

July 2024

# Bridging the Gap: A Literature Review

The Role and Challenges of Bilingual and Bicultural Workers, and Strategies for Supporting This Workforce in Queensland's Health and Community Services Sector

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## Acknowledgement of country

True would like to acknowledge the Traditional Custodians of Country throughout Australia and their continuing connection to land, culture, and community.

## Introduction

Queensland's culturally and linguistically diverse (CALD) communities have a significant role in shaping the demographic landscape of the state, with one in five residents born overseas [1] and over 300 different languages spoken [2]. However, Queensland's CALD communities experience significant health disparities, evidenced by poorer health outcomes across various measures, including hospitalisations, chronic disease, acute disease, and vaccine preventable disease, as compared to non-CALD populations [2]. Furthermore, underutilisation of health services is common in Australian CALD communities. This occurs across CALD population groups, including children [3], and is particularly striking with mental health [4]. Indeed, Hamrah et al. 2021 found that fewer than half of migrants in their regional Australian study sought professional help, despite over 80% recognising that they had a mental health problem. While there is little research on the influence of specific barriers that contribute to this underutilisation in Australia [5], there are likely a number of interconnected factors. For example, low health literacy, language and communication barriers, difficulty navigating the health system, lower educational attainment within some migrant groups, and poor cultural competency of health care providers are commonly cited contributors [6-10]. Consequently, people from CALD backgrounds were recently recognised as priority populations in Queensland Health's HealthQ32 vision [11], emphasising the urgency of targeted interventions to address the health inequity experienced by Queensland's CALD communities.

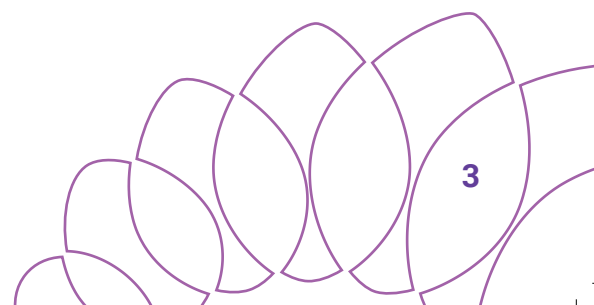
## Barriers to Healthcare Access

Barriers to healthcare access can be reduced in part with the use of interpreters. The Federation of Ethnic Communities' Councils of Australia (FECCA), the national peak body representing CALD communities, describes the role of interpreters as an "impartial nexus between two individuals who do not share a common language" [12]. Disappointingly, interpreters are not commonly utilised in general practice. A 2011 study estimated that only 0.97% of Medicare-funded consultations involving people with limited English proficiency used interpreters from the National Translating and Interpreting Service [13]. There are also known difficulties with availability and quality of interpreter services across a broad range of Australian health contexts [14, 15]. Additionally, while interpreters provide an essential service to CALD communities, their primary role is to mitigate language and communication challenges, rather than providing cultural support.

## Role of Bilingual and Bicultural Workers

Culture is an important consideration when seeking to reduce health inequity within CALD communities. FECCA states that organisations are interested in engaging workers who can provide support and build connections with communities beyond language [12]. These employees are typically known as 'bicultural workers'. The Centre for Multicultural Youth defines bicultural workers as those 'employed to work specifically with people or communities with whom they share similar cultural experiences and understandings, and who are employed to use their cultural skills and knowledge to negotiate and communicate between communities and their employing agency' [16].

While the role of bilingual and bicultural workers is not designed to replace interpreters, the effectiveness of these workers rests on their ability to act as a cultural 'bridge' between community members and health care access [12, 17]. However, in certain situations, such as if misunderstandings are conceptual or policy related, the engagement of bilingual workers has been highlighted by FECCA as more efficient, compared to interpreters [12]. As cultural 'bridges', the benefits of bilingual and bicultural workers for the communities they assist, and their employers are innumerable.



