



Government of **Western Australia**
Department of **Health**

Multicultural health diversity Café 10:

‘Improving health equity for young people from culturally and linguistically diverse backgrounds’

28 August 2019

Cultural Diversity Unit

Chronic Disease Prevention Directorate

Public and Aboriginal Health Division

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Executive Summary

‘Improving health equity for young people from culturally and linguistically diverse (CaLD) backgrounds’ was the theme of the Multicultural Health Diversity Café 10, held at the Bendat Parent and Community Centre on 28 August 2019. Diversity Café 10 brought together 52 participants from the WA health system, other government agencies, not-for-profit organisations and young members of CaLD communities.

Young people from CaLD backgrounds, like most young people, experience rapid changes in their physical, mental and social states, which can have various adverse effects on their general health. Many health risk factors for later life either emerge or increase during adolescence and young adulthood, including smoking, risky drinking, illicit drug use, physical inactivity and poor nutrition. This is also a time when mental health disorders may arise, particularly anxiety and depression.

Navigating the health system for many young people from CaLD backgrounds may be more challenging due to growing up between two cultures. This involves not only two languages but often very different behavioural and social expectations. Issues may include feelings of stigma, lack of information about health services in appropriate and accessible formats, and poor communication and cultural differences between themselves and clinicians which can affect access to services and consequently good health outcomes. When developing and implementing health policies, programs and services, these issues need to be considered to ensure the inclusion and access of young people from CaLD backgrounds.

In this Café, young health consumers /social advocates, a not for profit service provider and two clinicians shared their perspectives and experiences around improving health equity for young people from CaLD backgrounds. Challenges and concerns for service providers, staff and consumers were also discussed.

The speakers at the Café were:

- Tamkin Essa
- Habiba Asim
- Patrick Gunasekera
- Dr Sarah Cherian
- Dr Kristen Lindsay
- Lisbeth Camissao

The speakers were divided into two panels of 3 speakers each. The first panel was followed by two buzzing sessions and the second panel was followed by the third buzzing session. During the buzzing sessions, the participants engaged in conversations guided by questions relating to the main topic. The main points from each table’s buzzing sessions were recorded using Post-it notes and put up on the Summary Wall.

The Diversity Café series seeks to bring together staff from the WA health system, other government agencies, non-government and community organisations and consumers to share knowledge, connect ideas and ask questions about health matters as they relate to people from CaLD backgrounds.

Diversity Café 10 was organised by the Department of Health’s Cultural Diversity Unit (CDU) and Multicultural Youth Advocacy Network WA (MYAN WA).

The Café was facilitated by Ruth Lopez, Senior Policy Officer, CDU.

Presentation panel 1

Speaker 1: Tamkin Essa, 'Multicultural Youth Advocacy Network of WA: Health equity for young people'

Tamkin began her presentation by describing what health equity is. She said health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Equity is the absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other means of stratification. She said that this implies that ideally, everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

Tamkin cited that 65-70% of young people seek help from friends and family rather than health services and other agencies, so it is important to recognise the significance of these relationships in a young person's life. Some major areas of concern for young people are employment, education, discrimination, complex connections, language and mental health. All of these have a direct impact on a young person's overall health.

Tamkin outlined how MYAN WA helps young people from CaLD backgrounds as follows:

- The 'Shout out' program, aimed at giving young people a voice, trains young people in public speaking and sharing their stories, concerns and solutions.
- The 'Catalyst Youth Summit' creates further opportunities for young people. The Summit brings together 120 young people from refugee and migrant backgrounds for a 3-day event to discuss topics like inclusion, the justice system, violence and wellbeing.
- Research, which is used to strengthen the voices of young people from CaLD backgrounds.

MYAN WA provides a 'Culturally Informed Approach' training program which engages youth consultants to conduct the training for professionals using a CaLD youth perspective. Good practice strategies and capabilities when/for working with young people from CaLD backgrounds are also discussed.

Tamkin presented the '[Multicultural Youth Australia Census Status Report 2017/18](#)' (345 of the survey participants were from Western Australia). This report examined the social, cultural and economic indicators that provided valuable data on how multicultural young people were faring. These indicators were identified after an extensive review of studies on migration and settlement, cultural participation, youth transitions and social and economic inclusion.

She suggested that this research may be used to help policymakers and organisations develop better policies and programs that enrich the lives of multicultural youth.

Speaker 2: Habiba Asim, 'Talking about sexual health in CaLD families'

Habiba's presentation began with her personal story about her and her family's backgrounds to show how her upbringing has influenced her life. Habiba is a young

Pakistani Muslim, an identity she is very proud of. Her parents were first generation migrants who have always encouraged her to be confident and have a strong voice.

