Employing Refugees in Health

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1. Executive Summary

Employment is critical to the successful settlement of newly arriving refugees and one of the biggest challenges they will face.

There are good reasons for employing refugees in the health sector.

First, the health workforce is one of the largest in Australia and is growing providing opportunities for employment across a range of classifications. Between 1996 and 2001, the health workforce increased by 11.6% and between 2001 and 2006 by 22.8%. [1]

Second, providing employment opportunities in hospitals and health services not only supports individual refugees and families, but also benefits the broader community in terms of social inclusion and cohesion.

Third, the health sector gains from employing refugees as it results in a culturally diverse staff profile, reflecting the cultural diversity of the wider community and thus significantly improving accessible health care for all refugees and other immigrant members of the community.

Fourth, there is potential to fill skills and labour shortages resulting from attrition due to Australia's ageing population. Young refugees, who receive their education and skills training in Australia, are a key source of these skills. While newly arrived refugees are well motivated to work[2], very few will arrive with clinical skills commensurate with those required for employment in the health sector. Even those with such skills and qualifications will, for the most part, have a period of adjustment to achieve the level of English and cultural knowledge required to meet the communication demands of the various roles, particularly the provision of safe patient care. Employment which capitalises on the motivation of newly arrived refugees to work; and which utilises their language, cultural and relevant vocational skills is critical to this endeavour.

Therefore it is important to consider a range of employment options in addition to, or instead of, clinical roles, including:

- traineeships for younger refugees
- employment in non-clinical roles such as administration, patient services assistants and educative support roles such as Community Guides model
- the potential for employment in contracted health support services such as catering and cleaning.

There are a range of factors that make successful settlement possible, but participation in the labour market is crucial. The ability to engage in the workforce is an important determinant of the ability to earn an income, purchase services and engage in other dimensions of society. While many refugees eventually find employment, it can take a long time, particularly those who have experienced deprivation and trauma and have had limited access to education and skills training. Many are at risk

[1] AIHW 2009. Health and community services labour force 2006. Cat. no. HWL 43. Canberra: AIHW.
[2] Carrington et al 2007, Flanagan 2007, cited in Orliff, L., 2010 What Works: Employment Strategies for Refugee and Humanitarian Entrants. Refugee Council of Australia.

of falling into protracted periods of unemployment. Pilot programs[3] have shown that investment in programs for refugees that combine English within a specific vocational context and work experience result in better employment outcomes.

The Australian Government supports refugees with settlement packages comprising English language training and assistance in finding employment. However, secure employment in Australia relies on the engagement of employers willing to take on workers from diverse backgrounds including refugees.

Whilst there is good will within the Health sector regarding employment of refugees, hospitals and other health industry employers cannot afford to take on people where training may be lengthy and employees require a higher level of supervision and support. The greatest obstacles are language barriers and lack of time and skilled staff who can support on the job training. Current budgets and funding models do not allow for this additional spending.

Without targeted investment in developing the skills of refugees, their situation will worsen with the prospect of continuing unemployment resulting in a new class of 'welfare recipients' and 'socially unadjusted' people. To some extent we see this now in the more socio-economically deprived areas in our cities and urban areas, where many new arrivals settle.

The AHHA and AMES see great potential for the health sector and the community at large in working on targeted initiatives which prepare refugees for employment in the sector. In addition, the sector is ideally placed to assist governments with initiatives to employ refugees as early as possible, given:

- the high number health employers located in all metropolitan and regional settlement locations across the country
- the vast range of employment opportunities in the sector from entry level jobs in catering and cleaning, to other non-clinical roles in office administration, ancillary services such as patient services assistants as well as clinical practitioner roles
- the active intent of the sector to build more diverse workforces in settlement locations.

There are examples of experience and effective practices on which to draw. Pilot programs have been undertaken where employers recruit and support refugees. These pilot programs have been with small numbers on limited budgets. There is potential to scale up these models with additional investment.

There is also potential to utilise existing training funds in more targeted ways to prepare refugees for employment in the health sector.

In summary, newly arrived refugees are a potential labour supply for the health sector, which is facing acute skill and labour shortages in many areas. Some refugees already have qualifications and experience in health, while others are keen to find employment in the sector. Most refugees, however, will need some support and additional training before they can secure health sector jobs. There are many benefits for health services that train and employ refugees, particularly in rural and regional Australia.

[3] For example, DIAC funded pilot Employment Pathways Programs 2009 – 2011.

2. Recommendations

The AHHA, in collaboration with AMES, recommends that:

1. Young refugees who will have their education and training largely in Australia are the most likely, of all refugee populations, to succeed in clinical roles. It is recommended that health services providers who offer traineeships in clinical roles promote these particularly to young refugees who wish to enter clinical fields.

2. Health services providers in rural and regional Australia provide training positions for refugees to facilitate settlement in those areas and provide a sustainable workforce for regional hospitals and health services. These positions will require additional support from the health services and the community as there is less diversity in the rural and regional workplace than in city locations.

3. The Commonwealth Government (DIAC) structures entry level training courses for refugees, including the Adult Migrant English Program (AMEP), to provide both English language and vocational skills simultaneously.

4. Additional support be provided by the Commonwealth Government for refugees to undertake further English language training beyond the AMEP to bridge the gap between AMEP and the level required to undertake Vocational Education and Training (VET) Certificate III level courses in health related areas.

5. All organisations in the health sector, including Governments, health services and peak bodies be encouraged to provide training positions for refugees and employ them in a range of positions such as assistants in nursing, patient services assistants, administration and as 'community guides'.

6. Additional investment be provided by the Commonwealth Government to employers who take on refugees in a range of positions, including those on health traineeships, to enable them to undertake the necessary preparation and to provide the required support to ensure appropriate and sustainable employment conditions for refugees.

7. There is potential for employment of refugees in contracted services such as catering and cleaning. Business services managers of health service providers should ensure that hospitals and health services' procurement contracts for these services include a social procurement clause to ensure some positions are made available to refugees.

