

Monday, 2 May 2011

Ms Maria Vamvakinou, MP
Federal Member for Caldwell
Chair
Joint Standing Committee on Migration
PO Box 6021
Parliament House
Canberra ACT 2600

Dear Ms Vamvakinou

**Diversity Health Institute Submission
Joint Standing Committee on Migration
Inquiry into Multiculturalism in Australia**

The Diversity Health Institute is pleased to forward this submission in response to the Joint Standing Committee on Migration's Inquiry into Multiculturalism in Australia.

The Diversity Health Institute (DHI) is comprised of a number of statewide national and international services and programs that work together to improve the health and wellbeing of Australia's culturally and linguistically diverse (CALD) communities. The services and programs within the DHI are funded from a variety of sources including NSW Health, Aging and Disability (ADHC), NSW Department of Human Services and the Commonwealth Department of Health and Aging.

The DHI is affiliated with the Multicultural Health Network (MHN) which operates in the Western Sydney region and works with Western and Nepean Blue Mountains Local Health Networks (LHNs), formerly Sydney West Area Health Service. The MHN is comprised of hospital-based Multicultural Health Teams, the regional Health Care Interpreter Service, the Maternity Liaison Officer Program, the Bilingual Counselor Program, Bilingual Community Educator Program and engages a number of Multicultural Health Workers located in Primary and Community Health Teams.

The Network :

- provides policy and strategic advice and support to local health services ;

- supports the provision of high quality healthcare for clients from culturally and linguistically diverse backgrounds ; and
- works with communities from culturally and linguistically diverse backgrounds and health professionals to promote equitable access to public health services, to enhance the quality of services and health outcomes, and to minimise health risks for the local diverse populations.

The issues and recommendations that the DHI would like to examine and put forward to the Joint Standing Committee are made in response to the following key areas outlined in the Inquiry Terms of Reference:

- 1. The role of multiculturalism in the Federal Government's social inclusion agenda*
- 2. Settlement and participation- Innovative ideas for settlement programs for new migrants, including refugees, that support their participation and integration into the broader Australian society*
- 3. National productive capacity - The role migration has played and contributes to building Australia's long term productive capacity*

If you would like to discuss any aspects this submission further, please do not hesitate to contact me via email on Clarissa_Mulas@wsahs.nsw.gov.au or on (02) 9840 3756.

Yours sincerely

Clarissa Mulas

Deputy Director Diversity Health Institute/Director Multicultural Health Network
Western and Nepean/Blue Mountains LHN



Diversity Health Institute Submission Joint Standing Committee on Migration Inquiry into Multiculturalism in Australia

The Diversity Health Institute (DHI) is comprised of a number of local, state and national services and programs that work together to improve the health and wellbeing of Australia's culturally and linguistically diverse (CALD) communities. DHI programs support the delivery of services across the spectrum of health care from prevention to acute care for both recently arrived and established migrant communities and their children.

DHI services and programs have encountered both the benefits and the challenges inherent in the migration experience that health care service providers have faced as they respond to ever-changing trends in migration.

1. The role of multiculturalism in the Federal Government's Social Inclusion Agenda

The DHI welcomes the release of the Federal Government's *People of Australia: Australia's Multicultural Policy 2011*. The policy is vital in that it recognises the breadth of diversity within Australian society and affirms Australia's support for a culturally diverse and socially cohesive nation.

The valuable contribution of multiculturalism to Australian society is recognised in this policy, which provides guiding principles for all Australians, regardless of their cultural, linguistic and religious backgrounds, so they can feel respected and have the opportunity to participate in the life of our society.

The Government's new multicultural policy aligns with its Social Inclusion Agenda, but despite the many positive points in these documents some Australians from CALD backgrounds still require assistance to achieve their full potential and place in Australian society.

Australia can be characterised by its vibrant cultural diversity, with 43% or more of Australians either born overseas or having one or more of their parents born overseas. However, while most individuals from migrant or refugee backgrounds feel welcome and safe in Australia, some still face barriers that, when unaddressed, result in their exclusion from the basic resources and opportunities this country offers to all its residents. Their sense of belonging and safety, and their ability to learn, work and access health care, can be easily compromised by lack of awareness and understanding of, or familiarity with, Australia's social welfare structure, systems, government-assisted programs, and by insufficient English language skills.

A combination of cultural and linguistic barriers with other disadvantages related to socioeconomic status, employment and disability, sometimes results in individuals from CALD backgrounds being more vulnerable to the risk of marginalisation in Australian society. These challenges sometimes lead to an individual's lack of confidence in accessing knowledge, basic support and services, and in learning new skills and practices. In turn it can result in a withdrawal from social activities and isolation, and subsequently affect health and wellbeing.

