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 fulfil 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; FECCA, 2017).

What's 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:

- **Promoting Equity and Inclusivity in Healthcare:** Expand the bilingual / bicultural workforce, minimise the replication of colonial systems and ensure that health services reflect the communities they serve (The Australian Multicultural Health Collaborative, 2024).

- **Recognise the Bilingual/Bicultural Workforce as Professionals and Value Their Expertise:** Develop and implement standardised definitions of bilingual and bicultural workers, along with clear delineation of their responsibilities in providing culturally competent care.

- **Promote Career Development and Job Security:** Implement measures to support long-term employment opportunities and career pathways for bilingual and bicultural workers.

- **Enhance Professional Development:** Invest in training programs and resources tailored to the needs of bilingual / bicultural workers to enhance their skills and competencies in delivering culturally appropriate care.

- **Ensure Fair Remuneration:** Review and adjust remuneration rates for bilingual / bicultural workers to reflect the value of their contributions and the demands of their roles. Additionally, consider providing incentives or perks to employees who utilise their language skills and cultural knowledge beyond their regular duties.

- **Create Additional Positions to Serve CALD Communities:** Introduce new roles such as multicultural and refugee health facilitators, refugee nurses, bilingual health system navigators, multicultural nurse navigators, multicultural social work navigators, and multicultural liaison officers within the health system to promote the health and wellbeing of CALD communities with long-term funding commitments rather than piloting and short term.

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.

This paper has been developed by ECCQ in partnership with True Relationships and Reproductive Health.

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