8. All Governments support health services and organisations to provide training and support for staff to ensure health workers have an appreciation of cultural diversity and an understanding of needs and perspectives of refugees. Refugees themselves can be employed to provide part of this training.

9. Commonwealth and State Governments support community health services and health organisations running education and preventative health care programs for local communities to employ and train refugees to deliver such programs to local refugee communities.

10. Workplace based training programs such as Workplace English Language and Literacy Program (WELL) be promoted to employers in the health sector by health services peak bodies as a potential source of funds for communication skills training for refugees within their workforces.

11. The Australian Health Practitioners Registration Authority consider alternative approaches that do not compromise patient safety and additional assistance be considered for refugee and humanitarian entrants seeking to gain recognition of overseas qualifications.

3. Background

3.1 Profile of Refugee and Humanitarian entrants

In 2010-11 Department of Immigration and Citizenship (DIAC) issued 13,799 Refugee and Humanitarian visas. Of those arriving on Refugee visas, the greatest number originated from Burma (1,393 / 23.2%), Iraq (1,114 / 18.6%) and Bhutan (1,001 / 16.7%). Those proposed through the Special Humanitarian Program (SHP) predominantly came from Iraq (1,037 / 34.9%), Afghanistan (604 / 20.3%) and Sri Lanka (211 / 7.1%).

When combining both Refugee and SHP visa streams, the top countries of birth for all offshore entrants in 2010-11 were Iraq (24%), Burma (16.1%) and Afghanistan (11.4%). In 2010-11, children and young people continued to represent the largest demographic of all Refugee and Humanitarian program entrants, with 3,821 (42.6%) offshore visas granted to children aged under 18 years and 2,194 (24.5%) visas granted to 18-29 year olds. This means that over two thirds of all offshore entrants were under the age of 30 on arrival. Almost 60% of those granted onshore protection visas in 2010-11 were also under the age of 30.

The profile of refugees changes overtime. For example, there has been a shift in focus in 2010-11 to resettling more people from the Middle East and South West Asia, compared to 2003 – 2007 where a greater proportion of humanitarian arrivals came from Africa. As well as different source countries, the educational profiles of refugees also changes which impacts on capacity to take up various roles in the health sector.

There are a range of factors that make successful settlement possible, but participation in the labour market is crucial. The ability to engage in the workforce is an important determinant of the ability to earn an income, purchase services and engage in other dimensions of society. [4]

If refugees do not find secure and meaningful employment relatively early in their settlement period, they are likely to be socially excluded. The evidence showing that workforce participation rates for newly arrived refugees and migrants are lower than those for many other Australians is of great concern. [5] The Refugee Council of Australia also reports that Refugee and Humanitarian entrants are over represented in the “ranks of under-employed, low paid, low-skilled, precariously employed and casualised members of the Australian labour force”. [6]

[4] Hugo, G., 2011 A Significant Contribution: The Economic, Social and Civic Contributions of First and Second Generation Humanitarian Entrants. Department of Immigration and Citizenship
[5] ibid
[6] Olliff L., 2010 What Works: Employment Strategies for Refugee and Humanitarian Entrants. Refugee Council of Australia.

The imperative for refugees to earn money as soon as possible means they often do not have time to undertake further study, even though it would allow them to gain relevant qualifications or upgrade their overseas qualifications. There is a constant conflict between studying English and getting work. Once in work, even in casual, low-skilled jobs, taking time off for further study to gain relevant qualifications, upgrade overseas health qualifications, or simply learn enough English to get a better job, is a conflicting choice. Providing investment for refugees to up-skill, including those with overseas health qualifications, is cost and time efficient considering the number of years it takes to achieve such skills levels and training in Australia.

The younger group (under 30s described above) will spend their working lives in Australia. With support and investment they will gain Australian skills and qualifications, become fluent in English and develop the cultural competence to join the Australian workforce. They will bring bilingual and bicultural skills to the workplace. This is a very significant group and significant benefits will accrue the Australian community if they are engaged in training and employment as early as possible.

Recommendation 1: *Young refugees who will have their education and training largely in Australia are the most likely, of all refugee populations, to succeed in clinical roles. It is recommended that health services providers who offer traineeships in clinical roles promote these particularly to young refugees who wish to enter clinical fields.*

3.2 Demographics, settlement locations and employment opportunities

Australia's population is changing. While our growth may have slowed, increasing cultural diversity and demographic changes are creating significant challenges. [7] These challenges include increasing median ages [8] (an ageing population), and a continual decline in rural and regional populations, particularly in the numbers of working age people.

Most refugees settle in urban areas close to communities from the same background who can provide social and other support. Different settlement locations have different demographic profiles depending on concentrations of particular groups. It is clear that areas with high concentrations of a particular refugee population will need local services that are accessible. This is made possible, in part, through the employment of members of those communities in the local services.

The Department of Immigration and Citizenship (DIAC) is also resettling increasing numbers of refugees in regional areas around Australia. AMES has recently investigated regional settlement [9] and the reasons impacting on its success from both the refugee and the "host community" perspectives. In areas where settlement has been sustained the key factors are employment, housing and social support. These are interdependent and when they are in place create a welcoming and sustaining environment. For example, certainty of employment can assist refugees find more stable accommodation simply by enabling a reference for tenancy.

[7] Australia's population grew by 1.5% during the year ended 31 December 2010. The growth rate has been declining since the peak of 2.2% for the year ended 31 December 2008 and was the lowest growth rate since the year ended 30 September 2006. http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0/

[8] Commonwealth Department of Agriculture, Fisheries and Forestry, Bureau of Rural Sciences. Country Matters 2008 A Social Atlas of Rural and Regional Australia.

[9] AMES 2011, Regional Settlement: An analysis of four settlement locations in Victoria.

In many rural and regional areas of Australia the local hospital (if sufficiently large enough) can be one of the most important employers in the area. Many are experiencing workforce shortages.