The triple barriers of language, culture and health literacy (the ability to understand and negotiate the local health system) faced by migrant and refugee populations when accessing health services in a new country have a significant impact on their participation in their own health care and their immediate and long-term health and wellbeing. This is demonstrated in the health disparities across different migrant population groups that require tailored responses to ensure equal opportunities for all Australians.

The Ottawa Charter for Health Promotion declares: 'The fundamental conditions and resources for health are: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.'

Many migrants and refugees are able to attain some of these protective factors through migration to Australia however, in order to take full advantage of the possibilities available, they require specific programs designed to facilitate their successful settlement and access to health. There are also mounting concerns about the current affordable housing shortage in NSW and the impact that this has on other determinants of health for newly arrived migrants and refugees.

The limitations of the Social Inclusion Agenda and previous Federal multicultural policies in specifically identifying barriers that impact on individuals from migrant and refugee backgrounds have resulted in these inequities continuing to go unrecognised and not addressed by government services and agencies.

The DHI is based within NSW, a state that has a long history in the development and implementation of multicultural policy and services supported by legislation. This provides an effective model for multiculturalism for NSW that could be adopted across Australia.

In NSW the *Community Relations Commission and Multiculturalism Act 2000* provides a legislative definition of multiculturalism that is binding on the state and in which all individuals:

- have the greatest possible opportunity to contribute to and participate in all levels of public life
- respect and make provision for the culture, language and religion of others within an Australian legal and institutional framework where English is the common language

- have the greatest possible opportunity to make use of and participate in activities and programs provided by the State
- should recognise social, linguistic and cultural assets as a valuable resource.

The State Government and its agencies are mandated to implement multicultural services and programs that demonstrate inclusive and equitable resource provision and service delivery. The Multicultural Policy and Service Planning (MPSP) framework, formerly Ethnic Affairs Policies Statement, is a unique planning and reporting instrument that assists all NSW government agencies to assess the implementation of multicultural policy and principles of multiculturalism in the State. The NSW Community Relations Commission is an independent statutory body that has legislative responsibility to oversee the MPSP framework as well as to promote community harmony, participation and access in order to acknowledge cultural diversity as an important social and economic resource.

Recommendations:

That the Federal Government considers the following recommendations:

- 1.1 That the Federal Government's commitment to multiculturalism outlined in the new multicultural policy is **strengthened in legislation and by appropriate governance**.
- 1.2 That multiculturalism **is included within the Federal Government's Social Inclusion Agenda and that the focus on cultural and linguistic barriers specific to migrant and refugee communities is strengthened** as a significant disadvantage in its own right.
- 1.3 That the Federal Government's proposed access and equity framework includes **accountability, compliance and reporting provisions for all government and government-funded agencies across Australia**. These measures will assist agencies in planning and meeting their access and equity obligations and make it possible to assess, compare, analyse and monitor how people from diverse cultural, linguistic and religious backgrounds experience and achieve social equity and inclusion.
- 1.4 That the framework promotes the development, recognition and implementation of **national cultural competency standards and mandatory training on issues such as accessing and working with interpreters across Australia's health and human service industries**.
- 1.5 That the framework **requires the engagement of CALD communities in developing health service models, programs and specific initiatives** for subpopulations including women, men, youth, older people and refugees.

This approach ensures health services are respectful and inclusive of diverse values and practices and assist individuals and communities in achieving health goals and outcomes.

Programs that include input from community groups have been found to be more effective in changing lifestyles and practices, improving understanding of health issues and achieving better health outcomes. They provide health consumers from CALD backgrounds with basic knowledge and skills that prepare them for active participation in health recovery and in managing their health issues and conditions.

This approach will also enrich the programs and interventions and improve health management practices without compromising specific health outcomes. The involvement of patients and clients at the design and implementation stages of health projects, initiatives and interventions ensures both sides have more realistic expectations; better engagement and achievable outcomes; and will improve CALD consumer confidence in the system.

1.6 That the framework **requires all government and government-funded health services maintain an allocation of adequate funding to continue** the development and implementation of a range of comprehensive, tailored strategies, programs, initiatives and specialised services to increase the accessibility and cultural appropriateness of health and health-related services. Example of successful and cost-effective services/models that have been established within NSW's unique policy and legislative environment include:

- The Health Care Interpreter Services and Community Relations Commission Language Services that provide free face-to-face and telephone interpreting and translation services funded by the NSW Government to support health and human service agencies.
- Designated frontline and access positions such as Multicultural Health Workers, Maternity Liaison Officers and Bilingual Counselors in hospitals and primary health settings.
- The Transcultural Mental Health Centre, which delivers statewide, tailored clinical services and programs, and mental health promotion strategies and campaigns, in consultation and partnership with consumers, carers and CALD communities.
- Specialist Multicultural Health Units in Local Health Networks across NSW.
- The NSW Education Program on Female Genital Mutilation, which utilises a human rights and education framework to assist affected communities to understand legislation regarding this practice and to promote the settlement of these communities.

