



Outcome document

Roundtable: Role of the Bicultural and Bilingual Health Workforce in the Health System

December 2021

Background

In November 2021, the Migrant and Refugee Health Partnership (Partnership) and the Victorian African Health Action Network (VAHAN) held a roundtable to consult with bicultural and bilingual health workers supporting the provision of health care to culturally and linguistically diverse communities. The purpose of the roundtable was to develop a greater shared understanding of the unique contribution that bicultural and bilingual health workers make to the healthcare system, identify and articulate the key issues encountered by this workforce, and develop recommendations for collaboration and support that would be beneficial to strengthening the workforce.

The discussion was informed by an information note which provided a high-level overview of the crucial role that bicultural and bilingual health workers play in facilitating a person-centred approach to care and the critical contribution that the workforce has made in supporting migrant and refugee communities during the COVID-19 pandemic. The paper outlined overseas experience in introducing the position of cultural mediators within health systems to address the gaps between conventional health practice and the diverse needs of multicultural communities and the positive contribution this has made to experiences and outcomes.

The discussion was also informed by a presentation about cohealth's bicultural program, including a bicultural workers network in Victoria, an internship program for bicultural workers, a [bicultural worker hub](#) and a set of professional standards for bicultural workers. The standards cover topics such as roles and responsibilities, complexities of living and working in one's community, culturally appropriate boundary setting, ethical considerations, cultural safety guidelines, inclusive recruitment guides, payment policies and self-care and supervision.

The outcomes of the roundtable will inform further work to build greater recognition of the unique roles and responsibilities of bicultural and bilingual health workers within the health system and develop recommendations for strengthening the capacity of the workforce. Immediate next steps include the Partnership developing a policy paper (including a literature review and review of existing



practice, key considerations and recommendations) on the role and contribution of bilingual and bicultural health workers.

Migrant and Refugee Health Partnership

The Migrant and Refugee Health Partnership was formed in 2016 to bring the health and the community sectors together to address systemic barriers to health access for migrant and refugee communities. The Partnership provides a strong focus both on the health system capability to work effectively with migrants and refugees, and on strengthening health-promoting assets in migrant and refugee communities with a view to improving community health and wellbeing.

Victorian African Health Action Network

Victorian African Health Action Network (VAHAN) is a not-for-profit, community-based health promotion charity. VAHAN works to facilitate meaningful engagement of African communities in the development and implementation of Victorian and national responses to conditions affecting the community, offering critical commentary on policy, media and research, highlighting the implications for Victoria's African communities. The objective is to engage with African communities in Victoria to develop a process through which the concerns of the community can be considered during the development and implementation of policies and programmes.

Understanding the unique role and contribution of the bicultural and bilingual workforce

Participants discussed the crucial role that bicultural and bilingual health workers play in the health system. They are essential in supporting the delivery of a person-centred approach to care in a multicultural country like Australia, ensuring that individual needs and experiences are accommodated for in health care. It was noted that their language skills and capacity to bridge socio-cultural gaps are an effective way to build rapport, respect and trust with individuals and communities. Further, their links into and knowledge of communities assists service providers to adapt mainstream services in a culturally responsive manner and proactively identify and address emerging issues.

The importance of this workforce has been evident throughout the COVID-19 pandemic, where bicultural and bilingual health workers have played a key role in supporting the delivery of health care, communicating health information to migrant and refugee communities, identifying misinformation within communities and addressing that, and assisting the vaccination rollout.



Key challenges experienced by the bicultural/bilingual health workforce

Participants discussed the lack of a uniform understanding about the role, responsibilities and competencies of bicultural and bilingual health workers. They noted various definitions that have been developed by organisations, including the Centre for Multicultural Youth, the Centre for Culture, Ethnicity and Health and cohealth. Culture is complex and difficult to define, so many definitions of bicultural workers do not define culture but rather focus on the use of cultural skills and knowledge to facilitate communication.