There are also opportunities for employment in metropolitan and regional community health services, which, by design, are community-based. They see the experiences of disadvantaged community members, such as refugees, first hand. If resources were provided to hospitals and community health services to fund traineeships and other employment options for refugees, it is likely that these communities would benefit substantially. It would facilitate the settlement process for refugees and provide a sustainable workforce for local health services.

There is also the potential for Aged care and Disability Worker training positions. However, the experience in Tasmania is that migrants and refuges, having been accepted into these courses are not given the opportunity for Work Experience as their language is not good enough (these are sometimes students who have already got Certificate III in Spoken and Written English). There are also opportunities in Aged Care for people with Certificate III in Aged Care. .

Employing more refugees from local communities in their local health facilities would provide better balanced health services reflecting the cultural diversity of the community, from the perspective of both patients and workforce.

Recommendation 2: *Health services providers in rural and regional Australia provide training positions for refugees to facilitate settlement in those areas and provide a sustainable workforce for regional hospitals and health services. These positions will require additional support from the health services and the community as there is less diversity in the rural and regional workplace than in city locations.*

3. Maximising use of available resources

4.1 Adult Migrant English Program

The Department of Immigration and Citizenship (DIAC) provides assistance to refugees under the:

- Humanitarian Settlement Service (HSS)
- Adult Migrant English Program (AMEP) aimed at developing preliminary English skills in a specific settlement context
- Special Preparatory Program (SPP) which provides additional tuition hours for refugees with low levels of education and traumatic pre arrival experiences.

AMEP tuition is not located within, or customised to, particular vocational contexts such as health. Eligibility for AMEP ceases when a person reaches International Second Language Proficiency Ratings (ISLPR) 2. [10] This is a level of English lower than that required to either be immediately employable in the health sector or to qualify for entry to Certificate III courses, currently the minimum level for many healthcare career pathways.

[10].The International Second Language Proficiency Rating (ISLPR) assessment determines if the AMEP Client has 'Functional English', defined as level 2 in speaking, listening, reading and writing.

The AHHA and AMES are calling for greater curriculum flexibility so that English tuition can be explicitly linked with vocational pathways and potential employment. In this way both refugees participating in AMEP, and DIAC gain maximum benefit from the AMEP. Options include:

- allowing curricula other than the currently prescribed Certificates in Spoken and Written English, such as units from nationally accredited training packages
- allowing those starting AMEP with higher levels of English to undertake VET options concurrently.

Refugees with professional / para-professional backgrounds, high levels of formal education and who are close to functional English could particularly benefit from linking AMEP more explicitly with vocationally focussed content. Many current refugees from Iraq and Iran, have this profile. They frequently drop out of general English classes because they are increasingly frustrated at not being able to access employment. The "VET plus English" model offers a viable option for such clients.

Recommendation 3: *The Commonwealth Government (DIAC) structures entry level training courses for refugees, including the Adult Migrant English Program (AMEP), to provide both English language and vocational skills simultaneously.*

4.2 Transition from AMEP to vocational training

Eligibility for the AMEP ceases before people reach the level of English required for minimum levels of vocational training. Additional support is needed for refugees to undertake English language training beyond the AMEP so that they can reach the level of English required to be accepted into a minimum Vocational Education and Training (VET) Certificate III level course in a health-related area. This is particularly important for people starting AMEP with low levels of literacy and formal education.

Using the International English Language Testing System (IELTS) [11] for comparison purposes, AMEP participants must exit the Program at IELTS 4.5. But students need an IELTS score of at least 5.5 to get into entry level TAFE programs.

Universities, TAFE colleges and private Registered Training Organisations (RTOs) have specialised units that support people from a non-English speaking background who need special help with reading, writing and numeracy skills. However, many refugees need to undertake entry level training courses before moving on to TAFE, RTOs and university studies. It is vital that these entry level courses are flexible enough to allow refugees to learn English and vocational skills simultaneously.

Similarly the Australian Government provides support for employment related training through the Department of Education, Employment and Workplace Relations (DEEWR). Whilst not specifically for refugees, the Apprenticeship and Traineeship Training Program (ATTP), Productivity Places Program (PPP) and Strategic Skills Program (SSP) all contribute to, and support, employers and Registered Training Organisations to work together to train people for employment in vocational education, both on and off-the-job.

[11] IELTS is an international standardised test of English language proficiency. Scores range from 1 (no knowledge) to 9 (expert user). IELTS is also used by the Australian Health Practitioners Regulation Agency (AHPRA) to assess English language competence as part of the process for registration of health professionals from non-English speaking backgrounds. In July 2010 APHRA increased the IELTS score required for registration. IELTS 7 is considered the absolute minimum.

Investment is required for the additional and concurrent English language, literacy and cultural support required by many new and recently arrived refugees to access and maximise benefit from these and similar programs.

For instance, there are ample training positions for Aged Care and Disability Workers (funded through PPP in many states and Victorian Training Guarantee in Victoria) and this is a popular VET choice for many refugees as there is ongoing demand for workers in these sectors. However the greatest barrier to securing work is English - communication skills in English are often simply not good enough for the demands of the workplace (noting that both oral and literacy skills need to be reasonably sound to meet these demands). This demonstrates the need for a continuation of support beyond AMEP into basic entry level courses that lead directly to entry level jobs in the health sector.

Bridging programs between AMEP and mainstream VET would maximise benefit from government investment in AMEP and subsequent investment in VET.

This is a significant gap and the point at which many refugees are lost to the training system and subsequent employment.

Recommendation 4: *Additional support be provided by the Commonwealth Government for refugees to undertake further English language training beyond the AMEP to bridge the gap between AMEP and the level required to undertake Vocational Education and Training (VET) Certificate III level courses in health related areas.*

4.3 Refugees: a valuable resource

4.3.1 Training health workers

The Community Guides model conceives of refugees themselves as a valuable resource with unique cultural perspectives to bring to training and service delivery. Health workers (with the exception of those working within existing refugee health networks) need further training to support refugees and asylum seekers accessing healthcare. Generally the health workforce has a low awareness of issues specific to refugees. In health services where there are few health professionals from culturally and linguistically diverse groups, it is difficult to teach staff about the importance of understanding cultural differences. Health services and health organisations should provide training and support for staff to ensure they have an appreciation of cultural diversity and an understanding of the needs of refugees so they can provide appropriate healthcare. Health services that employ refugees could include them in delivering such training programs, making the training much more relevant and effective. (Case Study 3 describes a successful program).

