The Ethnic Communities Council of Queensland (ECCQ) is the peak body representing culturally and linguistically diverse (CALD) communities in Queensland. We have a membership base of over 450 individuals, ethno-specific organisations and multicultural owned businesses. We have been pioneering this work for over 45 years, since 1976.

Our work focuses on strengthening and advocating for the needs of CALD communities throughout Queensland. We do this by building their capacity through the delivery of leadership training, strengthening community associations as well as through the delivery of culturally tailored healthcare programs.

We believe that Australia's systems should allow for every Australian, irrespective of their background, to be able to participate and contribute in all aspects of Australian society. We know that the diversity of our multicultural society is one of Australia's greatest strengths.

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Introduction

ECCQ welcomes the Queensland Government's move to develop a Queensland Health Multicultural Health Action Plan, which will support multicultural Queenslanders to be able to access services that enable good health and wellbeing. We believe that health and wellbeing of culturally and linguistically diverse (CALD) people is part of the foundation of a strong, cohesive multicultural society. 22.7% of Queensland's population were born overseas, as at the 2021 census[1]. The disparity between the health services accessed by multicultural communities and the broader Australian community are caused by a number of key barriers, some of which include fear, lack of understanding and unconscious bias within the system. This is reinforced by individual's previous experiences, which impact on their ability to seek information, respond to health advice and the level of acceptance people feel.

Consultation process

[1] Australian Bureau of Statistics (2022) *Cultural diversity of Australia*.

ECCQ received the request to respond the to the Developing a Queensland Health Multicultural Health Action Plan consultation paper on Wednesday 28 June, 2023. The request was that a response be provided by 14 July, 2023. We take this opportunity to ask the government to carry out rigorous and more inclusive consultations so that even the most vulnerable and hard-to-reach community members, including migrant-background, refugee-background, and asylum seekers, can have a say on matters of significant impact on their lives. Given the minimal time provided to submit feedback on the consultation paper, ECCQ conducted two consultations with staff who regularly engage with multicultural communities and many of whom are members of multicultural communities themselves.

ECCQ has historically contributed to the development of Queensland as a harmonious and welcoming state. We promote a socially cohesive society and enhance the belief that everyone, irrespective of their background, should be able to participate meaningfully in all key aspects of Australian society and live healthy lives. We further believe that diversity and social inclusion build stronger communities through collaborations, trust and sharing of cultures, values, ideas, and experiences. The needs of marginalised communities such as those from migrant-backgrounds and refugee-backgrounds, which are different in nature and therefore, they required tailored and holistic interventions[2].

Scope of a Multicultural Health Action Plan

The consultation paper 'Developing a Queensland Health Multicultural Health Action Plan' (the Action Plan) includes a description of the scope of the action plan to be developed which includes "migrant, refugee, faith-based and CALD communities". ECCQ is concerned that the groups identified in the scope create an expectation that is too broad to be impactful.

ECCQ propose that the suggested "Standard Set of Cultural and Language Indicators" which have been developed by the Australian Bureau of Statistics when analysing data for cultural and language indicators be used as the measure of a person's inclusion within this action plan.

The Standard Set of Cultural and Language Indicators is as follows:

- Country of Birth of Person
- Main Language Other Than English Spoken at Home
- Proficiency in Spoken English
- Indigenous Status

[2] Finlay, S. (2020). Engaging the youth: co-designing health promotion messages. *European Journal of Public Health*, *30*. https://doi.org/10.1093/eurpub/ckaa165.1294

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- Ancestry
- Country of Birth of Father
- Country of Birth of Mother
- First Language Spoken
- Languages Spoken at Home
- Main Language Spoken at Home
- Religious Affiliation
- Year of Arrival in Australia[3]

Recommendation: that the Standard Set of Cultural and Language Indicators used by the Australian Bureau of Statistics be used to define the people for which the Multicultural Health Action Plan exists to support.

Priority Areas

When viewed broadly, the six priority areas identified are a wholistic and strong base for the Queensland Health Multicultural Heath Action Plan. The priority areas have scope and touch points at all levels of the health system, from consumers and patients to front line staff and policy decisions. Whilst these are a strong base, there are three significant gaps:

Priority populations: Although various groups were identified in the scope as priority populations, there is no mention of these groups within the priority areas. The priority areas fail to give meaningful or purposeful action for the intersectional disadvantage of the identified priority populations.

