the predominant population and that's traditionally been who have been affected by HIV." (Stakeholder)

The suitability to CALD community needs may vary. The perception and also the structure of the HIV sector can be that other specific multicultural services are the go to first before Living Positive Victoria. The initial referral will be to a multicultural health service, which will then refer to a support service that can support the needs of the client.

"Partly it is because of the way the government works with the funding, you have the multicultural health and support service, there's the HIV ones in the community that's how they got funded.....so partly it is the way the funders work." (Stakeholder)

The barriers identified varied between the staff and stakeholders. The common themes identified by both were stigma and discrimination, fear of disclosure including feelings of shame and guilt, language and the location of Living Positive Victoria office.

Stigma and discrimination associated with being HIV positive was seen as very prominent within CALD communities. It was highlighted that issues such as internalised homophobia is a barrier often associated with religious beliefs where in their country of origin homosexuality is preached against and in some countries criminalised. Fear of disclosure was understood as a significant barrier in CALD communities with evident feelings of shame and guilt.

"It is very confronting, there is such a lot of shame around being positive...it is such a hard thing because women you know can't talk about it." (Stakeholder)

The fear of disclosing and or being seen in a HIV positive health service for CALD populations is connected to the potential consequences within their communities.

"I think that it is probably the main one (disclosure) is that fear of social consequences in a small community and the more small and tight the community is the harder it is." (Stakeholder)

The importance of confidentiality was also highlighted as a key issue relating specifically to CALD communities. Research of PLHIV from culturally diverse backgrounds in Sydney showed that confidentiality was of utmost importance to the participants and that the decision to disclose their status was affected by knowledge and attitudes to HIV in their cultural communities (Korner et al, 2005).

"Another huge issue is confidentiality and disclosure, especially in well in both south East Asian communities and in various African communities, people don't disclose to anybody necessarily not even their mother, daughter or friend....some people just haven't disclosed to anybody." (Stakeholder)

"It's a fear from all communities but I think even more so, I mean we have people who in a way desperately want to engage with us but they are absolutely fearful of the fact that they have engaged with us somehow getting out" (Stakeholder).

Language barrier was the most common issue identified by staff. This barrier was seen to affect the degree of access of CALD populations by the issues of; the website catering to literate people and in an English only format, the membership process requiring phone confirmation and interactions when they present to the organisation.

Interpreters were seen as a barrier to CALD communities from both staff and stakeholders. Staff reported on interpreters being costly and not always available when they are needed. The stakeholders described that for CALD people using interpreters in some communities, due to the limited number of interpreters within a specific community, there is often a fear that the interpreter will know them. Trust needs to be built by the interpreter with the client it is not assumed due to their professional reputation.

"They have to win the trust of their client's individually rather than as their profession and that's a slow process" (Stakeholder).

The location and environment of Living Positive Victoria's office was described as being a barrier for CALD communities. Numerous staff commented on the corporate style of the building and that the complex it is situated in is not appropriate for CALD people. The geographical location was seen as being too far away from where CALD populations reside and difficult to access.

"It's in the centre of town, most people live in the suburbs, unless you've got a car and some money it's actually hard to go into town" (Stakeholder).

Key approaches in working with CALD communities and addressing some of these barriers were to build trust, ensuring there are a safe and comfortable space and a sense of connection for the individual. The essential component of these approaches is time, trust and connection within communities and individuals is strengthened over time.

"And throughout building that trust and throughout building that sense of connection I do strongly believe that they or that we can start influencing, feeling comfortable about their HIV status, about feeling comfortable about their cultural identity, but it takes time" (Stakeholder).

Key Points:

- Specific programs such as Phoenix, In the Loop, QUIT, peer education and one-on-one support are transferable and suitable to various CALD populations.
- There is a strong view from key stakeholders that Living Positive Victoria is perceived as accommodating mostly gay men, or men who have sex with men. This is generally opposed by staff acknowledging the changes made over time and being more inclusive in supporting all people living with HIV.