Habiba has been a Sexual health Peer Educator for the past three years and has worked extensively with young people from CaLD backgrounds. She talked about how in many CaLD families and communities anything related to sexual health or sexual engagement is taboo and conversations about it are discouraged. This can make it very difficult for young people to navigate this topic and they are often left to explore this on their own. There can be a lot of hesitation combined with shame. Habiba talked about her own experience of not feeling comfortable, despite being a sexual health professional, about taking resources such as pamphlets or condoms home as her family considered them inappropriate or too confronting.

She talked about the importance of recognising these issues within the CaLD communities and to find means to better address them. For example, health professionals may request parents or family members to leave before discussing sexual health issues with a young person. The young person might be fearful, hesitant or uncomfortable disclosing information in front of a family member. She also recommended educating mothers and daughters together around sexual health. The health sector could also collaborate and include more young people from diverse backgrounds in their policy making processes. She also believes that a positive improvement in hospitals and other services can be achieved by employing people from diverse backgrounds.

Habiba acknowledged that one of the most valuable outcomes of being a Peer Educator has been about being able to answer a young person's difficult questions. Seeing a young person of similar beliefs and background builds confidence in other young people to seek help, open up and talk freely.

Speaker 3: Patrick Gunasekera, 'Implications of domestic violence on young people from CaLD backgrounds'

Patrick's presentation was based on his own lived experiences. He highlighted some of the factors which affect access to health services, such as patriarchy and how it is manifested in different cultures. He mentioned that certain cultures are more strongly patriarchal, which may normalise domestic violence perpetrated by the male and allow it to go unchallenged and unquestioned. Other major factors that surround domestic violence include language isolation faced by newly arrived migrants and refugees, and (in Patrick's case) imbalance of power dynamic between a CaLD parent and a white parent, and idolisation of the white culture.++

Patrick discussed the added challenges faced by young people with disability and young people who identify as LGBTQI+ who have experienced abuse from family members. He pointed out that frequently the abuse could be a consequence of denying the young person's identity or may be an attempt to change them through 'corrective' punishment. The abuse may be emotional, social, sexual and financial in nature.

Patrick touched on some indicators of domestic violence as experienced by young people and which health providers should take note of:

- aggression, seeking attention and support
- bedwetting and sleep disturbances
- development of phobias
- trouble forming positive relationships with peers
- withdrawal and risk-taking behaviours.

A critical part of getting help for young people, however, depends on them disclosing that they are victims of domestic violence.

Some barriers to disclosure can be:

- fear of not being believed
- shocking the helper
- threats from the abuser
- feeling that the abuse is not serious enough to need help
- the perpetrator having control over access to disclosure by monitoring the children closely when they are with service providers and/or by responding on their behalf.

Patrick said it is essential for service providers to be aware of these and other cultural barriers faced by a young person and facilitate disclosure accordingly. Patrick suggested that service providers take note of the following:

- Establish if this is the first time for the young person to disclose.
- Reaffirm the importance of the disclosure and stress that you believe them.
- Acknowledge that disclosure is difficult and accentuate the positive potential of disclosure.
- Do not promise to keep secrets or make any promises you cannot keep. It is important to be honest about your own capacities.
- Seek clarification, if necessary.
- Be prepared for self-blame and ambivalence.

Patrick reaffirmed the importance of service providers educating themselves about different cultural and social implications for young people experiencing family violence. The burden of educating health professionals about cultural matters should not fall on a young person. Understanding their needs, different cultural norms, values and barriers faced will ensure that health professionals are able to provide appropriate help.

Buzzing session 1:

What is health equity? What are some of the factors that impact on the achievement of health equity for young people from CaLD backgrounds?

Health equity is ...

- having the same opportunities to achieve best possible health outcomes.
- being able to access high standard and quality services, irrespective of social, financial or cultural backgrounds.
- when every person is confident that the health system would provide them with the best possible services whenever they need these without discrimination or bias.
- when service institutions/service providers are culturally competent and can work through cultural differences. (For example, easy access to interpreters, multilingual posters or pamphlets).
- involving young people in policy formulation to ensure high quality services.
- about providing 'Client Centred Services' where adults/clinicians do not make decisions for young people.
- when young people are given all the requisite information to make informed choices.
- embedding culturally appropriate mental health care within all health interactions.
- improved health literacy for both young people and parents to ensure that they have access to information that would enable them to seek appropriate health services.