- The Bilingual Community Education Program, which is a flexible, cost-effective model of providing health education and information, building community networks and linking newly arrived migrants to community services.

1.7 That government and government-funded health services support the provision of culturally responsive health promotion, health education campaigns and programs that address health disparities and health issues of specific migrant and refugee communities. Preventive and early intervention health promotion and education programs and campaigns should incorporate culture-specific practices and values to increase their relevance to target audiences.

Government and government-funded health services should promote and maintain programs and services that encourage individuals from diverse backgrounds to be mentally and physically active; promote wellbeing and healthy lifestyles; and provide easy-to-access opportunities and activities for social interaction for individuals and groups.

It is essential for these programs and services to be culturally and linguistically specific as well as provide opportunities to cooperate with and include other diverse groups to enrich their cultural mix and promote harmony and understanding.

The continuation of government-funded and subsidised services, programs and activities that target specific language and culture groups is vital to prevent their social isolation and will assist with their participation and integration into the broader Australian society. Social support services and programs also provide opportunities for CALD communities to be provided with health information and education programs to improve their health literacy.

Examples of successful models include multicultural and ethno-specific social support services and initiatives and activities funded by federal, state and local governments for: older people; carers; people with disability; people with chronic health conditions; people with mental health issues; people who are isolated; refugees; and young people and families.

3. Innovative ideas for settlement programs for new migrants, including refugees, that support their participation and integration into the broader Australian society

The settlement process can be described as a series of life-related steps that are unique for each individual according to their life stage. Each life stage poses specific opportunities and challenges to an individual's settlement process. It is a lifelong journey that does not necessarily correlate with a particular number of years. For

new migrants and refugees, settlement processes and stages cannot be planned. Some individuals may require longer settlement periods and special assistance throughout all the stages of their settlement to help them become fully integrated into Australian society.

Many older migrants and refugees have survived in their new lives in Australia without the support of multicultural and settlement services. Some, however, have been found to have unresolved issues related to experience of torture and trauma that continue to impact on their ability to access support and fully participate in Australian society (*Caring for Older Refugees in NSW: A Discussion Paper*, NSW Refugee Health, November, 2006).

A key aspect of successful settlement involves individuals negotiating their way effectively through a range of social and welfare systems and the range of services and programs designed to assist them. There is often a lack of consistency in settlement services with many services changing their role with each successive funding period. Longer funding periods for settlement services would enable them to develop realistic strategic directions and design innovative and effective programs, as well as building effective partnerships with community and key stakeholders.

Well-developed English language proficiency is a critical skill that enables new migrants and refugees to connect with society and access resources and opportunities available to the broader Australian community. The development of a functional level of English proficiency among migrants and refugees will promote their access to health services, enable their successful participation in their health care and support their feelings of being included within Australian society.

Examples of successful and cost-effective models established in NSW within the DHI that have been instrumental in fostering access to health care and an holistic approach to migrants and refugees' health and wellbeing include:

- The Bilingual Community Education Program, which was established to develop and improve health literacy among communities from CALD backgrounds and help to link migrants and refugees to appropriate health and health-related services that are vital for different stages of their settlement process. This model of health promotion and health education ensures that individuals from a migrant or refugee background and their families can better understand and manage their health-related issues.

Health information and education programs provided by trained Bilingual Educators are developed in close partnership with specific communities and other health and health-related and settlement services. These programs are effective in changing lifestyles and practices, improving understanding of health issues and achieving better health outcomes for consumers from CALD backgrounds. They also provide health consumers with basic knowledge and skills that prepare them for active participation in health care.

The Program also provides pathways into the workforce for individuals from newly emerging and refugee communities.

