WNSW PHN Culturally and Linguistically Diverse (CALD) Primary Care Needs Assessment in Western NSW

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phn WESTERN NSW

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Version Control

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1	Draft Prepared – Issued for Review	16/02/2026
2	Final Prepared and Issued	27/02/2026

Executive Summary

Western NSW Primary Health Network (WNSW PHN) has undertaken a comprehensive Culturally and Linguistically Diverse (CALD) Needs Assessment to better understand the primary health care needs of CALD communities across Western NSW and to inform future planning and commissioning decisions. While Western NSW has a smaller proportion of residents born overseas compared to metropolitan NSW, CALD communities across the region experience distinct and, in some cases, amplified barriers to accessing primary health care due to language, cultural, geographic and system-related factors. This Needs Assessment aims to identify key health priorities, access barriers and service gaps to support equitable, culturally responsive and inclusive primary health care delivery across the region. The Needs Assessment was informed by demographic and population health data, service mapping, a scoping literature review and consultation with CALD community members, service providers and key stakeholders. This mixed-methods approach provides both quantitative insight into population distribution and qualitative understanding of lived experience and service system challenges.

Across the WNSW PHN region, approximately 24,689 people were born overseas, with 15,133 born in predominantly non-English speaking countries, representing 3.8% of the total population. Settlement is concentrated in regional centres, particularly Dubbo, Orange and Bathurst which together account for more than 60% of residents born in non-English speaking countries. Smaller LGAs such as Balranald, Walgett and Oberon demonstrate proportionally higher representation despite lower overall numbers, indicating the need for both volume-driven and proportion-driven planning approaches. Skilled and family migration streams have driven recent population growth, suggesting that ongoing needs will increasingly reflect settlement support, health system navigation and chronic disease management rather than large-scale humanitarian resettlement.

Consultations identified that while many health concerns mirror those of the broader population, barriers to timely and appropriate care significantly shape outcomes for CALD communities. Mental health and emotional wellbeing were the most consistently raised issues, with stigma, confidentiality concerns and limited awareness of services contributing to delayed help-seeking. Oral health, chronic conditions such as diabetes and cardiovascular disease, sexual and reproductive health, and co-morbidities were also highlighted. CALD communities in Western NSW experience multiple and overlapping barriers to accessing primary health care. Cost and affordability, system complexity, eligibility requirements, language barriers, limited health literacy, digital exclusion, transport and workforce capability gaps were consistently identified. In regional and rural settings, long travel distances, workforce shortages and limited availability of interpreters further compound these challenges. Concerns regarding cultural safety, stigma and trust were also raised as key influences on service engagement, particularly in smaller communities where anonymity may be reduced.

In response, the Needs Assessment proposes a series of strategic recommendations for consideration by WNSW PHN. These include embedding multicultural health as a priority within strategy and commissioning; strengthening health literacy and accessible communication; exploring service navigation roles, including bilingual or bicultural navigators; developing a regional service directory to improve system visibility; strengthening workforce capability in culturally responsive and trauma-informed care; exploring outreach and community-based service models delivered in trusted settings; and ensuring CALD communities are considered within disaster preparedness planning. Collectively, these recommendations aim to strengthen equity, reduce access barriers and improve continuity of care for CALD communities across Western NSW.

Introduction

Purpose

Western NSW Primary Health Network (WNSW PHN) plays a key role in planning, commissioning and supporting primary health care services across a geographically expansive and diverse region. The catchment spans regional centres, rural communities and remote locations, where service access, workforce capacity and infrastructure vary considerably. Ensuring that primary health care services are accessible, culturally responsive and appropriately coordinated is critical to meeting the needs of all communities across Western NSW.

Culturally and linguistically diverse (CALD) communities represent an important and growing part of the Western NSW population. While the proportion of residents born overseas or speaking a language other than English at home is lower than in metropolitan areas, CALD communities in regional settings may experience distinct and exacerbated challenges in accessing primary health care. These challenges can include language barriers, lower health literacy, cultural differences in health-seeking behaviours, limited availability of interpreters and unfamiliarity with the Australian health system. Regional factors such as service availability, workforce shortages, distance and transport may further compound these barriers.

In recognition of these considerations, WNSW PHN has undertaken a CALD Needs Assessment to better understand the primary health care needs of CALD communities across Western NSW. The purpose of this Needs Assessment is to identify key health priorities, examine barriers and enablers to accessing primary care and assess opportunities to strengthen culturally safe and inclusive service delivery across the region. The Needs Assessment seeks to inform future service planning and commissioning decisions to ensure that primary health care responses are equitable, coordinated and responsive to community needs.

This Needs Assessment draws on a range of data sources, including demographic and population health data, service mapping, a review of relevant literature, strategic context review and consultation with CALD community members, service providers and key stakeholders. Together, these inputs provide a comprehensive understanding of need and support evidence-informed planning.

This work reflects WNSW PHN's commitment to equity, inclusion and person-centred care and to supporting all communities in Western NSW to access primary health care services that are safe, appropriate and responsive to their unique cultural needs.

Background

WNSW PHN supports the planning, coordination and strengthening of primary health care services across Western NSW. This includes working in partnership with health providers, community organisations and stakeholders to identify local needs, improve service integration and support access to high-quality, person-centred care. A key focus of WNSW PHN's role is reducing health inequities by supporting services that respond to local priorities, particularly for priority population groups who may experience barriers to accessing care. This includes CALD communities, who face unique challenges when engaging with primary health care services.

WNSW PHN has one of the most geographically expansive and diverse regions in Australia, covering more than 433,000 square kilometres and spanning both the Western NSW and Far West Local Health Districts (LHDs). This

makes it the largest Primary Health Network (PHN) footprint in NSW. The region supports communities ranging from larger regional centres to small rural and remote towns and settlements.[1]

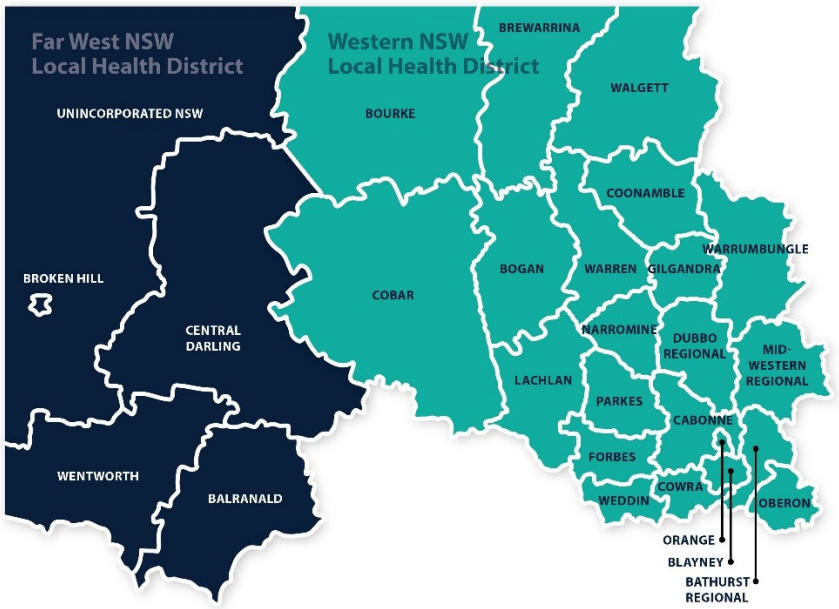

Image 1: Western NSW Primary Health Network Region

The WNSW PHN region has a relatively small CALD population. In 2025, 3.8% of residents were born in non-English speaking countries, and 0.3% of residents born overseas reported speaking English not well or not at all.[2] While the region is not characterised by high levels of cultural diversity, CALD communities can experience distinct challenges when accessing primary health care. Understanding these needs is important to support equitable planning and the delivery of culturally appropriate and inclusive services. In areas where CALD populations are smaller, limited availability of services and providers with experience in culturally responsive care may further impact access and health outcomes.

The size and dispersed nature of the region also creates ongoing challenges for health service planning and delivery. Many communities experience limited local service availability, workforce shortages and longer travel distances to access care, particularly for specialist and allied health services. These structural barriers can impact continuity of care and contribute to poorer health outcomes compared with metropolitan settings.[3] For CALD communities living in regional and remote locations, these access issues may be further compounded by language barriers, limited culturally appropriate services, and reduced availability of interpreters or bilingual support.

WNSW PHN's ongoing strategic planning recognises this context and supports place-based approaches to primary health care that better reflect local issues affecting primary care access, equity and sustainability. This includes a focus on strengthening system integration, supporting evidence-informed commissioning, and working in partnership with communities to ensure services are culturally safe, inclusive and accessible.[4] Collectively, these factors shape the environment in which primary health care services operate across Western NSW and highlight the importance of understanding and responding to the needs of CALD communities across the region.

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1 Western NSW Primary Health Network (2025) *Understanding our region*. Available at: https://wnswphn.org.au/about-us/understanding-our-region/ (Accessed: February 2026).
2 PHIDU (2025) *Social Health Atlas of Australia*. Available at: https://phidu.torrens.edu.au/current/data/sha-aust/phn_lga_parts/phidu_data_phn_lga_aust.xlsx (Accessed: February 2026).
3 Western NSW Primary Health Network (2023) *Strategic Plan 2023–2026*. Available at: https://wnswphn.org.au/wp-content/uploads/2025/06/WNSWPHN_strategicplan_2023.pdf (Accessed: February 2026).
4 Western NSW Primary Health Network (2026) Strategic Plan 2026–2030. Available at: https://wnswphn.org.au/wnsw-phn-strategic-plan-2026-2030/ (Accessed: February 2026).

Methodology

The methodology for developing the Western NSW CALD Needs Assessment employed a mixed-methods design, integrating both qualitative and quantitative approaches. Data sources include population health statistics, service mapping, review of strategic contexts, literature review and thematic analysis of consultation data gathered through surveys and engagement with community members and service providers. Further details on the methodology are provided in Appendix A.

Strategic Context

A range of national, state and regional strategies and frameworks provide important direction for strengthening culturally responsive primary health care in Western NSW. Together, these documents highlight the need to improve equity, cultural safety, language accessibility and system navigation for CALD communities, particularly in rural and regional settings where service access challenges are often amplified. The documents below were reviewed to inform the strategic context for this Needs Assessment and to ensure alignment with current policy priorities.

