

Policy Paper: Enhancing the Bilingual/Bicultural Workforce in the Health and Community Care Sector

Background

Bilingual and bicultural workers represent invaluable resources in addressing the healthcare requirements of Queensland's culturally and linguistically diverse (CALD) communities. Recent research underscores the healthcare disparities experienced by individuals from CALD backgrounds (Queensland Health, 2023), often compounded by underutilisation of healthcare services (Guo et al., 2020; Hamrah et al., 2020).

Acknowledging the importance of this demographic, Queensland Health's HealthQ32 vision has designated CALD communities as priority populations (Queensland Health, 2023), emphasising the pressing need for tailored interventions to meet their healthcare needs. While interpreters fulfill a critical function, bilingual and bicultural health workers offer an additional layer of support by acting as cultural bridges between communities and healthcare services (FECCA, 2017).

The delivery of culturally sensitive and linguistically appropriate healthcare services is paramount for meeting the varied needs of communities within the health and community care sector. Bilingual and bicultural workers are pivotal in bridging communication and cultural divides between healthcare providers and CALD communities. Nevertheless, despite their significance, this workforce faces notable challenges that demand immediate attention and policy action.

What's the Problem?

The current state of the bilingual/bicultural workforce in the health and community care sectors is characterised by several key challenges:

- 1. Job Insecurity:** Many workers in this sector face precarious employment conditions, such as casual or short-term contracts and underemployment, leading to instability and financial insecurity (Boughtwood et al., 2013; Centre for Multicultural Youth, 2011; Parajuli, Horey, & Avgoulas, 2020).
- 2. Lack of Career Progression:** Opportunities for career advancement are limited, hindering the retention and growth of the workforce (Hyatt et al., 2017; Migrant and Refugee Health Partnership, 2022; Piper, 2016).
- 3. Lack of Professional Development Opportunities:** Bilingual and bicultural workers often lack access to training and development, affecting their ability to deliver quality care (Guo et al., 2020; Hughson et al., 2018; Minas et al., 2013).

4. **Level of Remuneration:** The rates of pay for bilingual/bicultural workers do not always reflect their qualifications, skills, and the importance of their role in facilitating access to healthcare services. Inconsistent pay as it is not a recognised workforce whereas other roles are more standardised (e.g., social worker or nurse) (Phillips & Travaglia, 2011; Queensland Government, 2021; White et al., 2018).
5. **Unrecognised Overseas Qualifications:** Workers with qualifications obtained overseas may face difficulties in having their credentials recognised in Australia, limiting their employment opportunities (Au et al., 2019; Hamrah et al., 2021; Khatri & Assefa, 2022).
6. **Undefined Roles:** A major impediment facing bilingual and bicultural workers, often influenced by the perception of their roles as rooted in the nature of volunteerism and role creep within health and community care, necessitates clear guidelines and mechanisms for managing responsibilities (Hughson et al., 2018; Queensland Health, 2023; The Federation of Ethnic Communities' Councils of Australia, 2017).

What is the Ask:

To address these challenges and enhance the effectiveness of the bilingual/bicultural workforce in the health and community care sector, the following policy recommendations are proposed:

1. The health and community care sectors, Jobs Queensland, and the Fair Work Commission formally recognise bilingual and bicultural workers as a distinct profession and skilled workforce.
2. Jobs Queensland co-design with key stakeholders a workforce toolkit and framework for bilingual and bicultural workers creating a clear definition of the workforce.
3. Jobs Queensland work with the health and community care sectors and relevant regulatory bodies to create a structured pathway for recognition of overseas qualifications in the health and community care sectors.
4. The Australian Government invest in the development of a national competency standards framework; and Jobs Queensland develop standards specific to Queensland's bilingual and bicultural workers, based on the national framework.
5. Jobs Queensland advocate for the Fair Work Commission to establish a minimum wage for the bilingual and bicultural workforce, independent of the Australian minimum wage, with appropriate recognition of its unique skills and responsibilities.