Building the cultural responsivity of the workforce: Although culturally responsive services and workforce development are both prioritised separately, there is no acknowledgment of the link between service quality and the people responsible for delivering the service.

Addressing racism and discrimination: It is a significant disappointment that the Action Plan includes no mention of racism or discrimination. Australia, and Queensland specifically, is in the midst of building a better understanding of, responding to and addressing racism. From the inquiry into hate crimes and racial vilification, the national anti-racism framework and the development of an Australian Human Rights framework, all government departments should have racism and discrimination at the front of mind when developing any new policies for action plans relating to culturally and linguistically diverse people.

Through the consultation process, ECCQ has identified concerns regarding the actions stated in the consultation paper. As the consultation paper reads, there are little to no definitive actions. Each

[3] Standards for Statistics on Cultural and Language Diversity (2022)

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priority area gives mention to the current actions, policies, and initiatives of various areas within Queensland Health and other Queensland government departments. Our consultations found that these are largely pointing to what is currently happening and fails to demonstrate that stated desire and scope of the Action Plan, which is to 'guide the hospital and health services [HHSs] to improve outcomes' for the target group.

By citing current initiatives and actions the action plan is fundamentally identifying the areas within Queensland Health and Queensland Government which are currently achieving positive outcomes, or on the path to achieve positive outcomes for the target multicultural communities.

To transform the Action Plan to have meaningful actions there must be accountability, measurability, and achievability within each action. Whilst these actions may include involvement in current actions and initiatives, the Action Plan is well placed to be holding these current actions to account, rather than citing them as part of the Action Plan. The actions should strive to guide the HHS to be wholistically culturally responsive and safe.

Priority Area 1. Culturally Safe and Responsive Public Health Services

Gaps

As identified in the consultation paper, the focus of this priority area is to reduce access barriers to services. If barriers are reduced, there will be improved health outcomes for the target group. It is culturally inappropriate and unsafe health services that pose the most significant barrier and contribute most to persistent health inequalities. As such, the actions associated with this priority area must be in direct correlation with improving the cultural responsiveness of health services.

A workforce's capacity to interact effectively with culturally and linguistically diverse communities can be hampered by a lack cultural awareness and culturally responsive practice which can alienate or offend patients and colleagues from different countries and cultures.

Cultural awareness entails an understanding of how a person's culture may inform their values, behaviour, beliefs, and basic assumptions. Cultural awareness recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people.

Culturally responsive practice, as opposed to cultural awareness, increases understanding of the complexities of cross-cultural communication, as well as the significance of words, actions, gestures, and body language in establishing connections with various people and groups. It raises a person's awareness of their own culture and norms and how they may be perceived and received by others.

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A 2006 report prepared for the Department of Immigration and Multicultural Affairs found that cross cultural training is an important element in the development of individual and organisational development which underpins the social cohesion and social capital of Australian society[4].

The international literature on cultural responsive practice training for health professionals provides confidence that training can effectively improve knowledge, attitudes and skills. However in recent years, there was been an influx of various cultural trainings and frameworks. With oversaturation in the market, it can be precarious deciding what training to embark on. A review of indigenous cultural training for health workers in Australia found that overall there is little known about the effectiveness of cultural training. Virtually nothing is known about any changes in health and wellbeing that follow from improved knowledge, attitudes and/or skills gained in training[5].

The evidence indicates that making health systems and health care workers sensitive to and knowledgeable about refugee and migrant health is feasible and cost–effective, and benefits host populations[6]. However, investment in the development of rigorous in-depth training based on lived experience and evidenced based research is needed to ensure that the benefits of culturally responsive practice training are achieved.

Recommendation on Actions: Develop and deliver culturally responsive practice training to all current and new employees. The training should be co-designed and co-delivered with members from the target group. Training should be an interactive experience (not online modules). Staff, students and volunteers with the HHS should be enabled to attend additional and regular training throughout their engagement with the HHS. This is essential as it shows the HHS commitment to diversity and inclusion and enables the staff to build on their learning as new evidence and research is developed.

Areas for Collaboration: ECCQ is passionate about supporting the cultural responsivity of services staff in Queensland. We currently have an agreement with another Queensland Government agency to assess and understand their needs and find the best possible training to meet their cultural training needs. By leveraging the expertise and connections of the peak body to support delivery of such training, Queensland Government would benefit greatly.