Document Name	Description / Relevance
PHN Multicultural Health Framework[5]	▪ The *PHN Multicultural Health Framework* has been developed to strengthen health outcomes and care experiences for CALD people across all PHN regions. The framework provides a flexible guide for PHNs in embedding culturally responsive approaches within planning, commissioning and service delivery. ▪ The framework recognises that culture influences how individuals understand health, illness, help-seeking behaviours and interactions with the health system. People from CALD backgrounds may encounter additional challenges in accessing and navigating Australian primary health care. These can include limited access to appropriate interpreting services, lower health literacy, concerns about cultural safety, experiences of stigma or discrimination and broader socioeconomic and systemic barriers. ▪ Given their commissioning and coordination role, PHNs are well positioned to improve access, integration and quality of care for multicultural communities. ▪ The framework highlights the importance of ensuring that multicultural communities' needs, strengths and assets are reflected in PHN Needs Assessments. The framework also emphasises meaningful engagement and co-design. PHNs are encouraged to create structured mechanisms for multicultural communities to contribute to service planning, implementation and evaluation. ▪ From a commissioning perspective, multicultural health should be embedded as a priority within organisational strategy and governance. This includes ensuring executive and Board-level accountability, incorporating cultural responsiveness into tender and selection criteria and allocating resources to support equitable access where required. Commissioned providers should account for the practical requirements of culturally responsive service delivery, such as interpreter use, translation of materials, community engagement, bicultural workforce roles, data collection on cultural background and cross-cultural training. These should be captured within contracts, service plans and budgets for commissioned services. ▪ Capability-building is also identified as a key responsibility. PHNs can strengthen the primary care workforce by delivering or funding multicultural health education, embedding culturally responsive practice within broader education and practice support activities, developing and sharing relevant resources, and supporting quality improvement initiatives focused on cultural safety. Promotion of appropriate interpreter use and language access across primary care, allied health and commissioned services is central to this role.

5 Brisbane South Primary Health Network. (2024). *PHN Multicultural Health Framework*. Available at: https://bsphn.org.au/documents/multicultural-health/2024_02_27_multiculturalhealthframework_a4_final_digital.pdf (Accessed: February 2026).

Document Name	Description / Relevance
	▪ The framework further encourages PHNs to adopt commissioning approaches that promote integration and accessibility, including outreach, co-location with community services and collaboration with multicultural organisations. ▪ Collectively, these principles reinforce the importance of embedding multicultural health within PHN strategy, governance, commissioning and system leadership functions. For WNSW PHN, this provides a guide to strengthen culturally responsive primary health care across Western NSW and ensure equitable access and outcomes for CALD communities.
NSW Refugee Health Plan 2022-2027[6]	▪ The *NSW Refugee Health Plan 2022–2027* provides a statewide framework to improve the health and wellbeing of refugees and people with refugee-like experiences living in NSW. The Plan adopts a culturally responsive, trauma-informed and strengths-based approach and is intended to guide action across the NSW Health system. PHNs are identified as key partners in supporting service planning, coordination and delivery aligned to its priorities. ▪ The Plan is particularly relevant for Western NSW, given the Australian Government's policy direction to increase refugee resettlement in rural and regional areas in coming years, however the Western NSW region hasn't been identified specifically. This reinforces the importance of forward planning to ensure primary health care systems are responsive to potential population change and evolving community needs. ▪ The Plan highlights that rural and regional communities often face additional barriers to accessing services, including limited public transport, fewer primary and specialist health services and the geographic spread of care. These challenges can be compounded for people from refugee backgrounds, particularly where there are delays in accessing interpreters, limited access to private transport or difficulties navigating the health system. ▪ Key priority areas identified in the Plan include effective communication in a person's preferred language, strengthening cultural responsiveness within mainstream services, improving timely access to care (including mental and oral health), enhancing service navigation and care coordination and delivering targeted health promotion and health education. These priorities align closely with the priority areas identified within this Needs Assessment and provide a useful guide for WNSW PHN's planning, commissioning and partnership efforts.
Integrated Trauma-Informed Care Framework: My story, my health, my future[7]	▪ The NSW Health *Integrated Trauma-Informed Care Framework (My story, my health, my future)* provides a system-wide approach to improving the experiences of consumers, families and carers across NSW Health services through integrated, trauma-informed care. The Framework identifies refugees and newly arrived migrants as priority populations, recognising the potential impacts of trauma, displacement and settlement stress on health and service engagement. ▪ A key principle of the Framework is integration, with ideal care described as person-centred, grounded in primary care, continually improved, and supported through shared accountability and appropriate information sharing across services. The Framework is intended to guide system-wide change by outlining core principles, implementation domains, strategic objectives and the organisational and workforce behaviours required to embed trauma-informed practice. ▪ Importantly, the Framework positions trauma-informed care as a systems-level approach, where organisations actively work to understand, recognise and respond to trauma. This is particularly relevant for WNSW PHN as a commissioning body and system partner, and for primary care providers delivering services to CALD communities. Embedding trauma-informed principles within commissioning, service design and workforce development can support more culturally safe, accessible and responsive care across the region.
Future Health: Guiding the next decade of	▪ The *NSW Health Future Health: Guiding the Next Decade (2022–2032)* is the NSW Government's ten-year strategy to deliver a sustainable health system that improves patient-centred outcomes. The Plan places a strong emphasis on achieving equitable access and outcomes for priority populations, including people from CALD backgrounds. It highlights cultural safety and cultural competence as

6 NSW Ministry of Health (2022) *NSW Refugee Health Plan 2022–2027*. Available at: https://www.health.nsw.gov.au/multicultural/Publications/refugee-health-plan.pdf (Accessed: February 2026).
7 NSW Ministry of Health (2023) *Integrated Trauma-Informed Care Framework: My story, my health, my future*. Available at: https://www.health.nsw.gov.au/patients/trauma/Publications/itic-framework.pdf (Accessed: February 2026).

Document Name	Description / Relevance
health care in NSW 2022-2032[8]	essential components of high-quality care and recognises that these factors influence service accessibility, experiences of care and health outcomes for diverse communities. ▪ The Plan also reinforces the importance of a person-centred approach to health system design and service delivery, with a focus on strengthening equity for rural and regional communities and other priority groups. This includes Aboriginal and Torres Strait Islander peoples, CALD communities, people living with mental illness or disability, children and young people, refugees, people who have experienced violence, abuse or neglect, and communities experiencing socioeconomic disadvantage. These priorities align closely with the objectives of this Needs Assessment and support the case for strengthening culturally responsive, accessible and inclusive primary health care across Western NSW.
Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery[9]	▪ The *Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery* has been developed to help services evaluate their cultural responsiveness and develop action plans to enhance their delivery of services to CALD communities as part of core business. The intention is for its implementation to assist organisations to fulfil their existing safety, quality and accreditation requirements. ▪ The framework can support WNSW PHN to strengthen culturally inclusive mental health planning and commissioning by embedding equity and cultural responsiveness into service design, workforce development and evaluation, and by guiding partnerships to improve access for CALD and refugee communities. However, it is now somewhat outdated and should be used as a foundational guide alongside more recent contemporary evidence.
WNSW PHN Strategic Plan 2023-2026 [10] **& 2026-2030**[11]	▪ The *WNSW PHN Strategic Plan 2023* outlines the organisation's vision to lead, support and strengthen person-centred primary health care across Western and Far West NSW. The Plan is underpinned by a quintuple aim of improving health outcomes, enhancing consumer experience, supporting provider satisfaction, ensuring sustainability and advancing equity. These principles provide a strong foundation for addressing disparities experienced by CALD communities across the region. ▪ A core objective of the Strategic Plan is to strengthen system integration and place-based collaboration across sectors, including partnerships with LHDs, non-government organisations and community services. This commitment to integrated, place-based approaches aligns closely with the priorities identified in this Needs Assessment, particularly the need for coordinated service pathways, culturally responsive care and stronger engagement with community organisations and cultural leaders. ▪ The Strategic Plan also emphasises engagement with communities and stakeholders to improve health and wellbeing, evidence-based commissioning, and support for high-quality and sustainable primary health care. The findings and recommendations of this Needs Assessment contribute directly to these goals by identifying opportunities to enhance cultural safety, improve service navigation, strengthen interpreter access and address barriers affecting CALD communities in regional and rural settings. ▪ Importantly, the Strategic Plan's focus on equity and priority populations reinforces WNSW PHN's responsibility to ensure that primary health care services are inclusive, accessible and responsive to CALD community needs. This Needs Assessment supports the operationalisation of these commitments by providing an evidence-informed understanding of the health needs, barriers and service gaps affecting CALD communities across Western NSW. ▪ The new WNSW PHN Strategic Plan 2026-2030, released at the time of the completion of this Needs Assessment, reflects the ongoing commitment to strengthen partnerships, invest in data-driven decision making, commission integrated, culturally safe care and support a strong and sustainable primary health workforce in the region.

8 NSW Ministry of Health (2022) *Future Health: Guiding the next decade of care in NSW 2022–2032*. Available at: https://www.health.nsw.gov.au/about/nswhealth/Publications/future-health-report.PDF (Accessed: February 2026).
9 Mental Health in Multicultural Australia (2014) *Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery*. Available at: https://www.mentalhealthcommission.gov.au/sites/default/files/2024-03/framework-for-mental-health-in-multicultural-australia---towards-culturally-inclusive-service-delivery.pdf (Accessed: February 2026).
10 Western NSW Primary Health Network. (2023) *Strategic Plan* Available at: https://wnswphn.org.au/wp-content/uploads/2025/06/WNSW PHN_strategicplan_2023.pdf (Accessed: February 2026).
11 Western NSW Primary Health Network (2026) Strategic Plan 2026–2030. Available at: https://wnswphn.org.au/wnsw-phn-strategic-plan-2026-2030/ (Accessed: February 2026).