- The barriers of stigma and discrimination including fear of disclosure, shame and guilt experienced by CALD populations impact their ability to access Living Positive Victoria's programs.
- Barriers such as language, access to interpreters and limited practical experience working with CALD communities impact the engagement of Living Positive Victoria staff with CALD populations.
- The location of Living Positive Victoria's office and also the environment to which it is situated is seen as a barrier to CALD populations accessing the service.
- Themes of confidentiality, building trust, creating a safe and comfortable space and longevity were identified as priorities when working with CALD communities.

3.3 Key Evaluation Question 3

Effectiveness

What factors, internal and external have influenced Living Positive Victoria's delivery of program and services to CALD populations? Can the programs be modified to be more effective?

This evaluation question outlines the internal and external challenges encountered and other factors that have affected the delivery of Living Positive Victoria's programs and services. It also identifies any solutions to increase the capacity of CALD persons in the programs and services.

Internal and External Factors

Analysis of policy and procedure documentation revealed that there is no specific current policy on working with CALD clients at Living Positive Victoria (although the organisation is in the process of developing and implementing policies and processes on diversity and community engagement). Many staff reported on the development of a CALD policy and procedure document that would assist all staff when a CALD client accesses Living Positive Victoria.

"We could possibly develop a procedure for CALD groups when accessing Living Positive Victoria, especially for the reception area as we are often the first point of contact."
(Living Positive Victoria worker)

Staff are provided with training in cultural sensitivity but reported on having a lack of cultural awareness at times and difficulty when it comes to practical application. Some other internal challenges that were reflected by staff were that often CALD clients are referred on to other services that can accommodate their needs to a greater extent. For example;

"If a woman rang who was from Sudan and she wanted support she would usually be referred to Positive Women." (Living Positive Victoria worker)

The findings of the external challenges to the delivery of programs and services included the barrier of disclosure. Staff reported difficulty in how to cater to CALD communities

when there remains a barrier in stigma around HIV and many communities not wanting to disclose their status and associate with HIV positive services.

"We are happy to do more but it is difficult to engage if communities are in denial of HIV, within their communities" (Living Positive Victoria worker).

Emphasised also by the stakeholders were the many steps that often occur for CALD communities in navigating health services and not understanding how community organisations work. This was again supported in the differences in cultural understanding and managing the different cultural expectations. Further emphasis was made to work in collaboration with other HIV services in order to reduce the barriers that are faced by CALD communities in accessing each separate service.

"Working separately doesn't work anymore...and clients get really confused when they have to go to four different organisations to access services" (Stakeholder).

"How do you communicate with community members, build trust and that you are there for them but at the same time you are also bound by boundaries and professional ethics?" (Stakeholder)

Evidence shows that people from CALD communities often have difficulty in accessing and navigating health care services, they are not referred to appropriate services and are more likely to receive fragmented care (MHSS & CEH, 2011).

The findings also highlighted the necessity of ensuring that an organisational approach to working with CALD communities is implemented. Cultural inclusion requires a representation across the whole organisation, not with one particular person that is seen as the 'CALD- worker' because of pre-existing connections in the community. This approach is supported in the Victorian Cultural Responsiveness Framework (2009) which states that cultural responsiveness requires knowledge and capacity at different levels of intervention-systemic, organisational, professional and individual (Victorian Government DoH, 2009, p.12). The framework recommends a whole organisational approach, ensuring that guidelines and protocols are developed that guide staff in working with CALD communities, consumers and carers. It also recommends that staffs at all levels are provided with professional development opportunities to enhance their cultural responsiveness (Victorian Government DoH, 2009).

Suggestions for modifying the programs and services to be more effective to CALD communities were to make the community forums more suitable. The incorporation of a culture specific theme would be more suitable for CALD communities. Another suggestion involved greater acknowledgement of people's spirituality, especially within support groups to feel more comfortable to participate.