For the communities they assist, bilingual and bicultural workers provide immense positive support. The strengths of bilingual and bicultural workers were extensively described by the Centre for Multicultural Youth in their consultation [16]. Trust is a commonly cited strength of these workers [12, 16, 17]. This trust and credibility can be readily established by bilingual and bicultural workers due to their strong connections as members of their communities [16, 18]. This enables workers to facilitate access to health and community care services and provide culturally responsive support, drawing on their understanding of potential concerns within the communities they assist [16, 18]. Understanding the importance of culture is a common strength identified in the literature. One bicultural worker described the importance of their role:

*Being able to give ... information [on dementia] in Italian...by understanding the culture and what is acceptable and what not, you are able to deliver that information in a way that that person, I think, will accept [19].*

Bilingual community navigators (BCNs) have been recently trialled in some Australian general practices to further explore the strengths and challenges experienced by these workers. The use of BCNs in Australian health care settings is relatively new. The first study of its kind was the result of a codesign process involving patients, caregivers, and health care workers [20]. BCNs were provided 26 hours of training to assist Bengali, Chinese, Hindi, Arabic, and Samoan community members in Sydney to navigate the health care system [21]. BCNs remained in their role for 10 weeks, with feedback provided by general practitioners (GPs), BCNs, and patients [21]. Feedback from BCNs highlighted trust as an important factor:

*I can put myself into her shoes as well. That's probably why she started to talk to me. (BCN, participant 4) [21].*

Two patients emphasised the importance of communicating in language:

*He talks a lot about in the home language, so I understand what he means (Patient, participant 8) [21].*

*This service (BCN) is very important for people like us who don't speak English well, sometimes all the specialists only speak English. Sometimes the doctors don't have translation, then you waste time on finding translators. Sometimes there is telephone translation, but it's difficult still (Patient, participant 9) [21].*

GPs also reflected positively on the experience, stating:

*We were very lucky to have this BCN. He's got excellent rapport... and I think that they (BCNs) will see they (patients) get the appointment time quicker and easier [21].*

These highlight the importance of bilingual and bicultural workers particularly in supporting the cultural needs of CALD community members. While perhaps the most obvious benefit of these workers is for the communities they assist, employers also benefit distinctly from the employment of bilingual and bicultural workers.



## The Benefits for Employers

The benefits for employers are substantial. The Centre for Multicultural Youth in their consultation with employers highlighted the value of different perspectives for problem solving as a benefit of bilingual and bicultural workers [16]. Improved client services were also seen as a benefit by organisations, with one manager stating:

*It's amazing how much better we work with communities with the knowledge and expertise of bicultural workers (Community services manager, CMY Bicultural Worker Network 2007) [16].*

Furthermore, FECCA stated that the engagement of bilingual and bicultural workers increases workplace cultural competence and enhances knowledge of other workers [12]. Additionally, in their ability to build trust, bilingual and bicultural workers may be able to elevate the reputation of the company they work for within their communities. Finally, bilingual and bicultural workers facilitate the increased diversity of the workforce [17], which is an increasingly common goal for organisations and is reflected in the aims of the Queensland public sector inclusion and diversity strategy 2021–2025 [22]. However, there is limited evidence of the impact of bilingual and bicultural workers from the employer perspective. Importantly, there are also several challenges that prevent the widespread engagement of bilingual and bicultural workers which affect each of the stakeholder

## Challenges Faced by Bilingual and Bicultural Workers

Bilingual and bicultural workers face many challenges in the workforce, many of which were identified by the Centre for Multicultural Youth, including confidentiality issues, employment conditions and expectations, as well as professional development and career progression [16]. Workers described a high degree of pressure to provide help to their communities outside of work hours, making it difficult to maintain professional boundaries with the communities they assist [16]. Similarly, while the close connection and familiarity of the workers with their communities is a strength of their work, it can also be a weakness, as there may be concerns regarding confidentiality [16]. Additional challenges include employers failing to recognise and appropriately remunerate workers [17], expectations to perform work outside of their scope of knowledge ('role creep') [17], high staff workload and burnout [16], and limited options for professional development and career progression [12, 17]. These factors likely have a substantial impact on bilingual and bicultural worker psychosocial wellbeing. Other potential challenges, including the casual, often insecure nature of the work, have yet to be explored. Understanding the most significant issues faced by the workforce is integral to develop strategies to mitigate these challenges, to effectively expand Queensland's bilingual and bicultural workforce.