Document Name	Description / Relevance
Australian Primary Health Care Ten Year Plan 2022-2032[12]	▪ The *Australia's Primary Health Care 10-Year Plan 2022–2032* sets out a national agenda to strengthen primary health care over ten years. ▪ The Plan aims to improve access, equity, continuity and integration of care, supported by reforms in funding, workforce, technology and place-based delivery. ▪ The Plan specifically identifies people from CALD backgrounds as facing language, cultural and other barriers to accessing the health system which is difficult to navigate. ▪ Specifically related to this Needs Assessment, the following actions areas have been identified related to CALD communities: o *'Support PHNs to develop, refine and scale evidence-based models of social prescribing and system navigation supports for at-risk and disadvantaged groups, including …people from CALD backgrounds…'.* – Short term action (1-3 years) o '*Use the opportunity of the MyGP process to improve data on the experience of disadvantaged and at-risk population groups in primary care and the broader health system, including … people from CALD backgrounds…*'. – Short term action (1-3 years) o *'Consider the potential for networked centres of excellence models to improve primary health care for other population groups at risk of poorer outcomes, e.g. CALD'* – Short term action (1-3 years) o *'Establish CALD and LGBTIQ+ advisory groups to the Department to provide CALD and LGBTIQ+ views on primary health care and other health reforms'* – Short term action (1-3 years) o *'Ensure all PHNs have mechanisms for engaging disability, CALD and LGBTIQ+ communities'* – Short term action (1-3 years) o *'Implement networked centres of excellence models for primary health care for CALD and LGBTIQ+ people'* – Medium term action (4-6 years) o *'Trial, evaluate and scale regional approaches to improving health care for people with disability (beyond intellectual disability), CALD and LGBTIQ+ people through PHNs and PHN-LHN collaborations'* - Medium term action (4-6 years) o *'Evaluate and refine measures to improve language accessibility of primary health care'* - Medium term action (4-6 years) o *'Over time, require PHNs and LHNs to work with local clinical, consumer and community representatives to develop regional plans and collaborative commissioning approaches for … the health of CALD communities'* - Medium term action (4-6 years) o *'Nationally networked centres of excellence are providing an important resource for information and referral for all primary care practices, improving the quality and sensitivity of care for people … from CALD backgrounds…'.* - Long term action (7-10 years) o *'People from CALD backgrounds can readily access bilingual and/or interpreter-supported services delivered with cultural sensitivity.'* - Long term action (7-10 years) o *'Culturally appropriate information is consistently available for Aboriginal and Torres Strait Islander and CALD communities'* - Long term action (7-10 years) ▪ The Plan is directly relevant to this Needs Assessment as it identifies CALD communities as a priority population experiencing ongoing barriers to accessing and navigating primary health care. The Plan also outlines clear expectations for PHNs to strengthen culturally responsive, place-based approaches, particularly through improved service navigation, community engagement mechanisms and improved language accessibility across primary care. It further emphasises the importance for WNSW PHN to be a culturally informed organisation, both in its commissioning role and in how it engages with diverse communities.
Western NSW Local Health District Strategic Plan 2025-2030[13]	▪ The Western NSW Local Health District (WNSWLHD) *Strategic Plan 2025–2030* provides a five-year roadmap for health service priorities, planning and delivery across the Western NSW region. The Plan recognises that migration and cultural diversity are increasing across the District, reinforcing the

12 Australian Government Department of Health (2022) *Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022–2032*. Available at: https://www.health.gov.au/sites/default/files/documents/2022/03/australia-s-primary-health-care-10-year-plan-2022-2032.pdf (Accessed: February 2026).
13 Western NSW Local Health District (2025) *Western NSW Local Health District Strategic Plan 2025-2030.* Available at: https://www.nsw.gov.au/sites/default/files/noindex/2025-11/wnswlhd-strategic-plan-2025-2030.pdf (Accessed: February 2026).

Document Name	Description / Relevance
	importance of culturally responsive health service delivery to ensure equitable access and experiences of care for diverse communities. ▪ The Plan also highlights the importance of incorporating consumer voices and lived experience into the planning, design and evaluation of services, ensuring models of care reflect the values, priorities and cultural diversity of local communities. It includes a focus on improving the accessibility of health and consumer information through co-design, with an emphasis on producing information that is inclusive, culturally safe and easy to understand. This approach supports stronger health literacy and enables individuals and families to make informed decisions and navigate the health system with greater confidence. ▪ In the context of this Needs Assessment, the WNSWLHD Strategic Plan reinforces the importance of strong partnership and shared priorities of strengthening culturally safe, accessible and coordinated care for CALD communities across Western NSW.

Table 1: Strategic Context

Collectively, these frameworks reinforce that improving access and outcomes for CALD communities requires a coordinated, whole-of-system approach. They emphasise the importance of culturally responsive organisations, effective communication in preferred languages, strengthened community engagement and co-design and integrated models that support service navigation and continuity of care. For WNSW PHN, this strategic context provides practical guidance to strengthen culturally safe primary health care across Western NSW through commissioning, partnerships and place-based planning.

Scoping Literature Review

People from culturally and linguistically diverse (CALD) backgrounds living in regional and rural areas within Australia experience a complex blend of health needs and access barriers shaped by migration experiences, language proficiency, socioeconomic circumstances and health system structures. Australia's cultural and linguistic diversity is substantial, with around three in ten people living in Australia born overseas and approximately one in four speaking a language other than English at home.[14] The Australian Institute of Health (AIHW) and Welfare highlights that many CALD individuals face greater challenges navigating the health system due to language barriers, lower health literacy and unfamiliarity with services, which increases their risk of poorer quality health care and outcomes compared with other Australians. This is particularly important in regional and rural settings where services are already constrained by workforce shortages and geographic distance.[15] While many rural and regional areas are less culturally diverse than major cities, CALD populations in these settings can experience compounded disadvantage because smaller service systems may have fewer culturally responsive programs, fewer experienced providers, and more limited supports (e.g., interpreting), reducing equitable access and quality of care.[16]

Overall, AIHW reporting highlights substantial variation in the prevalence of chronic health conditions across CALD populations, with some groups experiencing higher risk of conditions such as heart disease, kidney disease, lung conditions and mental health issues. While national datasets have limitations in consistently identifying CALD status, analysis of 2021 Census data demonstrates important differences in health outcomes by country of birth, English proficiency and time since arrival in Australia. The prevalence of one or more long-term health condition increased from 17% among people who arrived within the previous five years to 30% among those who arrived more than 15 years ago. English language proficiency is also strongly associated with health outcomes, with AIHW reporting higher prevalence of most long-term conditions among people who did not speak English well or at all. Mental health conditions show particularly marked differences by time since arrival, with prevalence among people who arrived more than 15 years ago being four times higher than among those who arrived within the previous five years.[17] Literature further indicates that people of refugee background resettled in regional and rural Australia experience higher levels of psychological distress than the general population.[18] These marked differences highlight CALD health needs are shaped by intersecting factors including settlement experiences, duration in Australia, English proficiency and these change over time, underscoring the importance of sustained engagement with primary health care services that support long-term engagement and continuity of care.

CALD communities face various challenges in accessing primary health care. Limited English proficiency, combined with inconsistent interpreter use, can make it difficult to understand health information, follow treatment plans and maintain ongoing care. Low health system literacy and limited familiarity with the Australian health care system can further restrict access, particularly where services are fragmented and referral processes are complex. AIHW has identified language barriers, low health literacy and difficulties navigating the health system as key factors contributing to poorer access to care and health outcomes for some CALD populations. [19,20] Concerns

14 Australian Institute of Health and Welfare (2025) *Culturally and linguistically diverse Australians.* Available at: https://www.aihw.gov.au/reports-data/population-groups/cald-australians/overview (Accessed: January 2026).
15 Australian Institute of Health and Welfare (2025) *Culturally and linguistically diverse Australians*. Available at:https://www.aihw.gov.au/reports-data/population-groups/cald-australians/overview (Accessed: January 2026).
16 Australian Institute of Health and Welfare (2024) *Rural and remote health.* Available at: https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health (Accessed: January 2026).
17 Australian Institute of Health and Welfare (2023) *Chronic health conditions among culturally and linguistically diverse.* Available at: https://www.aihw.gov.au/getmedia/02b5dcaa-4a41-4984-85e3-cdc8edc35c95/chronic-health-conditions-among-culturally-and-linguistically-diverse-australians-2021.pd (Accessed: January 2026).
18 Hawkes, C., Norris, K., Joyce, J. & Paton, D. (2021) Individuals of refugee background resettled in regional and rural Australia: A systematic review of mental health research. *Australian Journal of Rural Health*, 29(6).
19 Australian Institute of Health and Welfare (2025) *Culturally and linguistically diverse Australians*. Available at: https://www.aihw.gov.au/reports-data/population-groups/cald-australians/overview (Accessed: January 2026).
20 Khatri, R.B. & Assefa, Y. (2022) Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC Public Health,* 22 (880)

related to cultural safety, including experiences or fears of discrimination and stigma, particularly in relation to mental health and sexual and reproductive health, also reduce help-seeking and engagement with primary health care services.[21,22,23,24,25] These barriers are compounded in regional and rural areas by constraints such as long travel distances, limited-service availability, workforce shortages and a smaller pool of health care providers may reduce perceived anonymity. Also, accessing care often involves additional financial burdens, such as transport and accommodation costs and lost income due to time away from work or caring responsibilities. These barriers can contribute to delays in seeking preventive and primary health care, increasing the likelihood that health needs escalate and are instead addressed through hospital-based services rather than community-based care.[26] To be effective, health service models for CALD communities must incorporate strategies that address key barriers to access.

Effective health service models identified in the scoping literature review emphasise multicomponent approaches that address key barriers to health care access, including language barriers and difficulties navigating the health system. The below outlines strategies, interventions and programs that have demonstrated improvements in access to health services and/or health outcomes for CALD communities.

- **Interpreter Services:** professional interpreters remain underutilised in primary care due to perceived and practical barriers, including financial considerations, longer consultation times, coordination requirements and the need for staff training. However, greater use of interpreters is associated with more effective and safer care, improved clinician–patient communication and understanding of medical advice and reduced reliance on family members or friends to interpret.[27] Recent Australian policy included funding to support interpreter use in PHN-commissioned mental health services, aiming to reduce language barriers in primary care.[28] A national evaluation of interpreter funding for PHN-commissioned mental health programs highlights the need for use of interpreters to meet needs of CALD communities in mental health service setting.[29] These findings highlight the role of PHNs in promoting and supporting appropriate interpreter use in general practice and across commissioned services.