[4] Bean, R 2006, The effectiveness of cross-cultural training in the Australian context, Department of Immigration and Citizenship, Canberra

[5] Bean, R 2006, The effectiveness of cross-cultural training in the Australian context, Department of Immigration and Citizenship, Canberra

[6] World report on the health of refugees and migrants: summary. Geneva: World Health Organization; 2022.

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Priority Area 2. Empowering communities and reciprocal engagement

Gaps

ECCQ commend Queensland Health on the three initiatives listed as current actions this priority area, however, we have identified significant gaps in enabling empowerment for multicultural communities. The process itself in the consultation and development of this strategy is in direct opposition to empowerment and reciprocal engagement.

The efforts to receive community input in the consultation include two weeks (extended to four weeks) to provide a written response and a survey, in English. The consultation process must be inclusive of migrants, refugees and asylum seekers and people with low levels of English including vulnerable and hard-to-reach community members. Proactive engagement in this from the beginning shows a strong commitment to the scope and outcomes of the Action Plan. Reciprocal engagement is only possible is the community feel that the partner is invested and committed to receiving their engagement.

The Logan Community Health Action Plan and the Refugee Health Network Queensland Multicultural Health Engagement Project both acknowledge the importance of a participatory approach in their work. However, the approach taken to develop this action plan so far has limited engagement with members of multicultural communities and makes no attempt to empower communities in its development.

In 2020 Melbourne's Monash University conducted a scoping review of the use of co-design methods with culturally and linguistically diverse communities to improve or adapt mental health services. They found that while co-design and participatory approaches were increasingly becoming best practice, yet there were challenges to translate this into working with CALD communities. Their findings supported the need for further research into the transferability of co-design tools with CALD communities, particularly if co-design is to become a best practice method for service design and improvement[7].

While there is some research in the use of participatory approaches for migrant and racialized communities, initial findings have been positive, and the evidence base has continued to grow. Research is showing that best outcomes are achieved with marginalised and racialized communities through a participatory approach. There is growing evidence and tools available to be used by Queensland Health in both the development of, and implementation of the Action Plan.

[7] O'Brien, J, Fossey, E, Palmer, VJ. A scoping review of the use of co-design methods with culturally and linguistically diverse communities to improve or adapt mental health services. Health Soc Care Community. 2021; 29: 1– 17

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Recognition of the benefit of participatory approaches is growing globally, with the UNHCR releasing the toolkit 'Effective Inclusion of Refugees: participatory approaches for practitioners at the local level' in 2021. This toolkit is a strong base, built off the recognition that participatory approaches lead to smarter policies and more impactful programmes. Whilst this was designed for community engagement and participation broadly, there are practical guidance, self-assessments and check lists available.

Through its current initiatives, Queensland Health has a strong base to leverage the use of participatory approaches in empowering communities and build on this strong base. It appears, despite the available growing evidence base, Queensland Health has opted to maintain the same level of actions within this Action Plan as is currently happening.

The current actions in Priority 2 exclude migrant and faith-based and CALD. As identified in the scope, the Action Plan is for 'migrant, refugee, faith-based and CALD communities', however the three current actions are for Pasifika and Māori communities, and Refugee communities. Within the Logan Community Health Action Plan there are targeted opportunities for specialist areas such as maternal health and community education days. None of these areas are as broad as the target group identified in the scope.

ECCQ note that efforts have been made to broaden the scope of the Refugee Health Network there is a stigma within migrant communities to engage with 'refugee' labelled initiatives. This is largely brought on by systemic decisions and practices which aimed to separate these two groups. However, there are unique barriers and challenges that migrant communities (both permanent and temporary) face, as well as second, third (and more) generation migrants experience that are not adequately addressed in the current actions.

Throughout ECCQ's advocacy and community engagement work, we have heard of the harrowing experiences of some multicultural communities in their engagement with Queensland Health services. When civic rights and feedback avenues were discussed, we consistently hear that they were either not aware of, or too hesitant to provide any feedback and action their rights. This viewpoint and experience has been shared by people from all socioeconomic backgrounds and circumstances. While this may currently be considered circumstantial evidence about experiences with Queensland Health there has been some studies done in other states which support this viewpoint.

