

Submission to
ACT Multicultural Strategy
2010-2013

From: Women's Centre for
Health Matters Inc.

November 2009

Submission to the ACT Multicultural Strategy 2010 - 2013

Introduction

The Women's Centre for Health Matters Inc. (WCHM) is a community-based organisation that works in the ACT and surrounding region to improve women's health and wellbeing. WCHM focuses on groups of women who experience disadvantage and uses social research, community development, advocacy and health promotion to empower these women to achieve the highest possible standard of health and wellbeing.

WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. We also acknowledge that the environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a 'whole of life' and social approach to women's health.

WCHM welcomes the opportunity to comment on the second Draft of the Multicultural Strategy, and welcomes the inclusion in the draft strategy of women, and refugees and asylum seekers.

WCHM has chosen to limit its responses to those areas in which it has the most knowledge and expertise, and to support its responses with evidence published by the Centre and its partners on the specific needs of ACT women from Culturally and Linguistically Diverse Backgrounds.

The WCHM has commissioned several research projects over the last eighteen months in relation to CALD women's isolation and marginalisation.

The report *Social Determinants of Women's Health in the Australian Capital Territory* recognised that certain groups are more at risk of poor health and wellbeing as a consequence of social factors, and that women from culturally and linguistically diverse backgrounds (CALD) are one such group.

The *Marginalised and Isolated Women in the ACT* report found statistical and anecdotal research suggesting that general health and wellbeing levels are lower for women from a culturally and linguistically diverse background, than for the population at large.

The report *Culturally and Linguistically Diverse Women in the Australian Capital Territory- Enablers and Barriers to Achieving Social Connectedness* aimed to develop a profile of CALD women in the ACT, and to determine the factors that contributed to their levels of social connectedness and wellbeing (or lack thereof).

The consultations indicate that the major barriers newly arrived migrants and refugees face in accessing services relate to language and cultural barriers, and that these barriers affect how well clients understand their health options,

and indeed outcomes. Lack of understanding regarding the health system in Australia as a whole as well as other health issues was further evident.

WCHM is also currently completing a literature review and research in consultation with both service providers/health practitioners and Sudanese women in the ACT about the issues impacting on access to health and other services by Sudanese women in the ACT. The findings reinforce that small minority communities may not have the necessary resources to attract policy makers and service providers' awareness of their needs, and that their limited numbers make it difficult for service providers to deliver ethno-specific services or recognise the needs of specific refugee women as distinct from the needs of other migrant groups.

General comments

The review of the Multicultural Strategy offers an opportunity to build on the achievements already made to address the needs of people from Culturally and Linguistically Diverse (CALD) backgrounds.

There are several themes that have not been carried across from the previous Strategy which we believe still need to be retained:

1. there is still a need to maintain human rights as a key theme. Our research has shown that women from CALD groups are still subject to discrimination and racism, particularly in workplaces.
2. Access and equity still requires special attention to be paid by Government to women from minority groups in our community, particularly for those from new and emerging communities – in particular this is an issue in relation to accessing health care. There is also a need for more appropriate mechanisms for them - in particular, there are difficulties in accessing appropriate health services and this is exacerbated by difficulties in locating health facilities with multilingual doctors and the lack of interpreters in hospitals. There is also a need to develop better linkages between settlement services and mainstream health /wellbeing services. In relation to accessible services, feedback is that there is still no understanding by ACT departments of how to promote services to CALD Communities –health and other services are not used by the women needing them because they don't know they exist. In addition many services don't understand cultures and how to adapt to meet the requirements of CALD women, and there is little commitment from ACT Government (through training and other resources) to ensure culturally sensitive models of health service delivery for CALD women in the ACT.

Comments on the Focus Areas

Focus Area 1: Languages

The focus of this Focus Area is mainly on ESL and education in the diverse languages of the ACT. Our research overwhelmingly suggests that:

- lack of English language skills is considered one of the biggest barriers in achieving social connectedness; and
- accessing translation services can be a significant difficulty, and this often results in women not being able to access adequate health care and support services.

Our consultations with CALD women in the ACT show that an issue that needs to be addressed is around the lack of suitable interpreters for women who need information in their prime language in order to understand the services/care available. In particular the language concerns raised in our consultations with women were:

- there is a need to improve access to interpreter/ translator services - demand for interpreters of certain smaller community languages and for female interpreters continues to be unmet;
- information should be produced in both written and spoken (e.g. video) format where possible as many women are not literate in their first language so that even translated written material is not helpful;
- there is a shortage of bi-lingual support workers;
- some women cannot attend ESL language classes if they are primary carers because of a lack of childcare.