- **Bilingual Community Navigators:** Workforce initiatives that include bilingual roles have been shown to build trust, bridge cultural understanding and support individuals in navigating health services. Australian research suggests that Bilingual Community Navigators (BCNs) may help reduce access barriers for CALD patients in general practice by addressing challenges related to language, health system navigation and engagement with services. General practice staff identified potential BCN roles including supporting appointment booking, providing health education, offering language and cultural support and improving communication with health services.[30] These roles may have a particular advantage in rural settings where specialised cultural services

21 Satinsky, E., Fuhr, D. C., Woodward, A., Sondorp, E. & Roberts, B. (2024) Access to mental healthcare for refugees, asylum seekers and migrants: an umbrella review. *BMJ Open,* 8(15)
22 Australian Institute of Health and Welfare (2025) *Culturally and linguistically diverse Australians.* Available at: https://www.aihw.gov.au/reports-data/population-groups/cald-australians/overview (Accessed: January 2026).
23 So, E., Cassaniti, M., Garan, N., & Ingham, K. (2023) *Culturally Responsive Emotional Wellbeing Clinical Services for People with Refugee or Asylum Seeker Experiences*. Available at: https://www.health.nsw.gov.au/multicultural/Documents/transcultural-mhc-report.pdf (Accessed: January 2026).
24 Napier-Raman, S., Hossain, S. Z., Lee, M. J., Mpofu, E., Liamputtong, P. & Dune, T. (2023) Migrant and refugee youth perspectives on sexual and reproductive health and rights in Australia: a systematic review. *Sexual Health,* 20(1) (Accessed: January 2026)
25 Smith, J., Lee, M., Nguyen, T., et al. (2022) Barriers and facilitators to access sexual and reproductive health services for culturally and linguistically diverse populations: a mixed-methods study. *BMJ Open* 12(11) (Accessed: January 2026)
26 National Rural Health Alliance (2023) *Barriers to health care in remote and very remote Australia.* Available at: https://www.ruralhealth.org.au (Accessed: January 2026).
27 The Royal Australian College of General Practitioners (2022) *Interpreter use in general practice: Information for GPs*. Available at: https://www.racgp.org.au/getattachment/a4ea853a-3823-4d59-ae84-80f4775e66b1/Interpreter-use-in-general-practice-Information-for-GPs.aspx (Accessed: January 2026).
28 Australian Government Department of Health and Aged Care (2025) *Interpreting services for Primary Health Network-commissioned mental health services*. Available at: https://www.health.gov.au/our-work/interpreting-services-for-primary-health-network-commissioned-mental-health-services (Accessed: January 2026).
29 Australian Government Department of Health and Aged Care (2025) *Evaluation of translating and interpreting services for Primary Health Network-funded mental health services*. Available at: https://www.health.gov.au/resources/publications/evaluation-of-translating-and-interpreting-services-for-primary-health-network-funded-mental-health-services?language=en (Accessed: January 2026).
30 Smith, J., Lee, A. & Patel, R. (2025) Improving healthcare access for culturally and linguistically diverse populations: Barriers and strategies in rural settings. *Health & Social Care in the Community*. (Accessed: January 2026)

are uncommon. PHNs have an opportunity to address access barriers for CALD patients by investing in BCN roles that support language needs, system navigation and engagement within general practice.

- **Culturally Appropriate Care:** Australian qualitative research with general practitioners working in areas with high refugee and migrant populations found that creating a culturally safe environment, applying trauma-informed care and actively helping patients navigate the health system were central to engaging refugee and asylum seeker patients in primary care. GPs described the importance of listening, advocating on behalf of patients and adapting consultations to individual social circumstances to improve patient engagement and support access to care. The study highlights that clinicians play a key role in reducing access barriers beyond clinical management and that adequate consultation time and culturally responsive practice are essential enablers for supporting CALD patients in accessing and using health services.[31] These findings suggest that PHNs can improve access and engagement for CALD communities by commissioning services that support culturally responsive practice, care coordination and workforce capability development within general practice settings.

Overall, the scoping literature review demonstrates that CALD populations living in regional and rural Australia may experience higher health needs and greater barriers to accessing primary health care, shaped by migration and settlement experiences, English language proficiency, socioeconomic circumstances and the structural limitations of rural health systems. Evidence highlights variation in chronic disease and mental health outcomes across CALD communities, with health needs increasing over time since arrival in Australia and disproportionately affecting people with lower English proficiency. Persistent barriers, including language barriers, low health system literacy, cultural safety concerns and practical access constraints, contribute to underutilisation of primary care services and delayed engagement with preventive and ongoing care, increasing the risk of escalation to hospital-based services. The literature consistently identifies that effective responses require multicomponent, culturally responsive service models that integrate interpreter use, navigation and care coordination support and trauma-informed, culturally safe practice. These findings highlight the critical role of primary health care and PHNs in addressing systemic barriers and supporting equitable access, continuity of care and improved health outcomes for CALD communities in regional and rural settings.

31 Patel, P., Muscat, D.M., Bernays, S., Zachariah, D. & Trevena, L.J. (2022) Approaches to delivering appropriate care to engage and meet the complex needs of refugee and asylum seekers in Australian primary healthcare: A qualitative study. *Health & Social Care in the Community.* (Accessed: January 2026)

Regional Demographic Data

Across WNSW PHN, the total population is estimated at 401,705 people.[32] This includes 44,991 First Nations people[33] and 24,689 people born overseas.[34] Of the people born overseas, 9,556 people were born in predominately English speaking countries, while 15,133 were born in predominantly non-English speaking countries. The table below shows the distribution of this across the Local Government Areas (LGAs) of the WNSW PHN.

LGAs	Total Population	First Nations Population	People born overseas in English speaking countries	People born in non-English speaking countries	% people in non-English speaking countries
Balranald	2,829	185	24	158	5.6
Bathurst Regional	55,942	3,782	1,823	2,537	4.5
Blayney	9,727	519	297	169	1.7
Bogan	3,139	525	58	85	2.7
Bourke	2,816	1,000	37	70	2.5
Brewarrina	1,686	932	19	45	2.7
Broken Hill	22,960	2,204	298	604	2.6
Cabonne	17,785	859	486	334	1.9
Central Darling	2,262	836	21	47	2.1
Cobar	4,963	797	125	173	3.5
Coonamble	4,812	1,694	47	81	1.7
Cowra	17,163	1,389	392	510	3.0
Dubbo Regional	69,971	11,508	1,320	3,968	5.7
Forbes	12,291	1,572	183	220	1.8
Gilgandra	5,641	813	68	75	1.3
Lachlan - part a	5,566	1,045	69	139	2.5
Mid-Western Regional	33,506	2,179	1,124	970	2.9
Narromine	8,397	1,743	140	113	1.3
Oberon	7,419	329	272	303	4.1
Orange	55,364	4,066	1,627	3,006	5.4

32 PHIDU (2025) *Social Health Atlas of Australia – Age Distribution: Male and Female*. Available at: https://phidu.torrens.edu.au/current/data/sha-aust/phn_lga_parts/phidu_data_phn_lga_aust.xlsx (Accessed: February 2026).
33 PHIDU (2025) *Social Health Atlas of Australia –Age Distribution: Aboriginal Male and Female*. Available at: https://phidu.torrens.edu.au/current/data/sha-aust/phn_lga_parts/phidu_data_phn_lga_aust.xlsx (Accessed: February 2026).
34 PHIDU (2025) *Social Health Atlas of Australia – Birthplace & non-English speaking residents*. Available at: https://phidu.torrens.edu.au/current/data/sha-aust/phn_lga_parts/phidu_data_phn_lga_aust.xlsx (Accessed: February 2026).

Parkes	18,255	2,327	349	456	2.5
Walgett	6,943	1,810	144	297	4.3
Warren	3,535	509	51	86	2.4
Warrumbungle Shire	12,870	1,322	286	260	2.0
Weddin	5,172	199	90	108	2.1
Wentworth	9,924	821	176	284	2.9
Unincorporated NSW - part b	767	25	30	35	1.2
WNSW PHN	**401,705**	**44,991**	**9,556**	**15,133**	**3.8**
NSW	10,918,955	339,710	511,922	1,855,028	17.0

Table 2: WNSW PHN Population and People born overseas by LGA. Source: PHIDU, 2025. *Note: Total Population is based on 2024 Estimated Resident Population, which applies adjustments to the usual resident Census count.*

The largest concentrations (by count) are:

- Dubbo Regional: 3,968 (5.7% of LGA population)
- Orange: 3,006 (5.4%)
- Bathurst Regional: 2,537 (4.5%)

These three LGAs account for 9,511 people, meaning that 62.8% of all residents in the WNSW PHN region who were born in predominantly non-English speaking countries live in these areas. While Balranald, Walgett, Oberon and Cobar have smaller absolute numbers, they represent potential "high proportional need" locations, where targeted access strategies may still be warranted. In these LGAs, people born overseas in predominantly non-English speaking countries comprise 5.6%, 4.3%, 4.1% and 3.0% of the total population respectively. This supports the following practical considerations for WNSW PHN CALD communities such as:

- Prioritising service scaling such as interpreters, bilingual workforce and translated materials in Dubbo, Orange, Bathurst because that's where most people residing demonstrating volume-driven need.
- Add targeted access strategies, for example, outreach clinics, telehealth with interpreter workflows, culturally tailored navigation support, in high-percentage but smaller LGAs to avoid hidden unmet need.
- Embed language access as a core service standard, noting that across the WNSW PHN region, the majority of overseas-born residents were born in predominantly non-English speaking countries.

The table below demonstrates the top 10 non-English speaking countries of birth by LGA[35] as well as shows which communities are present, where they're concentrated, and what kinds of access barriers are most likely. Specifically, it outlines the following:

- The top five country-of-birth groups across WNSW PHN in order are:
    - India (2,209)
    - Philippines (1,748)
    - Nepal (1,303)
    - China (707)
    - Germany (685)

35 PHIDU (2025) *Social Health Atlas of Australia – Birthplace & non-English speaking residents*. Available at: https://phidu.torrens.edu.au/current/data/sha-aust/phn_lga_parts/phidu_data_phn_lga_aust.xlsx (Accessed: February 2026).

- A further deep-dive using the 2021 Census revealed that there are approximately 239 people born in Pakistan and 181 people born in Fiji across the Central West and Far West-Orana SA4 regions.[36] [37] [38]
- Dubbo Regional has a multi-community concentration point, with high counts across several groups including India (762), Nepal (714) and Philippines (380), alongside China (183) and Sri Lanka (183).
- Orange and Bathurst Regional areas function as secondary hubs with substantial multi-community presence for Indian, Nepalese and Philippines communities.
- Several other LGAs show distinctive community profiles despite smaller counts, including Broken Hill with a prominent Philippines-born cohort and Mid-Western Regional with notable Philippines-born and Germany-born populations.

According to the AIHW[39], there are notable differences in reported long-term health conditions across overseas-born populations in Australia. People born in Italy had a high proportion reporting one or more long-term health conditions, including multimorbidity, arthritis and heart disease, while people born in India and China had the lowest reported proportions. Diabetes was most commonly reported among people born in Italy, the Philippines, Vietnam, Malaysia and India, and least commonly reported among those born in China. These findings highlight opportunities for targeted, culturally responsive health programs across CALD communities in the WNSW PHN region, as well as the value of more detailed health status reporting at LGA and local levels to better inform planning and commissioning.