Recommendation 5: *All organisations in the health sector, including Governments, health services and peak bodies be encouraged to provide training positions for refugees and employ them in a range of positions such as assistants in nursing, patient services assistants, administration and as 'community guides'.*

Recommendation 6: *Additional investment be provided by the Commonwealth Government to employers who take on refugees in a range of positions, including those on health traineeships, to enable them to undertake the necessary preparation and to provide the required support to ensure appropriate and sustainable employment conditions for refugees.*

Recommendation 7: *There is potential for employment of refugees in contracted services such as catering and cleaning. Business services managers of health service providers should ensure that hospitals and health services' procurement contracts for these services include a social procurement clause to ensure some positions are made available to refugees.*

4.3.2 Community Health Education Programs

Amongst the refugee population there are many and varied belief systems about health, wellness and illness, which influence health seeking behaviour including preventive care, attitudes to health professionals and expectations of the healthcare system.

Physical and mental health issues can be one of the most significant issues for newly arrived refugee families. Many have chronic, long term health issues. [12] Families need information and support in order to access a health system which is vastly different to their previous experiences. They also need to understand the expectations of the health care system and its various elements in relation to their own expectations. This is a complex system for new-comers who frequently miss appointments, don't know where to go for various kinds of medical assistance or who feel unable to manage in the system with poor English skills.

Refugees also have particular health issues which are either poorly (self) managed or little understood such as diabetes, immunisation or women's health problems. These are often the subject of health education campaigns run by community based health services for the whole community.

Employing and training refugees to assist in delivering health education to local communities with high concentrations of refugee populations is an ideal way of reaching those populations. Refugees who have been in Australia for some time have sound community networks and can convince others from their community to attend such programs. Many have good English skills which enable them to work readily with Health Centre staff in community education. Some refugees have worked as health workers and teachers in refugee camps including with English speaking medical staff and are well placed to take on such roles. They also have first language skills and knowledge of culturally appropriate ways to deliver the messages. The concept of Community Guides described in Case Study 3 could usefully apply here.

Recommendation 8: *All Governments support health services and organisations to provide training and support for staff to ensure health workers have an appreciation of cultural diversity and an understanding of needs and perspectives of refugees. Refugees themselves can be employed to provide part of this training.*

Recommendation 9: *Commonwealth and State Governments support community health services and health organisations running education and preventative health care programs for local communities to employ and train refugees to deliver such programs to local refugee communities.*

4.3.3 Supporting employers who employ refugees

Because there are serious workforce shortages in many areas of health, programs that channel refugees into both clinical and non-clinical roles in the health sector should be funded. Providing the

[12] Victorian Foundation for Survivors of Torture Inc., 2002 Promoting Refugee Health: A Handbook for doctors and other health care providers caring for people from refugee backgrounds.

additional support to refugees in the workplace will require an initial investment, but the dividends are

- a more culturally diverse workforce reflecting the community in which the health service operates
- refugees in jobs.

There are several examples of experience and effective practices on which to draw. Pilot programs of employers recruiting and supporting refugees within the health sector have been undertaken with small numbers on limited budgets (Case Studies 1 and 2). There is potential to scale up these models with additional investment.

The Tasmanian Government funds a Work Placement Program, jointly managed by Multicultural Tasmania (part of the Tasmanian Department of Premier and Cabinet (DPAC) and the Public Sector Management Office. This program is designed to assist newly-arrived humanitarian entrants to Tasmania to gain work experience in a State Government agency or local government (http://www.dpac.tas.gov.au/divisions/cdd/programs_and_services/tasmanian_government_work_placement_program). During this annual program, participants are placed with a supervisor and undertake unpaid work experience. At the conclusion of the placement period, participants receive:

- three weeks unpaid work experience
- a Certificate of Achievement to recognise the participant's efforts
- information about the Tasmanian Government recruitment process
- networking opportunities

The Tasmanian Department of Health and Human Services has been a host organization with this program since its inception, with many participants going on to employment in a range of positions within the department.

To further assist workplace improvements, there is a need for more access to information on:

- how employers can become involved and what support mechanisms would be available to them
- what are the key benefits of refugee employment to the workplace as well as to the refugee individually – particularly with relation to promoting the principles of diversity in the workplace
- how organisations can best support refugees that are placed within the workplace in addition to mentoring.

4.3.4 Mentoring and traineeships

One of the most effective ways of getting refugees into sustainable employment in the health sector is via extended workplace experiences where they are supported by mentors. The St Vincent's and Mater Hospital in Sydney has trialled programs where mentors support trainees on the job (Case Studies 1 and 2). Calvary Hospital in Canberra has a Refugee Mentoring Program as part of broader preparation for further training or applying for work. These programs are necessarily small scale – St Vincent's and Mater with 4 trainees annually and Calvary with 8 participants at any one time. This is due to the amount of extra time needed by staff to support the refugees, particularly those

undertaking formal traineeships. With additional investment such programs could be bringing may more refugees into health based workplaces.

4.3.5 Workplace English Language and Literacy Program

DEEWR funds the Workplace English Language and Literacy (WELL) Program. Whilst this program is not specifically for refugees; it does provide funding that employers can access for on the job language and literacy support to existing workers. The 2011-12 Budget allocated funds for more than 13,000 additional training places over the next four years. The extra places are for skill shortage areas identified by the newly created National Workforce and Productivity Agency.

The AHHA and AMES are calling for some of the additional places to be allocated to refugees employed in health services and health organisations.

