

Cultural Readiness Assessment

A reflective tool for the whole practice team to assess how well the service currently works for patients from refugee backgrounds. No scoring, just honest noticing.

This assessment helps the practice team reflect honestly on how well the service currently works for patients from refugee backgrounds. It's not a compliance audit. The point is to spot two or three things to improve, not to score the practice.

How to use this assessment

Do it with the team <i>not in isolation</i>	Run through it together at a team meeting or huddle. Reception, nurses, GPs, and practice managers will each see different things.
Be honest <i>no scoring</i>	There are no right answers and no marks out of 10. The goal is to notice gaps and decide which two or three to act on.
Look at evidence <i>not just intent</i>	"We're a welcoming practice" is intent. "When a Sango-speaking patient walks in, what happens in the first 30 seconds?" is evidence.
Revisit yearly <i>things change</i>	A practice that did this assessment 12 months ago will see different gaps now. Repeat annually as a check-in.

TIP

Consider getting one external perspective. A settlement worker, refugee health nurse, or trusted community contact can spot things from the patient's side that the practice team has stopped seeing.

The assessment

REFLECT TOGETHER, NO SCORING

FIRST IMPRESSIONS

- ☐ Signage at reception is welcoming and easy to read for people with limited English
- ☐ The waiting area has visible cues that the practice supports cultural diversity (translated materials, multilingual signage, posters)
- ☐ Reception staff make eye contact and greet patients warmly regardless of background
- ☐ Patients arriving without an appointment or unsure of process are helped, not turned away abruptly
- ☐ The patient does not have to figure out the system alone

COMMUNICATION AND LANGUAGE ACCESS

- ☐ Interpreter needs are routinely asked about and recorded
- ☐ Professional interpreters are used, not family members or children
- ☐ Reception staff know how to book TIS National interpreters and do so confidently
- ☐ Clinicians know how to work effectively with phone, video, and in-person interpreters
- ☐ Information sheets and forms are available in commonly spoken languages where possible
- ☐ Sango and other limited-access language needs are planned in advance, not last minute

CULTURAL AND TRAUMA AWARENESS

- ☐ Staff understand that some patients have experienced trauma, displacement, or persecution
- ☐ Sensitive topics (mental health, reproductive health, family violence) are approached with care and over multiple visits, not rushed
- ☐ Religious, dietary, and family considerations are respected (e.g. Ramadan, modesty preferences)
- ☐ Staff do not assume what a patient needs based on country of origin, ethnicity, or appearance
- ☐ Patient gender preferences for clinicians and interpreters are respected where possible

CLINICAL CARE AND CONTINUITY

- ☐ Refugee health assessments are offered to eligible patients
- ☐ Longer appointments are routinely booked for refugee-background patients with complex needs
- ☐ Patients with multiple needs are not expected to address everything in one consultation
- ☐ Same-GP continuity is supported where possible
- ☐ Recall and follow-up processes work for this patient group
- ☐ Care plans take into account settlement stage, family situation, and language access

TEAM CAPABILITY AND CONFIDENCE

- ☐ The team has had training (formal or informal) in refugee health, cultural safety, or trauma-informed care
- ☐ Staff know where to refer for specialist support (QPASTT, refugee health nurses, settlement services)
- ☐ The team has a named lead for refugee health coordination
- ☐ Staff feel confident discussing sensitive issues with patients from refugee backgrounds
- ☐ The team learns from mistakes and difficult interactions, rather than avoiding them

CONNECTIONS BEYOND THE PRACTICE

- ☐ The practice has relationships with local settlement services and refugee health nursing

- ☐ Referral pathways are mapped and used (mental health, allied health, specialist clinics)
- ☐ The practice knows who to contact at the Queensland Refugee Health Network and NQPHN
- ☐ The practice attends or participates in refugee health forums, training, or networks
- ☐ The practice is visible to the local refugee community as a welcoming option

What we noticed

CAPTURE TOGETHER

TWO OR THREE THINGS WE'RE ALREADY DOING WELL

TWO OR THREE THINGS WE WANT TO IMPROVE

ONE THING WE'LL ACT ON FIRST

A NOTE ON LANGUAGE

"Cultural readiness", "cultural competence", and "cultural safety" are different concepts. This assessment leans toward cultural safety — recognising that the patient defines whether a service feels safe, not the provider. The practice's intent matters less than the patient's experience.

NEXT STEP

Choose one or two items from "things we want to improve" and turn them into an improvement cycle using **Appendix 07 (MFI & PDSA Template)**. Repeat the assessment in 12 months and see what has shifted.