36 Australian Bureau of Statistics (2025) *Census 2021 - Far West and Orana (Statistical Areas Level 4)*. Available at: https://www.abs.gov.au/census/find-census-data/community-profiles/2021/105 (Accessed: February 2026).
37 Australian Bureau of Statistics (2025) *Census 2021 - Central West (Statistical Areas Level 4)*. Available at: https://www.abs.gov.au/census/find-census-data/community-profiles/2021/103 (Accessed: February 2026).
38 The SA4 regions represent Statistical Areas Level 4 (SA4) and are geographical areas built from whole Statistical Areas Level 3 (SA3s). The SA4 regions are the largest sub-State regions in the Main Structure of the Australian Statistical Geography Standard (ASGS), and have been designed for the output of a variety of regional data.
39 Australian Institute of Health and Welfare (2024) Social determinants of health among culturally and linguistically diverse people in Australia. Available at https://www.aihw.gov.au/getmedia/23a2caf0-ad49-4fb6-91fd-a6440bffc311/Social-determinants-of-health-among-culturally-and-linguistically-diverse-people-in-Australia.pdf?v=20240916160702&inline=true (Accessed February 2026).

LGAs	Total Population	People born in NES countries	People born in									
			India	Philippines	Nepal	China	Germany	Sri Lanka	Malaysia	Italy	Vietnam	South Korea
Balranald	2,829	158	12	11	3	6	0	0	36	16	11	0
Bathurst Regional	55,942	2,537	358	255	176	98	96	92	48	39	82	32
Blayney	9,727	169	3	14	0	9	19	4	0	3	0	0
Bogan	3,139	85	13	5	7	3	4	0	0	0	4	0
Bourke	2,816	70	25	7	21	3	0	0	4	0	0	0
Brewarrina	1,686	45	23	0	0	0	0	0	0	0	0	0
Broken Hill	**22,960**	**604**	**67**	**201**	**7**	**18**	**35**	**8**	**10**	**25**	**7**	**3**
Cabonne	17,785	334	34	25	7	15	35	0	14	21	3	4
Central Darling	2,262	47	3	0	0	4	10	0	0	0	0	0
Cobar	4,963	173	20	21	3	10	6	4	3	6	4	0
Coonamble	4,812	81	27	12	0	5	12	0	0	0	3	0
Cowra	17,163	510	44	56	7	22	39	0	11	10	8	7
Dubbo Regional	**69,971**	**3,968**	**762**	**380**	**714**	**183**	**80**	**183**	**55**	**40**	**70**	**49**
Forbes	12,291	220	34	31	12	17	15	11	6	14	3	0
Gilgandra	5,641	75	12	21	3	3	7	0	0	0	0	0
Lachlan - part a	5,566	139	34	31	6	11	8	6	2	0	0	0
Mid-Western Regional	**33,506**	**970**	**65**	**110**	**47**	**36**	**73**	**9**	**23**	**27**	**27**	**15**
Narromine	8,397	113	17	15	3	4	18	0	4	4	0	0

LGAs	Total Population	People born in NES countries	People born in									
			India	Philippines	Nepal	China	Germany	Sri Lanka	Malaysia	Italy	Vietnam	South Korea
Oberon	7,419	303	30	12	12	17	23	5	0	14	6	5
Orange	**55,364**	**3,006**	**502**	**312**	**233**	**175**	**108**	**65**	**53**	**83**	**44**	**68**
Parkes	18,255	456	35	94	28	37	19	13	14	6	5	10
Walgett	6,943	297	27	36	4	14	23	0	0	3	0	0
Warren	3,535	86	5	23	0	0	4	0	4	0	0	0
Warrumbungle Shire	12,870	260	25	36	7	12	29	3	5	12	6	0
Weddin	5,172	108	9	12	0	0	7	0	0	3	6	0
Wentworth	9,924	284	23	28	3	5	15	0	25	36	0	6
Unincorporated NSW - part b	767	35	0	0	0	0	0	0	4	0	0	0
WNSW PHN	**401,705**	**15,133**	**2,209**	**1,748**	**1,303**	**707**	**685**	**403**	**321**	**362**	**289**	**199**

Table 3: Top 10 Non-English speaking countries of birth by WNSW PHN LGAs. Source: PHIDU, 2025. *Note: The top ten birthplaces of people from non-English-speaking countries in this table are based on Australian totals, represented for WNSW PHN LGAs specifically.*

Understanding the migrant population of WNSW PHN is important to developing targeted solutions that can improve access and remove barriers to primary health care. Based on 2021 Census data, it was observed that 9,263 permanent migrants resided across the WNSW PHN region. [40] The table below shows the split across humanitarian, family and skilled migrants entering Australian between 2000-2011 and 2000-2021.

All WNSW PHN LGAs	2000-2011	2000-2021	% Change
Residents arrived under the Humanitarian Program	274	242	-11.7
Residents arrived under the Family stream visa	1,347	3,028	124.8
Residents arrived under the Skill stream visa	1,863	5,945	219.0
Residents arrived entering Australia	3,527	9,263	162.6

Table 4: Migrant people across the WNSW PHN region. Source: PHIDU, 2025.

Across WNSW PHN region, permanent migrant settlement increased substantially from 3,527 between 2000 to 2011 to 9,263 migrants between 2000 to 2021. This appears driven primarily by growth in the Skill Stream and Family Stream, while the proportion of migrant residents under the Humanitarian program numbers remained comparatively small and declined slightly overall.

Settlement is concentrated in regional centres, particularly Dubbo Regional with 2,579 resident migrants who arrived between 2000 to 2021, Orange with 1,991 migrants and Bathurst Regional with 1,522 migrants, indicating these LGAs are the most critical access and coordination hubs for CALD service planning. This pattern suggests CALD needs in WNSW PHN will increasingly reflect skilled and family migrant profiles, requiring supports such as health system navigation, culturally responsive primary care, chronic disease prevention and management, and family and child health. Targeted capability for humanitarian migrants in locations where they are present, and flexible outreach or telehealth-enabled models will provide support to smaller and dispersed communities.

It is acknowledged that specific datasets on health status for people of non-English speaking country of birth are limited, the below represent a rare insight into supports for older people receiving at home support under the Commonwealth Home Support Programme across WNSW PHN LGAs. [41]

Name of PHN/LGA of residence	Number of Non-English speaking clients	Total clients	% Non-English speaking clients
Balranald	14	228	6.1
Bathurst Regional	22	1,364	1.6
Bogan	6	151	3.9
Central Darling	8	554	1.5
Dubbo Regional	57	2,206	2.6
Forbes	7	578	1.2
Mid-Western Regional	8	1,121	0.7

40 PHIDU (2025) *Social Health Atlas of Australia – Total migrants*. Available at: https://phidu.torrens.edu.au/current/data/sha-aust/phn_lga_parts/phidu_data_phn_lga_aust.xlsx (Accessed: February 2026).
41 PHIDU (2025) *Social Health Atlas of Australia – Commonwealth Home Support Programme*. Available at: https://phidu.torrens.edu.au/current/data/sha-aust/phn_lga_parts/phidu_data_phn_lga_aust.xlsx (Accessed: February 2026).

Orange	47	1,599	2.9
Parkes	14	784	1.8
Walgett	44	257	17.0
Warren	6	152	3.6
Warrumbungle Shire	14	665	2.1
Weddin	5	375	1.3
Wentworth	16	314	5.1
WNSW PHN	**266**	**10,347**	**2.6**
New South Wales	31,368	236,844	13.2

Table 5: Non-English Speaking Clients in the Commonwealth Home Support Programme, 2023/24. Source: PHIDU, 2025. *Note: Data was not provided for Blayney, Bourke, Brewarrina, Broken Hill, Cabonne, Cobar, Coonamble, Cowra, Gilgandra, Lachlan, Narromine, Oberon and Unincorporated NSW LGAs.*

Service Mapping

The services highlighted in the Service Mapping below have been obtained through stakeholder consultation and desktop review. It provides a clear service map of what CALD-focused supports exist across the WNSW PHN region, noting that CALD-specific services are limited. By documenting who delivers migrant and refugee support, where they operate, and what they offer, this table helps identify geographic and service gaps as well as inform potential commissioning and referral pathway planning, and strengthen partnership approaches with the available providers to improve access, coordination, and culturally safe support for communities.

Service	Address	Description
The Neighbourhood Centre	96 Russell Street, Bathurst	This service provides free migrant support services for eligible migrants and refugees across the region. It offers information, guidance and practical assistance to help individuals understand their options and access appropriate services. Support includes listening to client concerns, providing tailored advice and referrals, and assisting people to connect with relevant health and social supports. In addition to direct client support, the service provides assistance to local service providers. This includes delivering cultural awareness workshops for staff, sharing resources on multiculturalism and anti-racism, offering information and referral support for individual clients, distributing multilingual pamphlets and health promotion materials, and facilitating liaison with other migrant and multicultural services. The organisation also offers free volunteer-based English tutoring, with one-hour sessions available weekly in Bathurst and Oberon. This program supports English language development and community participation.
Orange City Council- Migrant Support	135 Byng Street, Orange	The Orange Migrant & Refugee Support Service provides information, referral and individual casework support to newly arrived refugees and vulnerable migrants residing in Orange. The service also delivers outreach across the Central West, including Cowra, Blayney, Cabonne, Orange, Parkes, Forbes, Condobolin and Lake Cargelligo local government areas. The program is funded by the Australian Government Department of Home Affairs and delivered through Orange City Council's Migrant Support Officer. The service supports refugees and vulnerable migrants within their first five years of settlement in Australia. Key functions include providing tailored information, referrals and case management, facilitating community information sessions and group-based support activities and assisting individuals and families to connect with local services and community networks to support successful settlement and integration. The service also works in partnership with local providers to increase awareness of settlement needs and delivers cultural awareness training throughout the year. In addition, it supports capacity building for emerging community leaders and multicultural community groups to strengthen community participation and inclusion across the region.
Connecting Communities Australia	31-33 Church Street, Dubbo	Migrant Support and Settlement Program: This free program delivered by Connecting Communities Australia (CCA) supports people from non-English speaking backgrounds who have been in Australia for less than five years. The service assists individuals and families to connect with supports related to English language learning, employment, housing, health and wellbeing, justice needs, education and training, government services and family and social supports. Assistance may include interpreter-supported conversations, face-to-face support, needs identification

Service	Address	Description
		and planning, referrals, community and cultural connection activities, and information sessions or group work. Current initiatives include a monthly multicultural women's group (held every third Monday), English classes and a multicultural playgroup.
Marathon Health – Strong Minds Program	Broken Hill, Buronga, Lightning Ride, Dubbo, Mudgee, Orange, Bathurst and Trundle	Strong Minds is a short-term counselling program for people experiencing mild to moderate mental health concerns who may benefit from brief psychological interventions. The program is not intended for people living with severe, complex or chronic mental health conditions requiring long-term or specialised care. Strong Minds provides access to a trained and experienced mental health team, offering up to 12 free counselling sessions. The program prioritises support for people CALD backgrounds.
NSW Central West Muslims Association	71a Tamworth Street, Dubbo	The New South Wales Central West Muslims Association is dedicated to the wellbeing of the Dubbo and Central West NSW community. They provide support to at need families, promote healthcare initiatives, mental health awareness, and preventive measures, and enhance community knowledge through comprehensive programs. A key service offering if their Refugee Support program.
ORISCON Dubbo	34 White St, Dubbo	Orana Residents of Indian Sub-Continental Heritage (ORISCON) is a Dubbo-based voluntary community group that supports and connects people from Indian sub-continental backgrounds. The group brings together community members with cultural heritage linked to countries such as India, Sri Lanka, Bangladesh, Pakistan and Nepal, as well as people from related communities. ORISCON plays an important role in strengthening community connection, celebrating cultural identity and supporting multicultural participation across the region.
Orana Regional Development Australia	83 Wingewarra Street, Dubbo NSW 2830	Regional Development Australia (RDA) Orana is an incorporated not-for-profit regional development organisation and part of the Australian Government's national RDA network. It is governed by a regional board and works with government, business and community stakeholders to support economic development across the Orana region of NSW. RDA Orana supports initiatives that support workforce attraction including migration settings such as Designated Area Migration Agreement (DAMA) and community events to connect people from diverse communities.
WNSWLHD CALD Programs - Multicultural Project Officer	WNSWLHD-wide	WNSWLHD actively engages in multicultural health initiatives to support culturally and linguistically diverse (CALD) communities, focusing on improving access to care, health literacy, and targeted service delivery.