Similarly the new National Workforce Development Fund, administered through Industry Skills Councils in partnership with employers, is a source of funding for employers to up-skill existing and potential workers in line with their workforce development plans. If refugees are part of the existing work force and they need additional support and training, the employer would be eligible to access this funding.

These two funding sources need to be widely promoted to employers in the health sector to encourage employment of refugees so that taking on refugees is not seen as an expensive drain on existing / limited training resources.

Recommendation 10: *Workplace based training programs such as Workplace English Language and Literacy Program (WELL) be promoted to employers in the health sector by health services peak bodies as a potential source of funds for communication skills training for refugees within their workforces.*

4. Overseas health qualifications

Refugees with health qualifications who want to be employed in the Australian health system must meet Australian registration requirements. A significant number of qualified professionals coming from non-English speaking countries are likely to have difficulties gaining registration. In most circumstances the hardest part of the registration process is the competency in English and the biggest hurdle for most clinical professionals from non-English speaking countries is the gap between spoken and written English.

The Australian Health Practitioners Regulations Agency operates a national registration scheme for 10 health professions, including doctors, dentists, nurses and pharmacists. In 2011, the Agency increased the score health professionals need on the International English Language Testing System for registration. (See footnote 13).

The English language requirement is necessarily high because clinical errors can occur where there are language barriers, often enhanced by cultural issues. Patients cannot be put at risk and a safe clinical environment remains the priority. The issue for clinical practice is that even when people scrape through at the minimum level of English, major issues remain in terms of actual practice where the nuances of what a patient is describing are often not well understood. This is particularly so in areas where supervision may be limited or pressures are high such as Emergency Departments.

It is worth considering ways in which refugees with health qualifications can achieve registration sooner, particularly through provision of work experience and immersion in English speaking clinical environments as preparation for registration. These include developing pathways through related occupations, allied health and /or community health areas where English language and workplace cultural training are integral to the experience.

Many health services may be receptive to taking on a health professional in this way. However, a person with cultural and linguistic needs generally means that more supervision and support is needed for a period of time to manage the potential risks to patient safety and standards of care. There are no incentives to take on and support people over and above the normal line of duty and no incentives to allow and enable the person to take on additional learning whilst employed to improve skills, literacy, linguistic ability and cultural integration. Both these elements require investment of additional resources to ensure health sector employers can actually employ health professionals from refugee backgrounds.

Within the current system, applicants in some cases, are given special consideration and are granted limited registration to perform defined clinical techniques, undertake research that involves limited or no patient contact or complete a period of postgraduate study or supervised training in an appropriately supported environment.

There may be additional ways to assess and value experience or provide more supported access to the health qualifications recognition and professional registration systems in Australia. The example below from Griffith University in Queensland provides a model of one such approach. [13]

In this example, migrants with professional health backgrounds were able to access a Graduate Certificate level program (Graduate Certificate of Community and Youth Work) without a bachelor degree because the University recognised their professional experience as part of the application process. Applicants preferably needed IELTS 6.5. The purpose was to facilitate an employment pathway for migrant workers not able to return to their original profession for various reasons.

Scholarships were given to 10 unemployed / underemployed applicants, sourced from the Skills Recognition Program, who predominantly came from professional health backgrounds. English language and workplace communication were included in the program as well as community based work experience. Employers provided very positive feedback on the work placements with some students gaining positions after course completion.

Professor Clapton was Head of School of Human Services and Social Work when establishing this program. She noted that the work experience highlighted the need to strengthen recruitment and management of diversity in Australian workplaces. Program outcomes were positive, particularly the fact that people gained employment, but the need is still there.

Unfortunately, the Queensland Department of Education and Training's Skills Plan funding source finished and Commonwealth changed the tertiary funding rules which ruled out funding to enter Graduate Certificate programs.

[13] Dr Jayne Clapton presented on Migrant Graduate Health Programs: An Alternative Health Pathway at the annual conference of Overseas Qualifications Unit in Brisbane, September, 2011. Dr Clapton was head of the School of Human Services and Social Work when the program was established.

Recommendation 11. *The Australian Health Practitioners Registration Authority consider alternative approaches that do not compromise patient safety and additional assistance be considered for refugee and humanitarian entrants seeking to gain recognition of overseas qualifications.*

In another example, the University of Tasmania assists students from a Culturally & Linguistically Diverse (CALD) background as well as university staff who are working with them in a program called the *Cross Cultural Support Service* (http://www.support-equity.utas.edu.au/cald). This service assists students who are citizens or permanent residents of Australia. Many are voluntary migrants, while some have entered Australia on Humanitarian Visas after being refugees. There are specific services offered to students and staff:

- Students
    - individual assistance: with forms and administration, housing and financial issues, access to study assistance and emotional support
    - settling into university: early orientation and campus tours; vital things to remember in the first year; a welcome and introduction to helpful staff
    - CALD mentor scheme: help and support from older students, assisting students to also become a mentor and help others
    - study assistance: encourages students to join extra tutorials and workshops to develop skills; provides extra time in exams for first year students; assistance with purchasing cheap, reliable computers for their studies
    - outreach sessions in colleges and TAFE: a realistic introduction to university life, how to prepare for university and to learn about their best options.
- University staff
    - crisis management support to staff including cultural briefings and referral to UTAS and community services
    - cross-cultural awareness and communication workshops
    - development of online tools to identify and assist in providing support to CALD students
    - assist in design and delivery of cross-cultural elements of faculty-based staff orientation programs
    - input to identification of learning issues specific to this group of students and collaboration in the development of strategies to support learning
    - mediation between CALD students and academic staff
    - liaison with academic staff in relation to projects and strategies to provide support to students identified as 'at risk'
    - profiling of CALD students based on a program of data retrieval that will assist academic staff anticipate performance patterns and CALD student learning needs
    - collaboration with Riawunna on the development of DVD/CD resources to support cross-cultural learning. (Riawunna is in the University of Tasmania and leads the promotion of cross-cultural understandings for Aboriginal and Torres Strait Islander cultures)
    - creation of a community-based volunteer program in collaboration with academic staff to support CALD student learning.