6. Health and community care sectors allocate consistent and ongoing funding for community-based bilingual and bicultural workforce programs, consistent with the Queensland Government commitment to 5-year default contract terms.
7. The health and community care sectors, in collaboration with relevant regulatory bodies, establish a monitoring and accountability mechanism to ensure that funds intended for bilingual and bicultural workers' wages and contracts are used as intended.
8. Jobs Queensland allocate funding to immediately establish a support network for bilingual and bicultural workers in Queensland and supports the creation of a national community of practice for these workers across sectors.
9. The health and community care sectors, and Jobs Queensland, allocate funding for tailored, ongoing professional development for bilingual and bicultural workers that can be recognised across the sectors.
10. The health and community care sectors establish tailored Employee Assistance Programs and psychosocial support for the bilingual and bicultural workforce.

Case study

Mr. A, who settled in Brisbane with his family as a refugee from a war-torn country, is fluent in both English and his native language. He has developed culturally tailored health education programs for migrants from his community. His initiatives, including workshops and one-on-one consultations, empower residents to make informed health decisions and reduce disparities. Despite his contributions, Mr. A faces short-term contracts and limited career advancement opportunities, highlighting the need for job security and professional development. He explains, "I see bilingual health workers being very important in trying to transcribe and relate messages regarding health promotion and health literacy in the community."

Mr. A also feels underrepresented in the workforce, noting, "I feel oftentimes it's a very underrepresented part of the workforce. It's very casual most of the times and something that I've noticed is a lot of the times this role is actually taken up by family members or friends in order to do the same role."

Conclusion

Mr. A's efforts underscore the significant impact of culturally and linguistically specific health initiatives. However, his challenges—such as job insecurity, lack of professional development opportunities, and limited career pathways—demand immediate policy action to enhance the bilingual/bicultural workforce's effectiveness and sustainability, leading to more equitable healthcare services for all.

References

- Au, M., Anandakumar, A. D., Preston, R., Ray, R. A., & Davis, M. (2019). A model explaining refugee experiences of the Australian healthcare system: a systematic review of refugee perceptions. *BMC international health and human rights*, 19(1), 22. <https://doi.org/10.1186/s12914-019-0206-6>
- Boughtwood, D., Shanley, C., Adams, J., Santalucia, Y., Kyriazopoulos, H., Rowland, J., & Pond, D. (2013). The role of the bilingual/bicultural worker in dementia education, support and care. *Dementia (London, England)*, 12(1), 7–21. <https://doi.org/10.1177/1471301211416173>
- Centre for Multicultural Youth. (2011). Addressing the Strengths and Complexities of Bicultural Youth and Family Work - Consultation Report. Retrieved June 5, 2024 from <https://www.cmy.net.au/wp-content/uploads/2020/02/Addressing-the-Strengths-and-Complexities-of-Bicultural-Youth-and-Family-.pdf>
- Guo, S., Liu, M., Chong, S. Y., Zendarski, N., Molloy, C., Quach, J., Perlen, S., Nguyen, M. T., O'Connor, E., Riggs, E., & O'Connor, M. (2020). Health service utilisation and unmet healthcare needs of Australian children from immigrant families: A population-based cohort study. *Health & Social Care in the Community*, 28(6), 2331-2342. <https://doi.org/10.1111/hsc.13054>
- Hamrah, M. S., Hoang, H., Mond, J., Pahlavanzade, B., Charkazi, A., & Auckland, S. (2020). The prevalence and correlates of symptoms of post-traumatic stress disorder (PTSD) among resettled Afghan refugees in a regional area of Australia. *Journal of Mental Health*, 30(6), 1-7. <https://doi.org/10.1080/09638237.2020.1739247>
- Hyatt, A., Lipson-Smith, R., Schofield, P., Gough, K., Sze, M., Aldridge, L., Goldstein, D., Jefford, M., Bell, M. L., & Butow, P. (2017). Communication challenges experienced by migrants with cancer: A comparison of migrant and English-speaking Australian-born cancer patients. *Health expectations : an international journal of public participation in health care and health policy*, 20(5), 886–895. <https://doi.org/10.1111/hex.12529>
- Hughson, J. A., Marshall, F., Daly, J. O., Woodward-Kron, R., Hajek, J., & Story, D. (2018). Health professionals' views on health literacy issues for culturally and linguistically diverse women in maternity care: barriers, enablers and the need for an integrated approach. *Australian health review : a publication of the Australian Hospital Association*, 42(1), 10–20. <https://doi.org/10.1071/AH17067>
- 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(1), 880. <https://doi.org/10.1186/s12889-022-13256-z>