A study published in 2019 by Monash University that was exploring the cultural competence of health care system,found that CALD patients were less likely to complain or advocate for their

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needs[8]. The study found that given their limited understanding of the Australian health system and awareness of their rights and responsibilities as a patient, CALD patients were less likely to make complaints, formally or informally.

This is not exclusive to the health setting, and further research has found that people with precarious residency, such as people seeking asylum and temporary migrants, face similar barriers to making complaints[9]. Research conducted in the UK with people seeking asylum found that while participants were not happy with the support and systems, they did not make any efforts to make complaints, formally or informally. Almost in contradiction, the participants downgraded their experiences in efforts to not appear ungrateful and risk continuing to receive the support they were receiving.

Recommendation on Actions: The consultation process for the development of the Action Plan is inclusive and empowering, enabling reciprocal engagement. The consultation process must be a minimum of 6 weeks, opportunities for submissions to be in person, online, audio or video and advertised broadly.

Recommendation on Actions: Build on or replicate the current initiatives to reach onto broader multicultural communities, ensuring that the full target group can be empowered and engaged in the participatory approaches.

Recommendation on Actions: Evaluate the current feedback mechanisms across Queensland Health Facilities for their accessibility, inclusivity, and cultural appropriateness. Present the findings with a lived experience reference group, empowering them to develop solutions to improve the feedback mechanisms.

Areas for Collaboration: ECCQ has the networks across Queensland and capability to undertake consultations for government. However, to achieve this we would require funding to cover essential expenses such as:

- Venue rental for in-person meetings (if applicable)
- Outreach and awareness campaigns to encourage broad participation
- Gift vouchers to recognise the value of community's time and knowledge
- Facilitation and coordination costs to ensure smooth and constructive discussions
- Documentation and analysis of feedback for a comprehensive report.

[8] White, J., Plompen, T., Tao, L. et al. What is needed in culturally competent healthcare systems? A qualitative exploration of culturally diverse patients and professional interpreters in an Australian healthcare setting. BMC Public Health 19, 1096 (2019).
[9] Simon Goodman, Shani Burke, Helen Liebling & Daniel Zasada (2014) 'I'M NOT HAPPY, BUT I'M OK', Critical Discourse Studies, 11:1, 19-34, DOI: 10.1080/17405904.2013.836114

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Priority Area 3. Service planning and partnerships

Gaps

It is well known that outcomes are improved when service systems are integrated and wholistic. Priority area 3 reflects this with its dedication to continue collaborating with refugee health and specialist services. The success of Queensland's refugee health services is attributed to the interconnectedness of and collaboration across the service system, including for example: settlement service providers, general practitioners, allied health providers, HHS and PHNs.

However, the target groups identified in the actions under Priority Area 3 do not adequately match the target group identified in the scope of the Action Plan. As identified in the scope, the target group is "migrant, refugee, faith-based and CALD communities". The actions only provide a focus on refugee communities, which has some intersections into the additional target groups but do not encompass migrant and other CALD communities, such as second and third generation migrants.

Through limiting engagement with refugee health services and the settlement sector, the majority of Queensland's CALD population is not represented in any initiatives that result from this priority area.

Additionally, there is a strong acknowledgement in literature of the impact of "underlying contexts, conditions and enabling determinants"[10] on individual people's health and the cost-benefit of addressing these determinants, as opposed to treating people with ill health. Therefore, the benefit of working across government agencies, to address some of the key determinants which impact the health of people, would be highly beneficial for Queensland Health.

Recommendation on Actions: Replicate the current actions to build collaborative partnerships for other areas of the target group, including migrants with a particular focus on temporary migrants and those underrepresented or not represented in the settlement sectors eligibility and service systems.

Recommendation on Actions: Queensland Health to connect with other government agencies which address socioeconomic and environmental conditions that impact upon the health of individuals who come to HHS services.

Priority Area 4. Queensland Health Workforce Development

Gaps

There are two significant gaps identified in Priority 4:

1. the current barriers to employment in the health sector for migrants and refugees and

[10] World Health Organisation (2022) World report on the health of refugees and migrants – Summary. https://www.who.int/publications/i/item/9789240054462

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2. no acknowledgement of the racism that exists in workplaces and no measures to address this.