Service	Address	Description
Bangladeshi Community in Dubbo	N/A	The Bangladeshi Community in Dubbo is an active local community group that organises and participates in multicultural activities and events across the Dubbo region. The group contributes to community connection and cultural celebration, supporting inclusion and engagement within the broader Dubbo community.
Dubbo Nepalese Community Australia	N/A	This not-for-profit organisation is dedicated to promoting cultural preservation and strengthening community cohesion in Dubbo. Established to serve as a cultural bridge, the group supports connection between community members and the broader local community. Its activities include organising cultural and sporting events, facilitating community blood donation drives, establishing language education programs, supporting improved access to health services, and building relationships with newly arrived community members to promote inclusion and participation.
Bathurst Nepalese Community	N/A	The Bathurst Nepalese Community supports the promotion and preservation of Nepalese culture, traditions and literature in the Bathurst region. The group contributes to local multicultural engagement through organising community events and participating in broader civic and commemorative activities.
Indian Support Centre - Dubbo Support Centre	3/43 Macquarie Street, Dubbo	The Dubbo Support Centre is a community-led initiative that provides information and guidance on immigration matters, legal issues and broader personal or community support needs. The organisation also promotes cultural exchange and community connection by creating inclusive spaces where people from diverse cultural backgrounds can build relationships and strengthen social networks. The Centre operates as a compassionate and inclusive organisation supporting individuals and families living in Dubbo and surrounding areas. Its focus is on providing practical assistance, resources and opportunities that enable community members to establish themselves, build connections and develop a strong foundation within their local community.

Table 6: Service Mapping. Note: Other services outside of those listed above may be available in the region. The services above were captured as of 9 February 2026 via the methods identified.

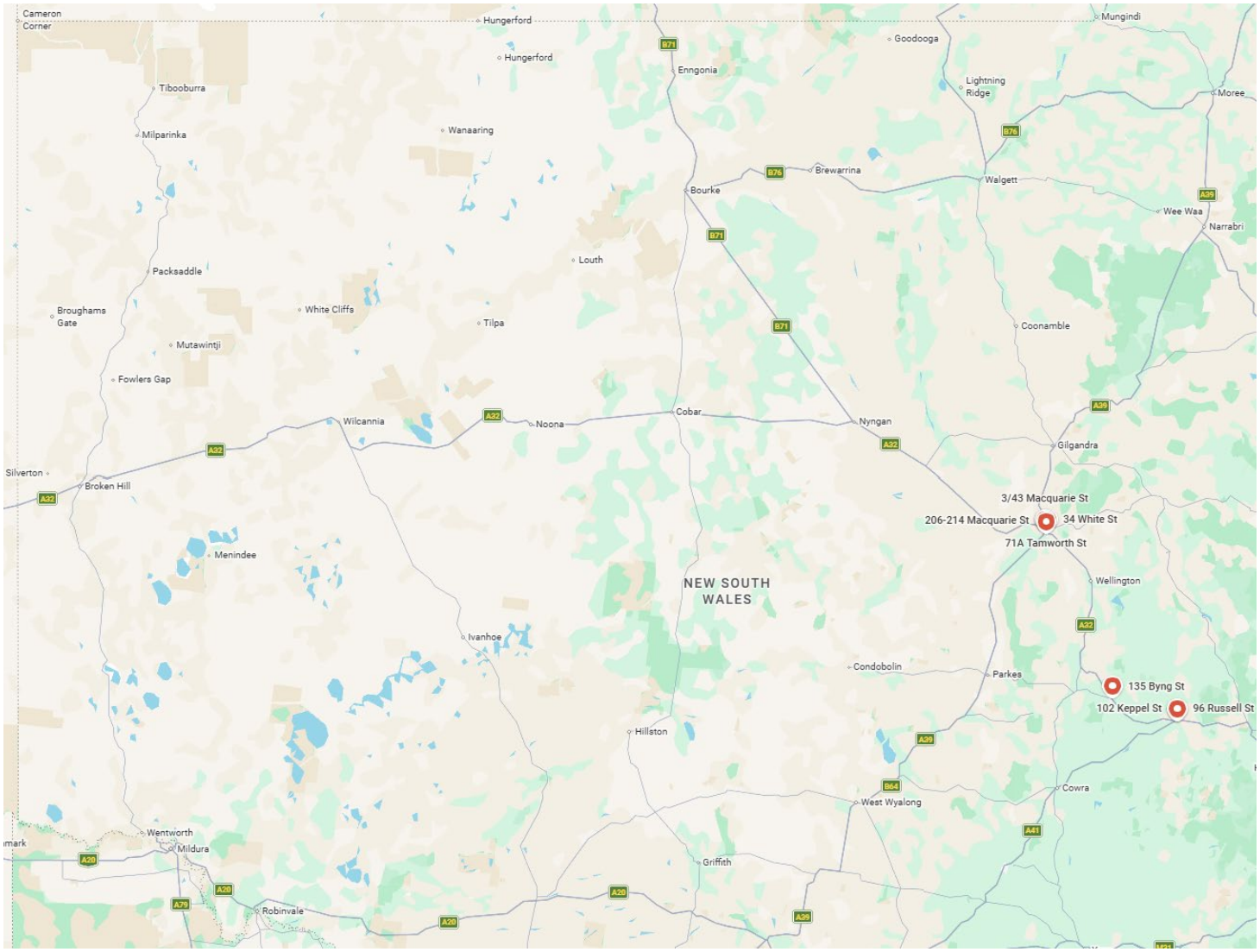

Figure 2: Service Map of CALD service provider location. Source: Google Maps, 2026

Qualitative Findings

This section presents findings from consultations undertaken with CALD community members, service providers and key stakeholders across Western NSW. Consultation activities included face-to-face community workshops (Bathurst, Dubbo and Broken Hill), virtual workshops with service providers and stakeholders and online surveys.

Thematic analysis identified a number of consistent and interrelated themes across locations. While the health conditions raised were often similar to those experienced across the broader population, participants emphasised that access barriers significantly shape health outcomes for CALD communities in regional, rural and remote Western NSW.

Health Needs And Priority Areas

Consultations reinforced that CALD communities experience a broad range of health concerns, many of which mirror those of the general population. However, participants consistently noted that barriers to timely and appropriate care can intensify the impact of these conditions.

Mental Health And Wellbeing

Mental health and emotional wellbeing were the most consistently raised issues across community and service provider consultations. While participants acknowledged that mental health concerns affect many communities, they emphasised that stigma remains a significant barrier within some CALD groups. Mental illness may be viewed as shameful, misunderstood, or associated with family reputation, which can discourage open discussion and early help-seeking. In some cases, individuals may avoid seeking professional support due to fear of community judgement or concern about confidentiality in smaller regional settings.

Participants also highlighted reluctance to access services due to fear of being misunderstood, culturally misinterpreted, or not treated in a culturally respectful manner. For some, there was limited awareness of available mental health supports, or uncertainty about how to access them.

The intersection between mental health and family and domestic violence was also identified as an area of concern. Service providers noted that trauma, settlement stress, social isolation and financial pressures can compound psychological distress. However, stigma and cultural norms may prevent individuals from disclosing abuse or seeking mental health support.

For some community groups, mental health issues were described as “hidden,” with symptoms often internalised or managed within the family rather than discussed externally. Help-seeking was frequently reported to occur only once symptoms had escalated to crisis point, resulting in delayed intervention and increased reliance on acute or emergency services. This pattern reinforces the importance of culturally safe, early-intervention approaches that build trust, promote mental health literacy and normalise conversations around emotional wellbeing within CALD communities.

Sexual And Reproductive Health

Sexual and reproductive health was described as a sensitive and, in some communities, highly private topic. Participants noted that cultural norms, modesty values and intergenerational expectations can make open discussion about sexual health challenging, both within families and in health care settings. In some cases, sexual and reproductive health matters are not commonly discussed outside of marriage or are considered inappropriate for younger people to raise with health professionals.

This discomfort can affect uptake of preventative screening programs, including cervical screening and other reproductive health checks. Participants suggested that fear of stigma, embarrassment, or concern about confidentiality (particularly in smaller regional communities) may discourage women from attending screening

services. Cultural preferences regarding the gender of health practitioners were also raised as a factor influencing attendance.

Limited awareness of sexual and reproductive health conditions, symptoms and preventative options was highlighted as a further barrier.

Oral Health

Oral health was identified as a growing concern across consultations, particularly in the context of cost pressures and limited access to affordable dental services. Participants noted that dental care is often viewed as non-essential or cosmetic rather than preventative or integral to overall health.

The high cost of private dental services, combined with limited public dental availability and long waiting lists in regional areas, was reported to contribute to delayed care. Over time, delayed treatment can lead to worsening oral health, increased pain, infection and broader impacts on nutrition, confidence and general wellbeing.

Other Concerns

Other raised health issues included:

- Cardiovascular disease
- Diabetes
- Cancer
- Overweight and obesity
- Alcohol and other drug-related conditions
- Chronic respiratory conditions (including COPD)

Importantly, service providers emphasised that many individuals are managing multiple co-morbidities, increasing the need for coordinated, culturally safe primary care responses.