Most of the women in WCHM's current study with Sudanese women in the ACT expressed their concern regarding their communication skills - even those who had good English skills indicated that they had continuing problems, as the English used for example in medical situations requires a high level of English proficiency. Most of the women are illiterate in English, and indicated for example that they could not understand prescriptions written in English.

Language barriers affected the Sudanese women more than men and it is often difficult for women to learn a new language, creating a lack of equal opportunities. While men are expected to participate in employment and other social activities, women are mainly responsible for caring for children and are not exposed to the broader community as often and as widely. As a result women experience and are more at risk of being affected by social isolation.

The women were asked their views on the English language programs that are available for migrants. Their responses were that available English classes are often not practical or accessible for many women with children.

To overcome the language barriers, the women, indicated that they have to rely on the translating and interpreting system or at least a friend or relative. But there is a lack of access to interpreters overall, particularly female interpreters and interpreters of smaller emerging community languages. Due to the limited number of qualified interpreters within the Sudanese community, language and communication problems remained the greatest barrier in accessing services and health care.

The women reported three dialects in Dinka and that the translating services only provide one Dinka dialect which some of them cannot understand. Interpreters not only perform the important role of conveying information between provider and client, but can also act as client advocates and can serve as a cultural bridge between providers and patients providing insight into the cultural significance of what is being conveyed both verbally and non-verbally.

However, the Sudanese women reported incidences where the interpreters were not competent enough to convey the message they needed to get across and they consistently raised the issue of the wrong dialect of interpreters used.

Lack of information in culturally and linguistically appropriate material was also frequently cited as preventing women from accessing appropriate services and programs, for example, Pap smear screening and mammogram screening.

Illiteracy was identified as a significant linguistic barrier to communication. An illiterate person is unable to read and write and is thus unable to access information that has been packaged in the written form – so they are unable to access this information on their own, or can only access it through intermediaries.

Yet written information is a medium that is extensively used by both the Australian and ACT systems to provide services to the community. Such information is important for every individual but illiteracy prevents their access to vital information.

Focus Area 4: Women

WCHM welcomes the inclusion of *Women* as a focus area for this draft Multicultural Strategy. Our research overwhelmingly suggests that:

- women from CALD backgrounds are certainly one of the most isolated and marginalised groups in the ACT, and their health and wellbeing is suffering as a consequence;
- as a minority within a minority, refugee women are at high risk of both low visibility and vulnerability;
- many new refugees lack knowledge and understanding of the available services and health care in ACT; and
- social inequalities can have a significant negative effect on the health and wellbeing of these women;

Representation and recognition:

As highlighted in the ACT Women's Plan, the diversity of women in the ACT community should be reflected across the range of decision making bodies.

There are very few CALD women in senior levels/ decision making roles. Women's Centre for Health Matters has found in its consultations with CALD women that because there are very few CALD women in those roles, this has led to a lack of CALD women as role models, and CALD issues are then not seen as being on the agenda at senior levels in the ACT public service.

The Strategy needs to recognise that progress on this theme should not just focus on 'mainstream' women being on Boards, but also the need to provide support and prepare a wider and more representative sample of women to do so in the future. The Strategy needs to recognise the need to develop leaders within multicultural community groups, in particular women and young people, to take on leadership and/or senior positions and to support them to fully understand their roles and the processes involved in conducting effective community meetings.

Resources to address social needs of women from CALD Backgrounds:

Social support networks are vital in helping to prevent disease, facilitating recovery and adapting to ongoing illnesses. Indeed, a woman's role within her social network can affect her coping processes.¹ Additionally, participation in family and social groups can have a more broad effect on wellbeing, with improved mental health outcomes among those with "...positive relationships that enhance self-acceptance, personal growth, trust, safety and reciprocity."²

Social networks are necessary for survival in countries such as Australia, where government responsibilities to refugees are often associated with time limits. Once this time is up, individuals can only rely on the social capital and networks that they have established within this short timeframe. Support services within the community are therefore often required to assist CALD women and families for periods longer than they have been funded to provided.

There is a need to develop better linkages between settlement services and mainstream health /wellbeing services.

Currently all women in the ACT do not have equal access to health and wellbeing services. Our research has found that women are the primary seekers of health care and health and well-being information, not only for themselves, but for their children and other family members. Despite this, ACT women (and particularly humanitarian entrants) face significant challenges as they try to manage their own and their family's health.

They are confronted by a number of significant barriers in acting on their health and wellbeing issues. The systemic barriers that prevent women from dealing with these issues are affordability of treatment, long waiting lists for appointments and difficulties with transport.