The COVID-19 pandemic and sequential factors have left most of Australia, including Queensland with significant shortages of health staff. There have been recent initiatives announced by the Queensland Government to increase staff and encourage healthcare workers to relocate to Queensland, including the $70k incentive to lure interstate and international doctors to rural areas and the increasing the intake of interns. However, each of these initiatives has failed to recognise the number of overseas qualified health workers currently in Queensland and unable to gain employment. The current system for qualification recognition is too complex and costly that many of these residents do not attempt that pathway and find themselves in alternative 'survival' employment long term.

The journey of migration and settling in a new country has many challenges, most significantly the financial cost. When a new migrant has to make the decision between learning to gain qualifications and working in a 'survival' job to be able to pay for day-to-day expenses, the decision is clear. This leads to cycle of maintaining survival jobs with little to no hope of returning to the preferred career in health care. This cycle has been further exacerbated by the current cost of living crisis that Australia is currently facing.

While the Queensland Government's Inclusion and Diversity Strategy 2023-2025 aims to increase the diversity of the sectors workforce there is no mention of, or actions to address racism in the workplace. The Scanlon Foundation's 2021 Mapping Social Cohesion report found that more than one in three Australians born overseas of non-English speaking backgrounds experienced discrimination in the last year because of their skin color, ethnicity, or religion. This rises to two in five for Australians born in an Asian country. The report also found that about one in three Australians hold negative views towards Muslims[11].

In the recent years we have seen a global push for racial and social justice, in the wake of global movements such as Black Lives Matter and #MeToo. Australia is in a strong position to identify and respond to workplace racism with large numbers of employers began coming to the Diversity Council of Australia for advice on addressing racism in their workplaces. The result being in the Diversity Council of Australia's Racism at Work report. The report captures these lived experiences, the barriers that facilitate racism in Australian workplaces, and an evidence-based organisational framework for anti-racism actions.

[11] (Markus, 2021)

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In addition to the racism and discrimination widely in the health sector, there is specific systemic discrimination with the Sikh community that is further impeding diverse workforce development. Sikh medical staff and students, who have facial hair, have been requested to shave their facial hair to pass PPE fit tests, to continue their employment with Queensland Health. Sikh medical staff in Queensland are consistently redeployed to tasks lower than their qualification and skills such as cleaning equipment. This is specific discrimination against a religiously diverse community in Queensland.

In some cases, disciplinary action has been directed at Sikh medical staff for not passing the N95 Mask Fit-test due to their facial hair. There are International Sikh students who have been told to defer or withdraw from their studies if they refuse to shave their facial hair to pass the PPE fit test. Sikhs with facial hair can pass the PPE fit test without shaving by using the Singh Thattha Technique. Queensland Health has continuously denied the use of this technique although it has been widely accepted by NSW Health, UK, and Canada[12].

The language badges program has shown great success since its initial pilots, and ECCQ congratulate Queensland health on statewide implementation. However, there continues to be significant barriers to patients and clients receiving quality language services and there is not enough awareness and education of the difference between qualified interpreters and bilingual staff. There is significant risk that bilingual staff, identified through the language badges program, will informally be utilised in circumstances that require professional interpreting services. These challenges are explored further in priority area 5.

Recommendation on Actions: Queensland health must invest in improving the qualification recognition process, for healthcare professionals with overseas qualifications, making it more cost effective and simpler. The investment must include actions which support earning while learning which will enable a higher success rate and staff retention.

Recommendation on Actions: Implement Queensland health wide initiatives, implementing ani-racism and anti-oppression initiatives using best practice research-based models developed by Australia's peak organisations.

Recommendation on Actions: In addition to Queensland Health reviewing the systemic discrimination against the Sikh community, we recommend that Queensland Health implement the use of the Singh Thattha Technique for all staff with facial hair when wearing PPE for fit testing.

[12] Singh R, Safri HS, Singh S, Ubhi BS, Singh G, Alg GS, Randhawa G, Gill S. Under-mask beard cover (Singh Thattha technique) for donning respirator masks in COVID-19 patient care. J Hosp Infect. 2020 Dec;106(4):782-785. doi: 10.1016/j.jhin.2020.09.034. Epub 2020 Oct 3. PMID: 33022336; PMCID: PMC7532752.

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Areas for Collaboration: ECCQ has the networks to connect the department with appropriate community representatives. ECCQ can assist with training staff however to achieve this we would require funding to cover essential expenses.