Emergency Preparedness

Consultations with WNSW PHN staff highlighted that CALD communities may face heightened vulnerability during emergency events in Western NSW. Language barriers, limited access to in-language warnings, unfamiliarity with emergency systems and reliance on digital communication channels were identified as factors that can delay understanding of risks and reduce timely help-seeking. Recently arrived migrants, temporary visa holders and people with limited local support networks may be particularly at risk during climate-related or disaster events.

Barriers To Accessing Primary Health Care

Consultation findings highlighted that CALD communities in Western NSW experience multiple, overlapping barriers when attempting to access primary health care. These barriers are interconnected and often compound one another, contributing to delayed care, reduced engagement with services and potentially poorer health outcomes over time. While some of these barriers are also experienced by the broader population, their impact may be intensified for people from culturally and linguistically diverse backgrounds, particularly in regional and rural settings.

Cost And Affordability

Cost was consistently identified as a significant barrier to accessing primary care. Participants reported that out-of-pocket expenses for GP appointments, specialist visits, medications, allied health and dental services can deter early help-seeking and reduce attendance at follow-up appointments. Even relatively small fees were described as prohibitive for families managing cost-of-living pressures.

In regional areas where bulk-billing options may be limited, affordability challenges can delay preventative care and chronic disease management. Participants noted that financial concerns may lead individuals to prioritise immediate needs over health care, particularly where symptoms are perceived as manageable.

System Complexity And Eligibility

The health system was frequently described as complex and difficult to navigate, particularly for individuals unfamiliar with Australian service pathways. Participants reported confusion regarding referral processes, eligibility requirements, waiting lists and the roles of different services.

Some community members face additional eligibility-related barriers, including visa status and Medicare access, which can restrict service access regardless of health need. This reflects not only system complexity but also structural design factors that can limit equitable access. Lack of awareness about locally available services further compounds these challenges.

Language Barriers

Language was identified as a barrier affecting communication, confidence and understanding during health care interactions for individuals who recently migrated to Australia. Participants noted difficulties understanding medical terminology, appointment instructions and written health information. Limited language access reduces informed decision-making and can undermine trust in care.

Health Literacy And Administrative Burden

Limited health literacy was raised as a key barrier influencing individuals' ability to understand health information, navigate services and make informed decisions. Participants described challenges understanding eligibility criteria, referral pathways and appointment processes.

Administrative requirements (including completing forms, providing documentation and managing digital booking systems) were also described as burdensome. For individuals with limited English proficiency or unfamiliarity with administrative systems, these processes can discourage engagement and contribute to missed appointments or delayed care.

Cultural Safety And Trust

Cultural safety emerged as a concern influencing help-seeking behaviour. Concerns about stigma, particularly in relation to mental health, sexual health and family violence, can reduce willingness to seek support.

In smaller regional communities, concerns about privacy and confidentiality were also raised. Past negative experiences or perceived discrimination can diminish trust and reduce the likelihood of returning for ongoing care.

Transport And Geography

Geographic distance and transport limitations were highlighted as ongoing challenges. Long travel times and limited public transport options affect timely access to care and continuity of services. These challenges are particularly acute in smaller rural and remote towns.

Digital Literacy

As health services increasingly rely on online booking systems, digital forms and telehealth, digital literacy has emerged as a growing barrier. Participants noted that low confidence using technology and difficulty accessing information in preferred languages can disadvantage some community members.

While digital systems can improve convenience for some, they may inadvertently exclude individuals who require additional support.

Workforce Capability

Workforce-related issues were also identified, including the need for strengthened cultural awareness, improved interpreter utilisation and greater understanding of migration and settlement experiences. In areas with smaller CALD populations, limited exposure to culturally diverse practice may reduce provider confidence in delivering culturally responsive care.

Enablers And Opportunities

Consultations also identified practical opportunities to strengthen CALD access to primary health care across Western NSW. These enablers reflect both service-level improvements and broader system enhancements.

Service Navigation Support

Dedicated navigation support was identified as a high-impact strategy. Navigation roles can assist individuals to understand available services, clarify eligibility, complete referrals and attend appointments. For people managing multiple health or social needs, coordinated support can reduce system complexity and improve continuity of care.

Accessible Service Directories

Participants highlighted the value of clear, reliable and up-to-date service directories accessible to both service providers and community members. Improved visibility of available services can strengthen referral pathways, reduce duplication and enhance local collaboration.

Cultural Awareness And Workforce Development

Strengthening cultural awareness and responsiveness across the primary care workforce was identified as a priority. Ongoing training, practice support and resource development can build provider confidence and improve patient experience. Embedding culturally safe practice into mainstream services was seen as essential, rather than relying solely on specialist services.

Outreach And Community-Based Models

Delivering services in trusted community settings and working alongside cultural leaders and community organisations were strongly supported strategies. Outreach models can reduce stigma, build trust and increase early engagement, particularly for individuals who may not feel comfortable accessing traditional clinic-based services. These services would need to have no cost associated and be available for non-Medicare card holders.

Community-based education initiatives, including health promotion sessions delivered in-language, were also identified as opportunities to strengthen health literacy and preventative care engagement.

Recommendations

The following recommendations have been developed in response to the findings of the Western NSW CALD Needs Assessment, they reflect priorities arising from consultation themes, evidence and best-practice guidance for culturally responsive commissioning and primary care practice. The recommendations are provided as strategic options only, and do not include a feasibility assessment, costings or budget impact analysis. Implementation considerations, resourcing requirements and funding decisions will need to be assessed separately by WNSW PHN and relevant stakeholders.

Multicultural Health as a Priority

Embed multicultural health as a clear organisational priority across strategy, commissioning and system leadership. This includes ensuring accountability mechanisms are in place, and that cultural responsiveness is reflected in organisational planning, decision-making processes and performance monitoring. This includes, where relevant, structured engagement approaches that enable CALD communities to meaningfully contribute to service planning, design, delivery and evaluation.

Health Literacy and Accessible Communication

Strengthen organisational and system-wide approaches to health literacy to improve access, understanding and engagement for CALD communities. WNSW PHN may consider developing a Health Literacy Framework to guide consistent approaches across internal operations and commissioned services. This could commence with undertaking a health literacy audit of the organisation and drawing on existing frameworks and learnings from other PHNs that have implemented similar approaches.

As part of this work, WNSW PHN may also consider strengthening the dissemination and sharing of appropriate CALD resources with stakeholders, including commissioned services and primary care providers, to support consistent use of in-language materials and culturally appropriate communication practices.

Service Navigation Roles

Strengthen service navigation initiatives that support CALD community members to understand available services, eligibility requirements, referral pathways and how to access care locally. Navigation support was consistently identified as a high-impact opportunity, particularly for individuals managing multiple health needs or who are unfamiliar with Australian health system processes. This support may be delivered through dedicated service navigator roles, and where possible, include bilingual or bicultural navigators to improve communication, trust and engagement.

Regional Service Directory

Develop and maintain an accessible online service navigation platform that can be used by both community members and service providers to identify available local supports and referral pathways. Consultations highlighted that services may exist, but people are often unaware of what is available or how to access it, particularly across regional and remote locations. A centralised, regularly updated navigation website could improve visibility of services, support timely referrals, reduce confusion and duplication and strengthen access to care. The regional service directory should not be limited to health services alone, but could also include social

and community supports which may strengthen social prescribing pathways, support holistic care and contribute to improved health and wellbeing outcomes. Other PHNs have implemented similar navigation tools, and WNSW PHN could draw on these examples and lessons learned to inform development and implementation in the Western NSW context.

Culturally Responsive Workforce

WNSW PHN should support ongoing workforce development to improve cultural responsiveness, trauma-informed practice and communication in primary care settings. This includes targeted education and practice support for GPs, allied health providers, pharmacists and commissioned services. Consultations indicated that strengthening workforce confidence in culturally safe care, including effective use of interpreters and in-language resources, is central to improving trust, patient experience and ongoing engagement.

For commissioned services, this may include ensuring tender selection criteria require demonstrated capability in culturally safe practice and ensuring commissioned providers are supported to account for the time, resources and workforce requirements associated with culturally responsive delivery. This may include interpreter access, translation, bicultural workforce roles, community engagement, cultural training and collection of CALD data within service reporting.

Outreach And Community-Based Service Models

Explore the commissioning of models of care that reduce reliance on traditional clinic-based access pathways and strengthen engagement through trusted community settings. This includes outreach and community-based models delivered in partnership with multicultural organisations, cultural leaders and local community networks (e.g., churches). Such approaches can improve trust, reduce stigma and increase early engagement, particularly for sensitive health issues such as mental health, family and domestic violence, sexual health and screening.

Emergency Preparedness

Given the heightened vulnerability of CALD communities during climate-related and disaster events, WNSW PHN may wish to consider how disaster preparedness, response and recovery planning can better account for language, cultural and settlement-related barriers. Strengthening access to in-language information, culturally appropriate communication channels and community-based supports may help reduce risk and improve timely help-seeking during emergencies.

A targeted Needs Assessment on Disaster Preparedness with CALD communities may be considered by WNSW PHN to better understand local risk factors, communication gaps and partnership opportunities.

Action Items

The high-level actions outlined below translate the Needs Assessment recommendations into indicative short- and long-term areas of focus for WNSW PHN. They are intended to support strategic planning and prioritisation by identifying potential actions that align with the role of the PHN in system coordination, commissioning and partnership development. These actions are high-level and advisory in nature and do not reflect an assessment of feasibility, resourcing or implementation timelines, which would require further consideration by WNSW PHN and relevant stakeholders.

Action	Description
SHORT TERM ACTIONS (0-2 YEARS)	
Multicultural health as a priority	▪ Formally recognise multicultural health as a priority population within planning and commissioning considerations. ▪ Use Needs Assessment findings to inform future commissioning discussions. ▪ Establish mechanisms to engage CALD people in advisory, co-design or consultation roles to inform future service planning and evaluation. ▪ Identify internal governance or accountability mechanisms to support oversight of multicultural health actions.
Health literacy and accessible communication	▪ Undertake an organisational health literacy audit of WNSW PHN. Audit tools are available online and can be adapted to the PHN context. ▪ Develop a Health Literacy Framework for WNSW PHN, drawing on existing PHN examples, outcomes of the health literacy audit and best-practice guidance. ▪ Disseminate CALD resources (including translated materials and interpreter guidance) to commissioned services and primary care providers.
Service navigation roles	▪ Explore opportunities to strengthen service navigation approaches, including the potential role of bilingual and bicultural navigators. ▪ Undertake model of care development and consultations to inform the service delivery approach.
Regional service directory	▪ Review existing local service directories (including the service mapping within this Needs Assessment) and identify gaps in accessibility and maintenance. ▪ Scope a centralised, accessible service navigation platform for the region, ensuring it supports both community members and service providers. ▪ Determine service scope (i.e., health and relevant social supports to strengthen holistic referral pathways).
Culturally responsive workforce	▪ Identify priority workforce development needs across general practice, allied health, pharmacy and commissioned services. Consider integrating within existing training priorities (e.g., cultural awareness may feature in the CPR update event or diabetes management session rather than a stand-alone session). ▪ Promote and/or develop training resources focused on culturally safe communication, trauma-informed care and effective interpreter use. See service mapping which identifies organisations that provide cultural training.
Outreach and community-based models	▪ Identify trusted community settings and networks (e.g. multicultural organisations, faith groups, community leaders) that could support outreach engagement.