¹ Renata Kokanovic and Lenore Manderson, "Social support and self-management of type 2 diabetes among immigrant Australian women," *Chronic Illness* 2, no. 4 (2006).

² Celia McMichael and Lenore Manderson, "Somali women and wellbeing: Social networks and social capital among immigrant women in Australia," *Human Organisation* 63, no. 1 (2004), 89.

Focus Area 5: Refugees and asylum seekers

WCHM is pleased to see a focus within the draft Implementation Plan on services for newly arrived refugees as this is still an issue within the ACT.

They often have very high support needs, but current services which support their needs are being cut or they are required to navigate 'mainstream' services to address their needs – yet WCHM's findings are that generalist services don't have the skills/services to meet the unique needs of this group.

Provide access to health and wellbeing services which meet the needs of humanitarian entrants

There are particular issues for the new and emerging communities settling in the ACT. Unlike other migrants from non-English speaking countries, English language proficiency does not play a part in the selection of humanitarian entrants. They are likely to have a greater reliance on bilingual workers / care providers and interpreters for communication. These resources are often lacking within small and emerging communities for example among the Dinka people from southern Sudan.

There is a need for more appropriate mechanisms for them - in particular, there are difficulties in accessing appropriate health services and this is exacerbated by difficulties in locating health facilities with multilingual doctors and the lack of interpreters in hospitals.

A significant proportion of Sudanese women in our study do not access the public health system because they dislike the system for a variety of reasons, including misunderstandings, feeling discriminated against and perceptions of unfriendly or poor patient-doctor relationships. The feedback from focus groups demonstrated the difficulties refugee women experience when accessing health care which are directly related to a limited understanding of consumer rights and of Western clinical health models within Australia. The vast majority of health care for women of refugee background occurs within the mainstream health system in which there are particular barriers to them accessing effective health care.

First, recent humanitarian entrants and those who are yet to find employment may have severe financial constraints. Any service not fully covered by Medicare will pose a problem, such as allied health providers, dentists, and private specialists. Newly arrived refugees are often unable or unwilling to seek medical treatment because they cannot afford to pay. Consideration needs to be given to minimizing costs to refugee families, possibly by identifying practitioners willing to provide affordable care. Local refugee health networks are one avenue of identifying suitable practitioners.

Most of the women in focus groups revealed a limited understanding of mainstream health services, including how they work, what services are provided, how to access those services, or even where the services were located. Discussions clearly indicated that this lack of knowledge prevents

these women accessing vital services, especially those that are essential to disease prevention, such as cancer screening programs.

Education around prevention is needed, as many newly arrived clients are not accessing health services until the problem presents itself or is well advanced. Preventing illness can be difficult due to the stress already experienced upon arrival and the fact that many new arrivals come from needs based health systems with less of a focus on prevention.

Communication issues between newly arrived refugees or asylum seekers and providers remains one of the most notable barriers to accessing appropriate health care. A degree of cultural competence is essential in providing optimal care to this group – eg to understand what is culturally acceptable to a patient and their family in the context of health care.

Apart from the language discordance between practitioner and patient, communication may be affected by differences in cultural approaches to communication, views about the causes of illness and the way illness should be managed, and the perceptions of illness and disease and their causes, which vary by culture.

In relation to accessible services, there is still not a good understanding by ACT departments of how to promote services to CALD Communities – health and other services are not used by many of the women needing them because they don't know they exist.

In addition many of the services consulted advised WCHM they don't understand the newer cultures and how to adapt services to meet the requirements of the women. There is a lack of commitment in the ACT (through training and other resources) to ensure culturally sensitive models of service delivery are delivered for CALD women in the ACT.

From our research and consultations WCHM has identified that the elements of an accessible health system for women must include:

- access to appropriate, affordable and available health and wellbeing services
- pathways of care that are easy to navigate including access to information in preferred formats, a workforce that empathises with women who do not understand the health system and the services provided, and access to assistance in navigating the pathways
- the provision of gender and culturally sensitive information on health and wellbeing - information should be produced in both written and spoken (e.g. video) format where possible as many women are not literate in their first language
- the use of innovative models for reaching the most marginalised women, such as outreach and community models of service.

Conclusion

In conclusion, this submission aims to highlight issues from the perspective of the more diverse groups of women of the ACT, and the service providers who

work with them, and their feedback to WCHM around the themes of health and wellbeing, representation and language issues. WCHM looks forward to the development of the new ACT Multicultural Strategy for 2010-2013, and to contributing to further improving to the status of all women and girls in the ACT.