- The Southern Sudanese Women’s Project, which is a partnership project between a range of government and non-government agencies that was recognised as a best practice model by the Department of Immigration and Citizenship in 2009. The project assists women from the Southern Sudanese community in Western Sydney to overcome issues related to their refugee experiences that impact on their settlement and participation in the community. The Project engages with a range of local human services and agencies and provides an holistic and sensitive approach to settlement and health needs. Major outcomes of the project include:
 - increased settlement of Southern Sudanese families
 - education opportunities for Southern Sudanese women in Penrith
 - increased English language skills
 - improved knowledge, attitudes and skills relating to health and nutrition for participants and their families
 - improved self-esteem and confidence of the participants
 - enhanced social connection among the Sudanese women
 - increased workers’ knowledge of community needs to ensure that programs meet the needs of the community
 - increased value of traditional southern Sudanese culture within an Australian context
 - increased awareness of health and settlement issues including parenting skills; alcohol and other drugs; and child protection and domestic violence issues and services.

Recommendations:

- 3.1 That the proposed access and equity framework supports the development and provision of holistic, accessible and tailored services provided by a range of local settlement programs that operate in close partnership with CALD communities, health services, community organisations and other relevant government agencies.
- 3.2 That the proposed framework and the Social Inclusion Agenda support greater access to free and effective English language tuition for migrants and refugees to facilitate their settlement process and improve their access to work opportunities and resources to facilitate their full participation into the Australian society.

5. The role migration has played and contributes to building Australia's long term productive capacity

Many new migrants are well educated and skilled in certain fields and ready to join the workforce and contribute to Australia's long-term productive capacity.

In today's 'globalised' world it is vital for new settlers to be given timely assistance with the process of recognition of their qualifications, experience and skills so that Australia can benefit from the assets that these new immigrants possess.

Many migrants and refugees still find achieving satisfactory employment difficult due to delays in, and the complex process of, obtaining recognition of overseas qualifications. This is coupled with a lack of pathways to employment and opportunities to develop local experience. Newly arrived migrants may lack the opportunity to gain sufficient English language experience to make them 'employment ready'.

This impacts on an individual's full participation in community life and in the workplace, and ultimately on their and their family's health and wellbeing. It also impacts on the wider society that is not able to reap the benefits from contributions overseas-trained individuals can make in terms of their talents, training and experience.

In the health sector this has huge implications due to the shortages of skilled health workers across all health professional groups. Australia requires a skilled and competent health workforce that can quickly respond to changing and specific needs of diverse consumers. While there are many recognised benefits in harnessing the skills of overseas-born health workers there are also numerous challenges to be overcome so that these workers are not locked into unskilled roles.

At the same time health services, especially those in areas of high population diversity, experience daily challenges in providing services for people from diverse backgrounds and whose preferred language is other than English.

The health sector in NSW employs a wide range of bilingual/bicultural workers with specialised skills in delivering culturally appropriate services in over 120 languages. This has contributed greatly to the productivity, quality and safety of health service provision in NSW.

Examples of where the bilingual/bicultural skills of employees have been successfully harnessed to benefit patients and health professionals include:

- The use of Multicultural and Ethnic Health Workers, Liaison Officers, Access Workers, Bilingual Health Educators and Bilingual Counselors.
- Frontline and nursing staff supported by NSW Health Policy who use their language skills to deliver their services directly in the patient-preferred language.

- The Health Care Interpreter Service, which has for 30 years employed accredited professional interpreters and translators to deliver health interpreting services and provide quality language services that ensure safety for doctors, health professionals and non-English speaking patients and clients. This service is unique in the world and has been recognised as leading the world in healthcare interpreting.
- Bicultural/bilingual staff employed in numerous positions who build bridges between CALD communities and mainstream health services.
- DHI services and programs have developed expertise in the recruitment and retention and deployment of skilled bilingual/bicultural health workers in innovative, flexible and cost-effective ways to respond to changing patterns within the community. Many are unique services that have been recognized nationally and internationally, for example:
 - Professional language support for international events such as support for the Sydney Olympics Medical Centre and interpreting for the Sydney World Masters Games and World Youth Day events
 - Bilingual/bicultural post traumatic stress counseling and international disaster counseling
 - Excellence in resource development and translations for example, epidemics and public health campaigns (Swine Flu) and the communication of information regarding diversity through the DHI's electronic gateway.

Recommendations:

That the Federal Government's access and equity framework and the Social Inclusion Agenda:

- 5.1 recognise the assets and contributions of multicultural health and bilingual/bicultural health workers to health service delivery both within Australia and globally
- 5.2 promote strategies that ensure that migrants and refugees have access to adequate levels of English language tuition and health and social literacy to be able to participate fully within the workforce and within society
- 5.3 promote the reduction of barriers to the recognition of overseas qualifications and experience and develop pathways that facilitate the acquisition of local workforce experience
- 5.4 ensure that new migrants and refugees are not disadvantaged by limited language skills or their immigration status, are paid appropriately, and are free from marginalisation and discrimination in the workplace.