	▪ Explore opportunities for community-based service models that reduce reliance on clinic-based access.
Disaster preparedness	▪ Consider scoping a separate Needs Assessment focused on disaster preparedness, response and recovery for vulnerable populations.
LONG-TERM ACTIONS (2–5 YEARS)	
Multicultural health as a priority	▪ Embed multicultural health into longer-term commissioning strategies, monitoring frameworks and performance reporting. ▪ Strengthen structured engagement approaches to ensure CALD communities contribute to ongoing service design, evaluation and improvement.
Health literacy and accessible communication	▪ Embed health literacy expectations in commissioning (service specifications, tender criteria and performance monitoring). ▪ Monitor and evaluate health literacy outcomes and re-audit periodically to support continuous improvement.
Service navigation roles	▪ Consider the development or scaling of navigation models. ▪ Strengthen cross-sector partnerships to support integrated navigation across health and social services.
Regional service directory	▪ Develop, implement and maintain a regional navigation platform that supports service visibility, referral clarity and access across diverse locations. ▪ Establish processes for regular updates, quality assurance and ongoing stakeholder contributions.
Culturally responsive workforce	▪ Strengthen culturally responsive commissioning expectations, including tender selection criteria and reporting requirements that reflect culturally safe delivery. ▪ Continue to support providers to build sustainable capability, including interpreter access, translation processes, bicultural roles and CALD data collection.
Outreach and community-based models	▪ Consider scaling outreach and community-based service models that demonstrate improved engagement and access for CALD communities. ▪ Support integrated models delivered in partnership with multicultural organisations, community leaders and local networks to increase early engagement and trust.
Disaster preparedness and recovery	▪ Contribute to the development of CALD-inclusive disaster preparedness, response and recovery frameworks in partnership with LHDs, emergency services and community organisations. ▪ Use future needs assessments and evaluations to inform planning for climate-related and environmental risks.

High-Level Evaluation Framework

This framework is intended to support WNSW PHN to monitor and reflect on whether the strategic actions identified in response to the CALD Needs Assessment are being progressed over time. It focuses on system change, integration and access rather than individual service performance, and is not intended to function as a contractual or funding acquittal framework.

Frequency: Periodic review (e.g. annually or aligned to planning cycles)

Methods:

- Internal reflection and document review
- Stakeholder and partner feedback
- Lived experience input

Evaluation Domain	Key Questions
MULTICULTURAL HEALTH PRIORITY AND ORGANISATIONAL ACCOUNTABILITY	
Multicultural health is embedded as a sustained priority across strategy, commissioning and system leadership.	**Key questions** ▪ Is multicultural health consistently reflected in WNSW PHN strategy, commissioning priorities and internal planning? ▪ Are there accountability mechanisms (e.g. governance, reporting, leadership oversight) in place? ▪ Are CALD communities involved in service design and evaluation processes? ▪ Are engagement approaches culturally appropriate and inclusive of diverse communities? **Possible indicators** ▪ Multicultural health referenced in strategic and commissioning documentation. ▪ Internal reporting mechanisms established. ▪ Evidence of decision-making processes considering CALD impacts. ▪ Existence of structured engagement mechanisms (e.g. advisory groups, forums, community consultations) ▪ Community feedback on engagement quality and cultural safety
HEALTH LITERACY & ACCESSIBLE COMMUNICATION	
WNSW PHN strengthens health literacy across the region by embedding accessible, culturally responsive communication into organisational practice, commissioning, and primary care support.	**Key questions** ▪ To what extent has a Health Literacy Framework been developed, implemented and embedded within WNSW PHN's organisational and commissioning processes? ▪ Have health literacy expectations influenced service delivery practices among commissioned providers? ▪ Has primary care been supported to deliver culturally responsive and accessible communication to patients? **Possible indicators** ▪ Completion of a follow-up health literacy audit demonstrating progress against baseline ▪ Inclusion of health literacy requirements in commissioning templates or tender criteria

	▪ Distribution and uptake of CALD resources and interpreter guidance within primary care
SERVICE NAVIGATION SUPPORT	
CALD community members have improved support to understand and access services.	**Key questions** ▪ Has navigation support been strengthened or expanded? ▪ Are navigators equipped to support health pathways? ▪ Where possible, is navigation bilingual/bicultural? **Possible indicators** ▪ Navigator roles established, strengthened or partnered ▪ Stakeholder feedback that navigation barriers are reducing
REGIONAL SERVICE DIRECTORY AND SYSTEM VISIBILITY	
Improved visibility of services and referral pathways for both community members and providers.	**Key questions** ▪ Has a regional service directory or navigation platform been developed or strengthened? ▪ Is it accessible, maintained and used? **Possible indicators** ▪ Directory exists and is publicly accessible. ▪ Update and governance process established. ▪ Usage analytics (where available). ▪ Provider and/or community feedback that service visibility has improved.
CULTURALLY RESPONSIVE WORKFORCE CAPABILITY	
Increased cultural responsiveness across primary care and commissioned services.	**Key questions** ▪ Have workforce development activities been delivered or supported? ▪ Are providers more confident using interpreters and culturally safe communication approaches? ▪ Are culturally safe practices embedded in commissioning expectations? **Possible indicators** ▪ Training sessions delivered. ▪ Provider participation rates. ▪ Qualitative feedback on workforce confidence. ▪ Tender criteria or reporting requirements include cultural responsiveness.
WORKFORCE CAPABILITY AND PRACTICE CHANGE	

Increased capability of the primary care workforce to respond to CALD communities.	**Key questions** ▪ Have training or professional development opportunities been offered or promoted? ▪ Is trauma-informed, culturally safe and person-centred practice more consistently referenced? **Possible indicators** ▪ Training sessions delivered or resources developed. ▪ Participation levels across primary care and commissioned services. ▪ Qualitative feedback on changes in confidence or practice.
OUTREACH AND COMMUNITY-BASED SERVICE MODELS	
Outreach models are explored, implemented or strengthened in trusted community settings.	**Key questions** ▪ Have outreach and community-based models been trialled or expanded? ▪ Are models delivered in partnership with trusted community networks (e.g. multicultural organisations, faith-based settings, community leaders)? ▪ Do these models improve engagement and access for CALD communities? **Possible indicators** ▪ Partnerships established with multicultural organisations/community leaders ▪ Increased engagement with primary care pathways (as reported by services) ▪ Community feedback indicating improved access to service and experience.
DISASTER PREPAREDNESS	
Consideration of CALD people in emergency preparedness and recovery planning.	**Key questions** ▪ Are multicultural communities considered in emergency preparedness discussions or planning activities? ▪ Have opportunities for further assessment or collaboration been identified? **Possible indicators** ▪ Inclusion of multicultural communities in disaster preparedness planning. ▪ Partner feedback on preparedness gaps or improvements.

This framework is intended as a learning and reflection tool, not a compliance or accountability mechanism. It supports WNSW PHN to assess progress toward system-level change and improved access for CALD communities, while recognising the complexity of the service environment and the influence of factors beyond the PHN's direct control.

Appendices

Methodology

The methodology for the development of the Western NSW CALD Needs Assessment combined qualitative and quantitative approaches. Quantitative data were gathered and analysed through population health data, service mapping, and a literature review. The qualitative component was drawn from a series of consultations with community members and service providers. Further details on these methods are provided below.

Scoping Literature Review

The scoping literature review synthesised recent national and international research to provide an overview of current knowledge in the field. The review aimed to identify the following key questions:

1. What are the most common health issues and conditions affecting CALD people in regional or rural Australia?
2. What factors prevent CALD people from accessing primary health services?
3. What supports or strategies help CALD communities access and use health services effectively?
4. What interventions or programs have been evaluated to improve access or health outcomes for CALD communities?

While not intended as an exhaustive or systematic review, the information presents a high-level summary of the most relevant and up-to-date evidence applicable to the Needs Assessment.

The review considered information published in the previous five years (2021-2026).

Data Points

A variety of demographic and epidemiological data has informed the data collection components of the Needs Assessment. National, State and local policies, plans and reports have been reviewed, including demographic and epidemiological data through the Census.

Consultations have been undertaken with service providers and community members across the Western NSW region, including the CALD community. The following stakeholder consultations were undertaken to inform the Western NSW CALD Needs Assessment:

- **Online surveys** with service providers.
- **A virtual focus group** with WNSW PHN staff and other key stakeholders.
- **Virtual workshops** with service providers working CALD people.
- **Face-to-face workshops** with community members in Bathurst, Broken Hill and Dubbo.

In total, 22 individuals participated in the consultation process. The following organisations participated in the consultation process:

- Western NSW Primary Health Network
- Community Members
- Bathurst Neighbourhood Centre
- Carer Gateway
- Connecting Communities Australia
- Marathon Health
- Mission Australia

All transcriptions from consultations were independently and manually coded. Themes were documented and confirmed with WNSW PHN Needs Assessment Steering Committee meeting on Friday, 30th January 2026.

Limitations

Engagement Challenges

This Needs Assessment draws on qualitative consultation, available data sources and stakeholder input to identify priorities for CALD communities across Western NSW. While consultation provided valuable insight, participation was limited to 22 individuals. As a result, findings reflect the perspectives of those who engaged and may not fully represent the diversity of CALD communities across the region.

Western NSW includes a broad range of communities with differing cultural backgrounds, migration experiences, settlement histories and service access challenges. The relatively small consultation cohort means that certain cultural groups, visa categories, age groups or geographic locations may be underrepresented in the findings.

Data Limitations

Quantitative data on CALD populations in regional and remote areas is often limited or inconsistently captured. Census data provides an overview of language spoken at home and country of birth but may not fully capture migration status, English proficiency levels, visa categories or cultural identity. As a result, some service access challenges may not be visible in available datasets. Specific health-related data for CALD populations at the LGA-level is also limited and reference to national trends have been made.

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