5 Case Studies

The following case studies have been referred to above and provide examples of programs that have been trialled and are working well. As mentioned, most are small scale with limited numbers of participants due to the fact that they are undertaken within the existing budgets of individual health service providers. There is potential to explore the broader application of these models should additional investment be made available. The case studies have English language support, cultural orientation, mentoring and workplace experience as common practices that yield results in terms of refugees entering employment in the Australian health sector.

- Traineeships for refugees St Vincent's and Mater Hospitals Sydney [Appendix 1]
- Refugee Mentoring Program Calvary Hospital Canberra [Appendix 2]
- Community Guides Program AMES Victoria [Appendix 3]

Appendix 1

Case Study 1: Traineeship Program - St Vincent's & Mater Health Sydney

Background

In July 2007, SV&MHS established the St Vincent's & Mater Health Traineeship Program, through which four one-year traineeship positions would be created in the Support Services areas of St Vincent's Private and the Mater Hospital. The program offers employment and training opportunities to disadvantaged groups in the community, such as people having arrived in Australia under Humanitarian Visas, as a stepping stone to other employment either within SV&MHS or in other organisations.

The social accountability policy of SV&MHS notes that we have a strong tradition of responding to the needs of the community, and that we are challenged to go the extra mile in supporting and caring for those most in need. From the Constitution of the Sister of Charity, *"We understand 'Poor' to encompass people with special needs, i.e. those lacking finance, skill, status, in order to meet their needs which may be economic, material, physiological, sociological, cultural, psychological or any other impoverishing factor"*. The target groups of this program have particular challenges to overcome with regard to each of these areas. These traineeship positions have built the work being done already within St Vincent's & Mater Health to support refugees, by offering them employment and training, which in turn provides stability for these families.

Program

Positions

Both the Executive Director of The Mater Hospital and St Vincent's Private Hospital and the CEO of SV&MHS gave ongoing support for the use of a total of four (4) one-year fixed term positions, one in Food Services, the other in Housekeeping departments, at both hospitals. These four positions were designated as Traineeship positions and are funded above each department's headcount.

Trainees begin work and are 'buddied' with another staff member for a period of time, until they are competent to do the role independently. For some trainees a buddy has been required for an extended period (more than 2 months) and for some they have begun working independently after 1 week.

Revolving positions

Positions are for one year. If trainees find other work (including permanent positions in a SV&MHS facility) prior the end of their one-year traineeship, then a request for additional funding may be sought to begin another trainee on a one-year term to replace the candidate who has moved. Note that trainees must have a contract of employment for a minimum of one year to be eligible to be Australian Apprentices.

Rotations

Ideally, the trainees spend time in both Housekeeping and Food Services areas. This would most likely be six-month rotations through Housekeeping and Food & Retail. Rotations within roles in each area occur according to the business needs of the area.

The trainees report to the supervisor of the area they are working in as per normal work procedures. Departmental managers are involved in the recruitment, selection and overall management of the trainees.

Education and Apprenticeships

On starting employment the trainees are enrolled in the Certificate II Health Support Services (Client/Patient Support).

The Certificate II continues throughout the year. Trainees meet with Registered Training Organisation (RTO) trainers regularly to complete work based tasks and assessments. Some homework is also required. By partnering with the an RTO that closely responds to the hospital's need for flexibility, staff complete units in Food services, Housekeeping/Cleaning and Patient Support, at times that tie in with the job rotations offered. Enrichment modules focused on reading, writing and communicative abilities are also offered under this program. At present, Hunter TAFE is the RTO coordinating the Certificate II Health Support Services (Client/Patient Support).

Trainees are signed into the Australian Apprenticeship scheme by Australian Business Limited. Previously under this scheme SV&MHS received an incentive to fund training for most trainees. Due to a change in eligibility rules, Commonwealth Government Certificate II incentives are now more restricted and SV&MHS has made the commitment to continue the training although now at their own expense. As new entrants, trainees receive public transport concessions for travel on NSW Government buses, ferries and trains.

Employment Agencies

Contact and discussions have been held with several employment agencies. SV&MHS previously had a Memorandum of Understanding with AMES Community and, currently, Jesuit Care's Jesuit Refugee Service which is able to support this program. Candidates who have an interest in working in the roles we offer are put forward and also have pre-employment support and post-employment mentoring. We are also working with the Asylum Seeker Centre which offers pre- and post-employment support for its clients.

Candidates from other relevant organisations will be offered the same opportunity as those from Jesuit Refugee Service (JRS) and the Asylum Seeker Centre to attend an information session regarding the roles and to go through the selection process for the offered positions.

Benefits & Outcomes

Benefits for SV&MHS:

- the program has a strong alignment with values of Sisters of Charity and Mercy
- the program provides a source of motivated employees who have been through a structured training program and may move from fixed term to permanent full or part time employment
- the program highlights the benefits of a culturally diverse working environment.

Benefits for the participants:

- all applicants gain practice in job seeking skills as they attend a group information session, complete employment application forms and provide their curriculum vitae
- at the end of employment, the trainees have a stronger employment history with which to seek other employment
- the trainees complete their Certificate II as well as having completed a traineeship
- for some, there is a possibility of future employment within SV&MHS.

Results from 2007 to present

The retention of candidates hired through the program is as follows:

- 2007: 3 trainees hired (1 employed at SV&MHS after traineeship)
- 2008: 4 trainees hired (3 employed at SV&MHS after traineeship)
- 2009: 4 trainees hired (3 employed at SV&MHS after traineeship)
- 2010/11: 4 trainees hired (still completing program).

Seven trainees gained work in SV&MHS facilities after their one year contract: 4 of these were permanent full-time roles and 3 were part-time/casual. One person has moved to another similar role in another public hospital closer to her home. Two worked casually before moving to another employer.

In total four trainees that have finished their traineeship are still employed at our facilities, and there are four current trainees finishing in the coming months.