"A lot of people are religious in one way or another, and that's something that wasn't acknowledged...well that's what people were telling me that they weren't acknowledged not in a specific religion, but just that dimension of life wasn't really taken into account"

Working with religious leaders and organisations can assist developing a greater awareness and understanding of the spiritual needs of culturally diverse individuals and also break down the stigma and discrimination with HIV (AFAO, 2014).

Key Points:

- Complex and specific referral processes in accessing HIV organisations and services in Victoria, impact the capacity of Living Positive Victoria to deliver their programs to CALD communities.
- Development of a strategic organisational approach to working with CALD communities is essential.
- Ensuring staff are provided with professional development opportunities to enhance their cultural responsiveness.

3.4 Key Evaluation Question 4

Capacity Building

What are the potential areas for greater partnerships and improved service delivery in CALD populations and key stakeholders?

This evaluation question outlines the extent of the awareness of the programs and services of Living Positive Victoria known to the stakeholders, and identifies the current and potential partnerships within Living Positive Victoria and the stakeholder organisations.

Awareness of Programs and Services at Living Positive Victoria

All of the stakeholders identified that Living Positive Victoria works with people living with HIV and is involved in health promotion, peer support and education, advocacy and campaigning. Only a few stakeholders were aware of specific programs that are offered; there was more of a broader sense of what they do as a response. Three of the stakeholders were relatively new to their role and did not have any prior awareness or involvement with Living Positive Victoria which was expressed as limitation of their knowledge.

The stakeholders that had a greater awareness of the programs and services were recognised as having a strong partnership with Living Positive Victoria. It was reflected that the stronger the current partnership with Living Positive Victoria the greater degree of knowledge and awareness of the specific programs and services that they offer. The changeover of staff from stakeholder organisations was identified from staff at Living Positive Victoria as having an effect on partnerships due to the previous connections that were made.

It was also indicated by staff that the unawareness of the programs and services provided affects the amount of referrals received by stakeholder organisations. The partnership with stakeholders, especially MHSS was seen as vital in being able to access CALD communities.

"I feel there is an important role for MHSS to bring clients to Living Positive Victoria's program as we are reliant on multicultural services to get access to CALD communities."
(Living Positive Victoria worker)

Current and Future Partnerships

The main and most common partnerships identified by staff were VAC, Positive Women Victoria, Straight Arrows, the Alfred Hospital, PLC and AFAO. CEH/MHSS was also identified as a current partnership although staff reported having little contact.

All of the stakeholders expressed their views of the notable reputation of Living Positive Victoria within the HIV sector and their eagerness for further collaboration. The stakeholders emphasised the importance of the evaluation and reported on being impressed with Living Positive Victoria taking the lead in reviewing the gaps and opportunities within CALD communities in Victoria living with HIV among the organisation. One stakeholder expressed:

"This is like a cultural audit in a way, it's a step towards progress and I am really impressed." (Stakeholder)

Maintaining strong connections and working together was a shared response when discussing future partnerships.

"I think we both offer slightly different things but I think it is still really important that we do stay together." (Stakeholder)

Most stakeholders expressed their acknowledgement of the amount of involvement currently with Living Positive Victoria and their willingness to develop greater partnerships and connections in the near future.

"Doing more work with us, I'm not sure that we do enough work with them (Living Positive Victoria) around client work to help that as well...because they would be an important referral point for us too if we are getting clients from downstairs, from the GP service and supporting them through something." (Stakeholder)

It was also reported by some of the staff that they would like to strengthen the links between multicultural and Aboriginal health services. Table 2 and 3 outlines the list of potential partnerships and or approaches that were stated by staff and stakeholders respectively.

