

Dr Sharon CHALMERS

S Chalmers, Centre for Cultural Research, University of Western Sydney, in partnership with Sydney Children's Hospital, Randwick and the Multicultural Health Unit, South East Health.

Health, Culture And Diversity: Whose Responsibility?

Abstract

In 2001-2002 a partnership between the Centre for Cultural Research (University of Western Sydney), Sydney Children's Hospital (Randwick) and the Multicultural Health Unit (South East Area Health Service) was established. We attempted an innovative research project to gauge the potential gaps and the quality of hospital care from the perspective of both clients (children, parents/carers) and health workers.

Little research has been carried out on the nature of the relationship between cultural and linguistic diversity (CALD) and child and adolescent health outcomes. Indeed, the few studies that have occurred have been carried out in the US. Yet the lack of specific research on the Australian situation makes it difficult to extrapolate health processes and outcomes. *We all come from somewhere: cultural diversity at Sydney Children's Hospital* was the first phase of an ongoing research collaboration that explores the every day cultural practices of how both parents/carers and a wide-range of hospital staff deal with the daily practices of diverse cultures within a children's hospital. The concept of diverse cultures rather than cultural diversity is significant as it is equally important to recognise that culture-free health service delivery is nonexistent.

The researchers employed a cultural approach using both qualitative and quantitative methods. A cultural approach to health care emphasises the cultural dimensions of the interactions between staff and clients and explores the range of values and belief systems, practices and understandings about health, illness, the body and well-being that exist in Australia's multicultural society.

The major aims of the research were:

- to find out what people from CALD backgrounds think about the access and quality of health care at Sydney Children's Hospital;
- to ascertain how a range of hospital staff understand, negotiate and subsequently offer health services to CALD consumers; and
- to collect Australian-based evidence to analyse specific concerns and develop recommendations for SCH that may also have the potential to be, albeit with flexibility, adapted to other hospital or health settings.

In this paper I will outline both the practical and academic outcomes. I will also interrogate the collaboration processes and the roles and expectations of the various stakeholders, including consumers, hospital and multicultural health workers, hospital management as well as the researchers themselves.

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