In addition to this, we have provided employment opportunities to 15 people in total and also interviewed some 36 job seekers. Approximately 40 job seekers attended the information sessions held for these roles.

Challenges

Change is a complex and challenging process. Integrating groups of new staff into the workplace is part of this challenge and when overlayed with the integration of new cultures it must be considered, managed and communicated well.

The staff profile at the Mater and St Vincent's Private Hospital is culturally diverse with over 90% of staff coming from Culturally and Linguistically Diverse (CALD) groups. Existing staff are migrants themselves, some refugees, with diverse levels of education and experience in their home countries.

In providing a traineeship for a specific groups (such as refugees), we must exercise caution to maintain work-based specific support to avoid:

- the possible interpretation from staff that we are favouring one particular culture
- perceptions that employees within this program are given additional benefits outside work,
- claims of protectionism and favouritism.

We have learnt that additional support for various families in need should be distanced from their conditions of employment and the reasons for this should be well communicated to ensure this is transparent to all staff.

Our trainees often come from countries affected by war and violence directed against particular groups in the community. Survivors of torture and trauma often need additional specific support in adjusting to the workplace. In partnering with Refugee Support Services, such as JRS and the Asylum Seekers Centre we can ensure that support is at hand when needed. We acknowledge that issues in one's personal life, such as moving house, setting up accounts, waiting on visa's for family members, can be extremely stressful for those who have arrived on Humanitarian visas and who do not have a network of knowledge and support which we take for granted.

Another challenge of this program is the loss of employees trained through the program after their training period. If candidates see this as a short-term stepping stone into employment elsewhere, the areas involved lose their investment of time which went into training the candidate. New candidates would have to be trained.

Through the use of the Jesuit Refugee Service (JRS) and the Asylum Seekers Centre we are connected with programs that seek to improve employment prospects for refugee and humanitarian job seekers. This program coaches and supports candidates prior to employment as well as post-employment. Through a partnership of mutual learning, the mentor offers career and training advice, assistance with job search, cross cultural skills and network development for the mentee. This coaching might include basic issues such as personal presentation and communication skills, which have been highlighted as an issue with some employees already hired.

Review of progress of trainees

Trainees are evaluated in three ways:

- they have regular reviews conducted by their Supervisor/Manager. If necessary the supervisor emails or phones the Trainee Coordinator to discuss any issues
- the Trainee Co-ordinator meets with the trainees on a bi-monthly basis to discuss any issues they might have with their traineeship
- their progress through their studies is reported back on a monthly basis by their trainer.

Keeping in mind the additional support to employees under the traineeship, trainees who still fail to meet work performance expectations will be dealt with as per normal employment policy.

Evaluation of the program

Regular communication takes place between program participants, managers Human Resources and agencies and an annual summary of progress is made.

Appendix 2

Case Study 2: Refugee Mentoring Program - Calvary Hospital Canberra

Background

The Refugee Mentoring Program is part of Calvary's Community Benefits Program. The Calvary Community Benefit Program is an integral aspect of the Catholic identity of the hospital. The aim is to witness to the founding inspiration of Catholic health facilities in Australia which began as community services.

Community Benefit is a living and transparent way of keeping us aligned with our mission and demonstrating our stewardship of resources. It is an expression of our commitment to integrity and fidelity to mission, a mission to serve the poor and underserved without discrimination.

The Community Benefits Program provides funding each year for specific projects aimed at serving the disadvantaged and marginalized in the community. This includes assisting external organizations working with disadvantaged people to meet their goals.

The Refugee Mentoring Program was initiated in 2007 as a way of enhancing staff engagement in Community Benefit programs by facilitating the opportunity to provide direct support and involvement with those in our community who are disadvantaged.

Patron of the program is the United Nations High Commissioner for Refugees (Regional representative) Mr Richard Towle.

Purpose

The purpose of the Refugee Mentoring Program (RMP) at Calvary Hospital is to provide a positive and individualised workplace related experience to individuals with a refugee background so that they might be better prepared for career, study or community participation. This program enhances self-esteem, assists participation in the community and fosters networks to support engagement within the Australian social and cultural context.

The Refugee Mentoring Program is also an opportunity for Calvary staff to become directly involved in sharing their skills and expertise with those less advantaged, to become aware of disadvantage in a more tangible way and to increase understanding of cultural differences.

Implementation

The model for the Refugee Mentoring Program was devised and tested through a Pilot Project in 2007 – 2008. Following the success of the Pilot Program the implementation of the on-going program commenced in July 2008.

The Refugee Mentoring Program is conducted:

- with funds provided through the Calvary Community Benefit Fund
- in partnership with the broader community of support to refugees in Canberra eg Canberra Refugee Support, CIT, Companion House, Career Development Association of Australia (ACT)
- guided by processes and procedures developed during the Pilot Project
- under the day-to-day direction of a Program Co-ordinator appointed and managed by the Calvary Hospital Director of Mission who reports to the CEO
- with the guidance, review and assistance of an Advisory Group comprised of relevant local organisations which meets quarterly.

Eligibility

The RMP is specifically targeted to:

- individuals with an Asylum Seeker or Refugee background
- such individuals who have the express and ongoing support of a sponsoring agency
- individuals *without* a DIAC work or study restriction

Structure

For the participants, the Refugee Mentoring Program includes:

- an introductory briefing on the program
- an orientation and induction session to cover cultural awareness and workplace issues eg occupational health and safety, confidentiality; ID badging; insurance issues
- an interview with a career counsellor to determine specific goals for the placement
- a negotiated program of activity based on a combination of:
    - an individualised work program within the hospital which may consist of a range of exposures across the hospital or a focused exposure to particular work areas
    - pairing with a suitable mentor
    - accompanying staff as they undertake their work
    - discussion with staff about their work
    - reviews by a program manager to solicit validation and continuous improvement issues
    - follow-up career counselling
    - provision of a summary statement of attainments achieved and employability skills identified through the placement
- a concluding celebration which links the participating group with previous program participants and mentors
- follow-up assistance as required with job applications, interview technique etc

For mentors, the RMP includes:

- an introduction to the program purpose and concept
- mentor & cultural awareness training
- regular support/contact with the program coordinator
- a concluding celebration with current and previous program participants and mentors.