## Recruitment and Retention Challenges

Employers also face challenges in recruiting and retaining bilingual and bicultural workers. It is important to note that while the challenges and barriers have been well documented in reports from the national peak bodies, there is a paucity of data, in the Queensland or Australian context to illustrate the importance of these barriers to employers. The Centre for Multicultural Youth provided a comprehensive overview of the barriers faced by employers through their extensive consultation.

In this report, managers expressed concerns surrounding recruitment using standard methods, tokenism, difficulties managing staff, tension resulting from discussions of culture, unrealistic expectations, inability to provide required support to workers, blurring of lines for bicultural workers both with their colleagues and the communities they assist, and unrealistic expectations to work outside of the scope and hours of the role [16]. The lack of pathways for skill development and career progression for workers was also highlighted as an issue in this consultation [16]. Another well-known barrier for employers, particularly at the time of recruitment of bilingual staff is the limited ability to assess the language skills of prospective employees.

## Training and Accreditation

A key barrier for employers is the absence of standardised pathways for training and accreditation of bilingual and bicultural workers [12, 17]. This barrier is most noticeable at the point of initial engagement of a bilingual and bicultural worker. In programs that utilise bilingual and bicultural workers across Australia, various methods are used by employers to assess the language skills of staff. Formal testing administered by the National Accreditation Authority for Translators and Interpreters (NAATI) and the Canberra Institute of Technology is used for the New South Wales Community Language Allowance Scheme, and the Commonwealth Language Services Unit, respectively [12]. Whereas the Ethnic Communities Council of Queensland (ECCQ) and FKA Children's Services rely on trust or the use of community referees, respectively to assess language skills of their bilingual staff [12]. Development of language skill tests for bilingual and bicultural workers was suggested by FECCA as a "good starting point", whilst waiting for a nationally accredited course for bilingual and bicultural workers [12].

## Professional Development

Professional development is a considerable potential enabler for the workforce.

A nationally accredited training program for bilingual and bicultural workers has been trialled in the past and represents a potential enabler. In 2011, ECCQ in partnership with the Cunningham Centre developed the nationally accredited certificate IV in primary health and community care (multicultural) [12]. This run was successful, with 50 students graduating from the course by 2013 [12]. However, the primary barrier for this course was financial, as most bilingual workers are from low socio-economic backgrounds [12]. As a result, enrolment was low, and the course was discontinued [12]. Furthermore, there have been national initiatives, such as those implemented by National Disability Services in 2016, and the Australian Government in partnership with TAFE which developed the unit of a course "undertake bicultural work with forced migrants in Australia (CHCSET004)" [18]. To support the bilingual and bicultural workforce, The Migrant and Refugee Health Partnership recommended:

*The Federal Government should invest in the development and delivery of national training for bilingual and bicultural health practitioners and health workers, based on the competency standards framework and accredited with relevant professional bodies [17].*

Whether this would be readily accepted and valued by Queensland's bilingual and bicultural workforce and their employers remains unknown. Additionally, whether this would act as a barrier to entry to the profession if it were to be made a requirement is unknown. Hence, consultation with the workforce is essential to prevent creating additional barriers to entry to bilingual and bicultural roles.

Another potential enabler to support the professional development of the workforce is a community of practice. The aim of a community of practice is to provide a platform for knowledge sharing, skill development, mentoring, and recognition [7]. Furthermore, a community of practice was recommended by the Migrant and Refugee Health Partnership to facilitate sharing of best practice and resources to support the workforce [7]. However, it is unknown whether a community of practice would be valued and supported by the workforce and employers. This is important to understand to determine whether it would be valuable for governments to invest in the infrastructure required to support a community of practice of bilingual and bicultural workers.