Minas, H., Kakuma, R., Too, L. S., Vayani, H., Orapeleng, S., Prasad-Ildes, R., Turner, G., Procter, N., & Oehm, D. (2013). Mental health research and evaluation in multicultural Australia: developing a culture of inclusion. *International journal of mental health systems*, 7(1), 23. <https://doi.org/10.1186/1752-4458-7-23>

Migrant and Refugee Health Partnership. (2022). Building on Strength: Developing Australia's Bilingual and Bicultural Health and Care Workforce. Retrieved June 5, 2024 from <https://culturaldiversityhealth.org.au/wp-content/uploads/2024/01/Building-on-Strength-Bilingual-and-Bicultural-Workforce-Policy-Brief.pdf>

Parajuli, J., Horey, D., & Avgoulas, M. I. (2020). Perceived barriers to cervical cancer screening among refugee women after resettlement: A qualitative study. *Contemporary nurse*, 56(4), 363–375. <https://doi.org/10.1080/10376178.2020.1806089>

Phillips, C. B., & Travaglia, J. (2011). Low levels of uptake of free interpreters by Australian doctors in private practice: secondary analysis of national data. *Australian health review: a publication of the Australian Hospital Association*, 35(4), 475–479. <https://doi.org/10.1071/AH10900>

Piper, M. (2016). CHCSET002: Undertake Bicultural Work with Forced Migrants in Australia, Trainer's Resource Guide. Retrieved June 5, 2024 from <https://www.ames.net.au/-/media/ames/bookshop-document/chcset002-bicultural-work-with-refugees--trainers-manual--2018.pdf>

Queensland Government. (2021). Queensland public sector inclusion and diversity strategy 2021–2025. Retrieved June 5, 2024 from https://www.forgov.qld.gov.au/_data/assets/pdf_file/0022/184144/queensland-public-sector-inclusion-and-diversity-strategy-2021-2025.pdf

Queensland Health. (2023). Exploring the health of culturally and linguistically diverse (CALD) populations in Queensland: 2016–17 to 2019–20. Retrieved June 5, 2024 from https://www.health.qld.gov.au/_data/assets/pdf_file/0028/1217593/QGV0439_CALD-Populations-Report_Full-Report.pdf

Queensland Health. (2023). A vision for Queensland's health system; Advancing The Queensland Health and Hospitals Plan. Retrieved May 23, 2024 from https://www.health.qld.gov.au/_data/assets/pdf_file/0037/1194976/healthq32-vision-for-health-system.pdf

The Australian Multicultural Health Collaborative. (2024). National Multicultural Health and Wellbeing Conference 2023 Summary Report. Retrieved May 23, 2024 from https://fecca.org.au/wp-content/uploads/2024/04/FECCA-AMHC-Conference-Summary_v11-web.pdf

The Federation of Ethnic Communities' Councils of Australia (FECCA). (2017). Australia's Bilingual and Bicultural Workforce. Retrieved May 23, 2024 from <https://fecca.org.au/wp-content/uploads/2017/12/Australias-bilingual-and-bicultural-workforce-Report-2017.pdf>

White, J., Plompen, T., Osadnik, C., Ibrahim, J., & Botti, M. (2018). The experience of interpreter access and language discordant clinical encounters in Australian health care: A mixed methods exploration. *International Journal for Equity in Health*, 17, 151. <https://doi.org/10.1186/s12939-018-0865-2>

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