The lack of a defined role is most evident when it comes to language. Bicultural and bilingual health workers may be proficient in a language other than English and can use that as an additional skill set in their organisation, but there is an important distinction between their role and interpreters. Bicultural and bilingual health workers are not interpreters. This is often poorly or not at all understood by mainstream service providers and even some specialist providers. Participants reflected that it is not possible to undertake an interpreting role at the same time as fulfilling the duties of a bicultural and bilingual health worker as the roles conflict. They noted that interpreters have a code of ethics they must abide by which requires them to be impartial, whereas a health worker works with the client, advocates for them and often needs to show care and empathy for them.

Despite this distinction between the roles, bicultural and bilingual health workers are commonly requested to undertake interpreting duties in addition to their other duties, without any training or additional compensation. Workers who do not feel comfortable interpreting, either at all or at the same time as performing their other duties, are constantly having to reassert their boundaries, which is challenging. The constant push to volunteer extra skills without support and adequate remuneration contributes to burnout in the workforce.

There was consensus that organisations need to have clear guidelines around when bilingual and bicultural health workers can undertake interpreting duties. Further, working with interpreters is a specific skill and training should be provided to bilingual and bicultural health workers on this.

Other challenges raised by participants included:

- A lack of recognition of the role bicultural and bilingual health workers play in the delivery of quality health care. Workers feel invisible and isolated.
- Inappropriate remuneration, particularly when workers are required to perform duties beyond their job description.
- A lack of training and professional development opportunities, which means workers do not feel supported to perform their role, as well as making it more difficult to progress their careers and more likely they will look elsewhere for employment. Some employers do offer

professional development for bicultural and bilingual health workers; however, many do not, or it is not tailored specifically to the role. Further, structural issues mean that many bicultural and bilingual health workers are employed only in a casual capacity across one or more organisations and do not have access to training.

- It can be difficult for bicultural and bilingual health workers to manage the requirements of their role against expectations from those within their community. Workers may find themselves constantly have to assert their boundaries. Further, at times, bicultural and bilingual health workers may want to step outside their role to assist members of their community. For example, they may have identified the need for an interpreter to assist with communication but none is available, so they step in to perform the role even though they are not trained to do so.

The way forward

Participants discussed opportunities to strengthen the bicultural and bilingual workforce, considering both what needs to occur on the health system side and on the workforce side. It was recognised that the COVID-19 pandemic has highlighted the importance of this workforce and this presents an opportunity to drive change. There is a need for this to be addressed at a national level.

There was consensus that supporting the creation of stronger networks of bicultural and bilingual health workers is fundamental. Presently, the workforce largely operates in silos and workers must navigate the complexity of their roles and organisational challenges alone. Facilitating a community of practice where workers can come together, support each other, discuss common challenges and share ideas, learnings and best practice would assist in strengthening the workforce. It was noted that cohealth operates a bicultural workers hub in Victoria for this purpose.

Participants discussed the importance of articulating the key competencies and skills of bicultural and bilingual health workers. The settlement sector has many similarities to the bicultural and bilingual health workforce and has recently undergone a process of establishing a community of practice. It has used that network to develop a set of competencies that can drive recruitment, professional development, career progression and improve staff retention. The competencies are also valuable as they articulate the value of the workforce to external organisations and government. There was agreement that a similar process would be beneficial for the bicultural and bilingual health workforce, as it will improve both their capacity to perform their role as well as improving broader external understanding of their value, skills and expertise.

In addition to the above, a community of practice could:

- Develop greater opportunities for training and professional development;
- Support the introduction of accreditation and skills recognition processes;



- Develop guidelines to address some of the issues around interpreting discussed above, as well as other key challenges; and
- Support workers with resources to undertake their role, including about maintaining professional and ethical boundaries.

Consideration should be given to further research about the workforce in Australia and overseas models of cultural mediators that may be able to be adapted for an Australian context, as well as opportunities for industrial reform. There is also a need for greater advocacy for funding to improve the capacity of organisations to develop sustainable models for a professionalised bicultural and bilingual health workforce. There was consensus that continuous evaluation is important.



Attachment

Participants

Dr Vijay Roach	Chair, Migrant and Refugee Health Partnership
Dr Chris Lemoh	President, VAHAN & Member, Council – Migrant and Refugee Health Partnership
Bernadette Okoth	Victorian African Health Action Network
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