## National Competency Standards

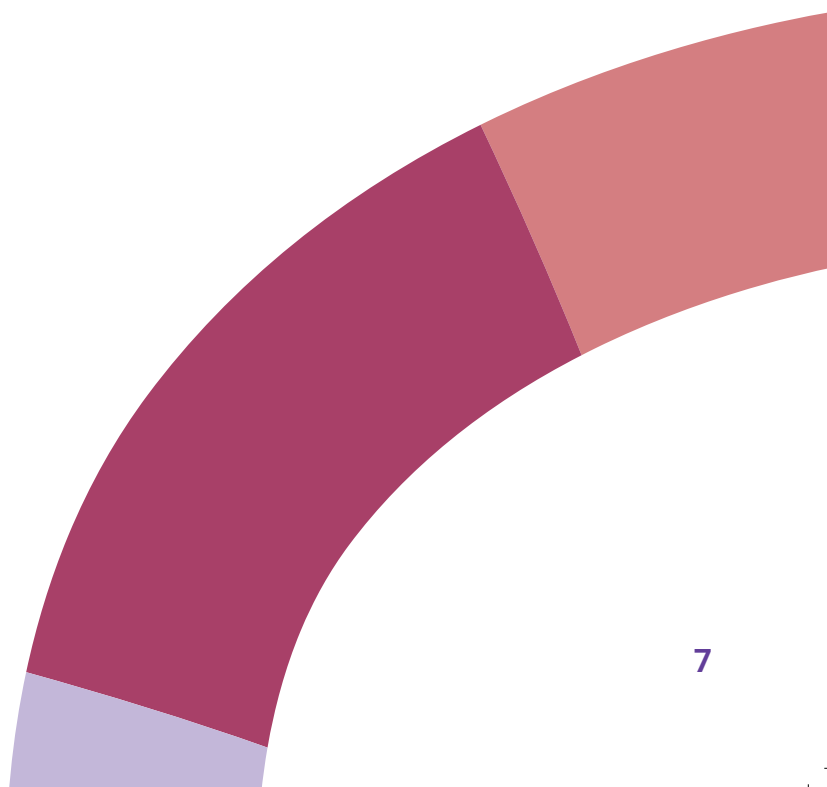
The absence of national competency standards for the bilingual and bicultural workforce presents another potential barrier for employers. FECCA stated that the lack of accreditation and standardised training for bilingual and bicultural workers results in inconsistency of role descriptions to recruit these workers and a difficulty in determining appropriate remuneration [12]. The development of standards was also recommended and discussed extensively in the Migrant and Refugee Partnership's report *Building on Strength: Developing Australia's Bilingual and Bicultural Health and Care Workforce* [17]. It was recommended that:

*To support the workforce plan, Federal Government should invest in the development of a national competency standards framework for bilingual and bicultural health practitioners and health workers [17].*

It was suggested that this would help to standardise job descriptions, recruitment, remuneration, professional training, support, and career progression for Australia's bilingual and bicultural workforce [17]. However, the level of support for these standards among Queensland's bilingual and bicultural workers and employers remains uncertain.

## Data Paucity

At the systems level, these challenges are compounded by the paucity of data pertaining to Queensland's bilingual and bicultural workforce. The impact of bilingual and bicultural workers is therefore largely unknown and under recognised within Queensland's health and community services sector. This hinders the development of evidence-based strategies to address the needs of the workforce to the detriment of workers, employers, and the communities they serve. This comprises a major remediable gap in knowledge that requires immediate attention.



# Conclusion

In conclusion, bicultural and bilingual workforce presents a promising avenue for addressing the significant health disparities faced by CALD communities in Queensland and Australia. The workforce can serve as invaluable bridges between healthcare providers and communities, facilitating better access to healthcare service and providing culturally responsive support.

However, as discussed in this review, challenges such as limited pathways for career progression and absence of standardised training and accreditation persist, hindering the engagement of bilingual and bicultural workers.

To fully leverage the potential of this workforce and address the needs of both workers and employers, it is imperative to develop evidence-based strategies and invest in initiatives that support their recruitment, retention and professional development. This will not only benefit the workers and employers but also contribute to improving health outcomes and reducing health disparities within CALD communities in Queensland and Australia.

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## Acknowledgements

We also thank Kumchong Lee (Senior Research Assistant, UQ) for his feedback on the draft of this review, and Sonya Khwanyuen (Digital Content Creator, True) for designing this literature review.

*This initiative is funded by Jobs Queensland as an action arising from the Good jobs. Good people: Queensland Workforce Strategy 2022-2032.*