Table 2: Potential Partnerships identified by Living Positive Victoria Staff

Organisation/ Approach	Program area LPV
Asylum Seeker Resource Centre (ASRC)	Campaigning/Communications
Larger media community	Communications/Health Promotion
Rural festivals – POKA Geelong	Health Promotion
Neighbourhood houses	Health Promotion
Multicultural/interfaith councils – in partnership with other organisations	Health Promotion
Strengthen links with MHSS, VACCHO, VAHS	Health Promotion
Outreach to communities via an access point i.e.: a particular cultural group	Communications
Radio and newspapers in specific cultural groups	Communications
Private companies/funders	Funding and Fundraising
Aged care sector	Peer Support/Health Promotion

Western suburb connections/councils	Health Promotion/Peer Support and Education
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A key theme expressed by staff was being able to find a way to access people living with HIV in CALD communities. This was reiterated in building stronger connections with multicultural health services and targeting a particular group and or area to build stronger links in. The western region was stated as an area of potential partnerships due to the increase of members now residing in this region. Developing more specialist services in the region such as specialist HIV doctors was also indicated.

"A good way to refer to Living Positive Victoria is to get in with the community." (Living Positive Victoria worker)

Throughout the evaluation, further partnerships were being developed between Living Positive Victoria, Positive Women Victoria and Straight Arrows through the collaboration of an inter-agency women's planning day which highlighted the need to engage women particularly from CALD backgrounds. An additional CALD community forum addressing key health and wellbeing issues will also be held in 2015-2016 in partnership with MHSS. This meeting has resulted in further collaboration from these agencies in Living Positive Victoria to lead a multicultural CALD forum in partnership with MHSS.

Table 3: Potential Partnerships identified by Stakeholders

Organisation/ area	Rationale
Women's Health West – women's health services	Working with other mainstream services that work with CALD communities Assist further reach and breaking down of perceptions of working with men
Engaging with health and other services: housing, mental health, resettlement and immigration	Focus on areas that are of need and useful for CALD communities
Spiritual leaders and churches	Increase engagement, address stigma and break down barriers Form good relationships with positive community groups
African Think Tank	Further reach to African-Australian leaders in Victoria
African Media Oz	Media outreach to African-Australians
Government level - funding	Commitment to ongoing and maintaining programs and support within CALD communities
Cultural specific newspapers and magazines	Assist with language barrier to increase reach
Peer education networks in CALD communities with MHSS	Increasing reach and intergenerational education and support

A key theme conveyed by the stakeholders was potential partnerships with health and other services that are relevant to the CALD communities. Issues such as resettlement, housing, mental health and language are a focus for many people from CALD

communities. Increasing partnerships with cultural specific newspapers and magazines was expressed as a way to gain further reach in communities and also reduce the barrier of language. Working with CALD communities was seen as requiring time, patience and developing an understanding of what the community needs and difficulties are and the capacity an organisation has to address some of them.

"Working with CALD communities has to be seen as a long term investment but the results I think are worth it." (Stakeholder)

"It's patience, it's very slow patient work to work with communities that have been..., - some of them have been here for a long time and others have only been here for a short time and others are very set in their ways than others and it's about how you navigate those." (Stakeholder)

Key Points:

- There was a consistent lack of awareness and understanding of the programs offered by Living Positive Victoria by the key stakeholders.
- There is an identified need to strengthen partnerships with key stakeholders, including the Centre for Culture, Ethnicity and Health (CEH)/ Multicultural Health and Support Service (MHSS) and the Alfred HIV CALD service, to improve service delivery to CALD populations.
- Further collaboration and potential program development with Positive Women Victoria, Straight Arrows, CEH/ MHSS and the Alfred HIV CALD service.
- Potential areas of further partnerships included; greater media engagement, African Health Action Network, neighbourhood houses, multicultural interfaith councils, multicultural resource centres, housing/resettlement services, mental health and religious services.
- The notable reputation of Living Positive Victoria was highlighted and the willingness for further collaboration by all key stakeholders.