Priority Area 5. Improving data and information

Gaps

The COVID-19 pandemic highlighted the significant gaps in data collection and the consequential service issues and health outcomes. The recent work on the CALD Data Report and steps to improve data collection for multicultural health have been commendable and is already improving knowledge of the disparities in health outcomes for CALD populations.

As the 2021 Census found, almost half of Australians have a parent born overseas with 48.2% of respondents. However, this also shows that there is a significant portion of Australians who are second generation migrants, with only 27.6 per cent reporting a birthplace overseas. The experiences of second-generation migrants, whilst often different to first generation, are significant nonetheless. The minimum data set, as it stands, does not capture the experiences of second-generation migrants.

There is growing research and evidence on the health of second generation migrants, but primarily the evidence is circumstantial and anecdotal at best. With Queensland Health investing significantly in improving CALD data collection this is a unique opportunity to improve data collection and evidence of the health status and outcomes of second generation migrants.

Recommendation on Actions: Include the option to self-report as 'having a parent born overseas' when providing personal data to Queensland Health, to improve the data captured of second (and further) generations of migrants). This option aligns with the wording of the ABS Census data and may be able to be used to correlate data in future.

Priority Area 6. Delivering high quality language services

Gaps

The consultation paper states that Queensland Health is responsible for the whole of government language services arrangement. This puts Queensland Health in a unique position to deliver high quality language services, as suggested in the priority area heading. However, the Action Plan fails to address that there are two essential participants in the provision of language provision, the patient and the interpreter.

The importance of the quality of interpreting services cannot be overstated: poor interpreting services can lead to life-threatening medical errors or unjustified criminal convictions. Without effective interpreter support, Queensland Health is unable to fulfil its obligations to provide quality and safe health care. Without provision of effective and high-quality interpreting services people

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who require interpreting support may be effectively denied their health entitlements and services routinely provided to other residents. In addition, all staff need to be well versed in the process to follow to engage and work with interpreters.

For Queensland Health to be able to deliver high quality language services, the individuals delivering this service must have adequate working conditions and opportunity for advancement. A recent survey of interpreters in Queensland, conducted by AUSIT and ASLIAQ has shown that there is a concern over the compensation for a spoken language interpreter being at a rate that "it does not offset the risks and expenses of independent contracting and cannot be said to be comparable to other workers with similar levels of training and credentials"[13]

Additionally, there are concerns about treatment of interpreters, as well as the regulation of qualified interpreters and accountability for engaging suitably qualified interpreters. This lack of regulatory oversight adversely affects the quality of services for the community they serve, including in the health sector.

The survey results found that "Queensland is at significant risk of interpreters exiting the industry, potentially creating an experience gap and language gaps. As a state, we already have significant interpreter shortages in new and emerging languages, with increased risk of these gaps not ever being filled as young people with language skills opt not to join the profession."

The report of survey results includes 7 key recommendations, many of which should be the responsibility of Queensland Health, as the responsible party for the whole of government language services arrangement. These recommendations include eliminating compensation disadvantages experienced by spoke language interpreters, considering standardised compensation tiers based on qualifications and experience and establishing minimal safe working conditions.

Many of these recommendations are standardised requirements in other employment fields, including in the health sector. The significant risk that bad quality interpreting poses to patients should be adequate encouragement to implement the recommendations from the AUSTI/ASLIAQ survey report.

ECCQ commends the Interpreter Boost Program and agree with the action to build on the program, however, this action does not support the improvement of employment conditions of interpreters. Similarly, while we agree that the language services arrangement needs to be reviewed, there is not adequate detail to support that this support improvement in the employment conditions of interpreters.

[13] Robert Aurbach, J.D. 2022 Report Of Survey Results: Naati-Credentialed Spoken And Sign Language Interpreters

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For Queensland Health to be in a position to deliver quality language support to all patients, the profession of interpreting must be a made into a sustainable, meaningful, respected, career pathway that is sought after by established and new and emerging language groups.

Recommendation on Actions: As the department responsible for the Standing Offer Arrangement (SOA) for Language Services Interpreting, Queensland Health must invest in implementing the recommendations outlined in the 2022 AUST/ASLIAQ survey report.

Recommendation on Actions: the Multicultural Health and Language Services team must engage with interpreters and their professional institutes in a meaningful, reciprocal way to empower those responsible for providing language support to be able to build a sustainable and meaningful career as a professional interpreter.

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