- an annual refresher course providing updates on program progress and the opportunity to enhance knowledge and skills as a mentor to the program.

Evaluation

All elements of the RMP are evaluated at the appropriate stage eg Mentor Training; participant orientation & induction; the work placement experience for both mentor and participant.

Achievements of the program are formally reported on an annual basis summarising annual program data and the results of the evaluations throughout the year.

Conclusion

The Refugee Mentoring Program is an innovative initiative which has quickly gained the endorsement of the local refugee community and supporting agencies and the support of Calvary staff. It is anticipated that the program will continue to develop in response to the needs of local refugees.

Appendix 3

Case Study 3: AMES Community Guides Program

Background

AMES started the Community Guides program in October 2005 as part of the Integrated Humanitarian Settlement Strategy (IHSS), re-named Humanitarian Settlement Services (HSS) in 2011.

HSS is the initial settlement program for refugees and humanitarian entrants to Australia, providing case management for individual families from airport pick up, initial accommodation, household formation, and links / referrals to specialist and mainstream health, education, settlement, income support and employment services.

Community Guides are employed as part of this program to assist newly arrived refugees to become linked to broader community and mainstream networks. AMES employs Community Guides who speak the refugee's first language, are culturally matched to the refugee and who share the refugee experience. Because they have been in Australia for some time they have sound community networks. Primarily Guides are selected for their ability to communicate well with people who are in the very early stages of settlement.

As well as assisting new arrivals to settle, the Community Guides program also offers an employment opportunity (often a first step opportunity) to those who arrived in Australia as refugees themselves and are further along in their settlement process.

Health is one of the most significant, time consuming and ongoing issues for many refugee families. Accordingly, a large part of the Community Guide role is in educating, supporting and assisting refugees to access the health system and manage their own complex health needs.

AMES Community Guides program operates across metropolitan Melbourne and regional centres where refugee families are settling, such as Shepparton, Corio, Geelong, Ballarat, Bendigo, Mildura.

The program has now been running successfully in Victoria for 6 years.

Objectives

The Community Guides Program set out to:

- build a pool of trained, well informed guides with appropriate language skills and cultural backgrounds to work directly with refugee entrants, providing practical and cultural support
- provide intensive support to refugee families in the first month or two, gradually moving to less intensive support and greater independence over time
- increase refugees' understanding and uptake of mainstream services, particularly health services, and their capacity to access these services independently
- reduce potential for misinformation and miscommunication between mainstream agencies and refugees accessing services
- achieve better health outcomes for refugees by educating refugees in first language about the health system and reducing the number of "no shows" at medical appointments

- provide a bridge between new arrivals, their cultural communities and the wider community
- provide employment which utilises language skills and cultural knowledge for people who have been refugees or humanitarian entrants themselves.

Specific role in Health Sector

Physical and mental health issues can be one of the most significant issues for on arrival refugee families. Many have chronic, long term health issues[14].

Many families need information and support in order to access a health system which is vastly different to their previous experiences. To achieve the best health outcomes from the available health services, refugees need to understand the role of, and systems for accessing GPs, hospitals, specialists, pharmacies, dentists, the need for referrals, the need to make and keep appointments and so on. They also need to understand the expectations of the health care system and its various elements in relation to their own expectations.

This is a complex system for newcomers who frequently miss appointments, don't know where to go for various kinds of medical assistance, or feel unable to manage in the system with poor English skills. Without support to access health services many families are at risk of remaining outside the health system or not receiving the ongoing care and medical interventions required.

In regard to health, the program aims to prevent refugee families having health issues which remain untreated due to lack of access to, and knowledge about, health services and systems.

Support and information delivered face to face in first language is required for refugees to access the health system effectively. For example, failing to turn up for appointments has been one of the significant barriers for delivery of effective health care plans for the refugee group. Information alone is not sufficient – people need to be shown how to get to appointments and accompanied for a period of time before being able to do this independently.

Community Guides can provide practical assistance to refugees by:

- accompanying refugees / refugee families to Medicare
- assisting refugees and refugee families understand and use the appointment and referrals systems
- ensuring refugees follow through on treatment plans by assisting people to make and keep appointments and accompanying refugee families to generalist and specialist health appointments
- modelling behaviours such as preventative health care and how to manage own health care.

[14] Victorian Foundation for Survivors of Torture Inc, 2002 Promoting Refugee Health: A Handbook for doctors and other health care providers caring for people from refugee backgrounds.

Outcomes

AMES has recruited and trained over 300 of Community Guides and draws on their services on a case by case basis.

In terms of the health sector the Community Guides program has:

- educated refugees in first language about the health system
- improved access to health services
- reduced the number of “no shows” at medical appointments
- increased awareness of health issues of refugees amongst health services and practitioners
- increased the effectiveness of health services by ensuring they reach intended participants.

The program has also worked closely with the Victorian Government’s Refugee Health Nurses (RHN) initiative by assisting the RHNs reach and establish relationships with their intended service recipients.

AMES use of Community Guides has demonstrated the value of this resource to health services. Many services such as Community Health Centres have requested the Community Guides skills for broader, additional applications.

Evaluation

The program has been evaluated informally by collecting direct feedback from HSS clients and their community leaders as well as from recipients of the service such as health practitioners.

The impact and value of the Community Guides Program was also formally evaluated in 2009 by The Centre for Refugee Research University of NSW. http://www.crr.unsw.edu.au/research-projects/

Potential

There is potential to explore the use of the Community Guides model more broadly within the Health Sector. For example:

- Use as Health Guides in hospitals, out patient clinics and / or local health centres in areas of high refugee populations
- Trained Community Guides could be highly effective in delivery of cultural awareness training to health sector staff. This can be customised by employing Community Guides representative of the communities in which the specific health service operates.