4.0 CONCLUSIONS AND RECOMMENDATIONS

This evaluation provides evidence that Living Positive Victoria provides a diverse range of programs and services to people living with HIV and affected by HIV in Victoria. They reach the most represented group of people living with HIV in Victoria, Australian born men who have sex with men throughout their programs and services. The emerging trend of people born overseas from high HIV prevalence countries contracting HIV in Victoria is a key priority group that is in need of further scope in accessing the programs and services.

Strong evidence was found to support the notable reputation of Living Positive Victoria and the willingness of further collaboration with all of the key stakeholders who took part in the evaluation. Increased partnerships and collaboration with the stakeholders will further enhance the health promotion and education initiatives for people living with HIV from CALD backgrounds.

The barriers of stigma and discrimination, fear of disclosure, language and the community perception of Living Positive Victoria accommodating gay men or MSM were reported as having an influence on CALD communities accessing the programs and services offered. Programs such as Phoenix, In the Loop, QUIT were all found to be transferrable and suitable to CALD communities. The one-on-one counselling and support service was found to be particularly suitable and a preferable approach to working with CALD communities. Building trust and, - ensuring a safe and comfortable space is provided was found to be essential in strengthening connection and relationships with CALD populations.

Building in an organisational approach to cultural responsiveness and developing appropriate strategies and protocols in working with CALD communities is fundamental to the effectiveness. Development of the membership form to incorporate a more comprehensive collection of demographics will assist in ongoing monitoring and evaluation of the diversity of members accessing Living Positive Victoria.

4.1 How key findings will be used within Living Positive Victoria

The findings will be reviewed by the Board of Directors in order to assess the possible future programs and services for key populations that are living with and affected by HIV in Victoria. The findings can also be used as a resource in future evaluations and support any potential future research.

Recommendations have been made that are directly related to the enhancement of the organisational response to working with PLHIV from CALD backgrounds and further opportunities for development of health promotion and education initiatives.

4.2 Key Recommendations

1. Develop an organisational approach to cultural responsiveness in working with CALD communities. To further develop organisational strategies and procedures to guide staff including a CALD policy and incorporation in the business plan.

2. Staff at all levels should be provided with professional development opportunities to enhance their cultural responsiveness, including ongoing training in cultural diversity and awareness.
3. Develop enhanced monitoring systems and evaluation of the demographics of members and participants in programs and services.
4. To further enhance the reach of people living with and affected by HIV to include the emerging key populations of sub-Saharan African women and Asian men within the programs and services.
5. Strengthen partnerships with CEH/MHSS, Alfred HIV CALD service, Positive Women and Straight Arrows to develop greater awareness and understanding of Living Positive's Victoria's programs. This will also encourage greater engagement with and access to target populations, open referral pathways and build positive relationships.

4.3 Summary of success and lessons

This evaluation was successful in being the first evaluation completed by Living Positive Victoria in assessing the gaps and opportunities in working with PLHIV from CALD backgrounds. It established the notable reputation of Living Positive Victoria and the commitment of further collaboration with all key stakeholders. The findings will assist in the further development of health promotion and education initiatives for PLHIV from CALD backgrounds.

Time constraint was a limitation of the evaluation which allowed for a small number of stakeholder interviews to be undertaken. The evaluation is an internal document that is for the use only of Living Positive Victoria.

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APPENDICES

Appendix A

Interview Guide

Name/ code of person interviewed: _____
Date: _____
Site: _____
Time interview started: _____ Time ended: _____
Name of interviewer: _____

Interview Questions

1. Can you tell me what organisation you are from and what role your role is? What is involved in your role?
2. Within your role do you have a particular target demographic among your programs?
3. What are the main existing partnerships that you have?
4. What is your understanding and perception of the services provided by Living Positive Victoria?
5. Can you think of any further partnerships with Living Positive Victoria?
6. In relation to the programs and services Living Positive Victoria provides, can you think of any barriers for CALD communities in accessing these?
7. Is there anything further you would like to add regarding support for people living with HIV from CALD communities, or anything else we have discussed today?