Factors that impact on the achievement of health equity for young people

- Lack of access to services due to financial, geographical location, or language barriers.
- Lack of culturally appropriate, trauma informed mental health services for young people from CaLD backgrounds.
- Lack of cultural sensitivity on the part of health service providers.
- General lack of information amongst young people regarding their health and health services. It can also be difficult to figure out where they can get authentic information.
- Different expectations/perceptions of health providers depending on their lived experiences. The intergenerational perceptions could also influence their decision regarding approaching health providers. There could be a lack of trust towards them.
- Navigating a new and a complicated health system with limited knowledge, awareness and language proficiency.
- Considerable fear of disclosure or possible consequences of approaching health providers/services. Young people could be fearful that the information that they share is not kept confidential, especially in the case of minors.
- Stigma attached to certain health conditions especially related to mental or sexual health.
- Inconsistency around community leadership in health advocacy.
- Not wanting to provide negative feedback to services as they do not want to lose access to those services.
- Different family structures, dynamics and gender roles within families from CaLD backgrounds can influence a young person's access to health services. Girls especially could feel unable to talk openly about women's health issues.

Buzzing Session 2:

What do you currently do to achieve health equity for young people? What are good examples of health equity work for young people that you know of?

Language services

- Provide language services designed to help ensure that people with limited or no English language proficiency can access services and programs they need. Language services can include:
 - engaging a credentialed interpreter either in person, via telephone or video conference
 - translation of government documents from English into community languages
 - translation of personal documents from a language other than English
 - assistance from a bilingual staff member (who has received appropriate training)
 - information on websites translated into community languages, multimedia resources and other digital media in languages other than English.
- Displaying the National Interpreter Symbol which lets people know that they can ask for language assistance when using government and other services.

Research, education and social media

- Use communication platforms such as social media, to raise and improve young people's health awareness.
- Provide peer education sessions to create safe spaces and share information about various mental health issues, sexual health, domestic violence and the like.
- Conduct continuous research using spatial temporal modelling to ensure that health services are meeting the needs of young people.

Good examples of health equity work

- The Catalyst Youth Summit, an initiative organised by young people for young people from refugee or migrant backgrounds aged 18 to 25 living in Western Australia, provides opportunities to discuss issues important to young people, create solutions and to advocate with politicians and other decision makers. This helps train young people for future leadership roles and promote community representation.
- The Sexuality Education Counselling and Consultancy Agency (SECCA) provides education, counselling and consultancy services for people with intellectual disability, their families and carers.
- Sexual Health Quarters provides free services to people under 25 years old. It is culturally inclusive, and welcomes people from different beliefs, different identities and abilities. The agency's focus is on confidentiality and cultural sensitivity.
- People 1st Programme provides specialised education and counselling in respectful relationships, protective education and sexuality for individuals with disability.

- Headspace offers opportunities to young people to seek help around mental and physical health, alcohol and drugs, work and study. The services are very flexible and available via online chat, email, or phone.

CaLD specific services

- Ishar Multicultural Women's Health Centre provides culturally appropriate services such as counselling around sexual and reproductive health. They have a dietician and female doctors from different ethnicities as a part of their team.
- The Settlement Engagement and Transition Support Program (SETS) aims to equip and empower humanitarian entrants, other eligible permanent migrants and their communities to address their settlement needs, improve social participation, economic well-being, independence, personal well-being and community connectedness.
- The Association for Services to Torture and Trauma Survivors (ASeTTS) Youth Services reaches out to young people from refugee backgrounds, aged 12 – 21, to overcome personal and social barriers, address challenges arising from exposure to torture and trauma, and increase their social and economic participation in society. ASeTTS provides counselling, advocacy, and mentoring in a culturally and youth appropriate manner that values young people as individuals.
- The Ethnic Disability Advocacy Centre (EDAC) is the peak disability advocacy organisation in WA and aims to safeguard the rights of people from CaLD backgrounds with disabilities and their families. EDAC provides advocacy support for clients accessing the National Disability Insurance Scheme (NDIS). This includes testing, eligibility, planning, reviewing plans and appealing against NDIS decisions.
- The Edmund Rice Centre WA has a local parks multisport program, which promotes sports and healthy living for young children from CaLD backgrounds.

Panel Presentation 2

Speakers 4 and 5

Dr Sarah Cherian and Dr Kristen Lindsay, 'Perth Children's Hospital Refugee Health Service (PCH RHS): Overcoming health inequity for refugee children and adolescents'

Dr Kristen Lindsay stated the PCH RHS aims to provide holistic health care to refugee children, adolescents and their families. The service coordinates and manages complex care needs of recently resettled refugee children under 16 years of age and those from refugee-like backgrounds which includes those in detention or those waiting for immigration processing. The PCH RHS utilises evidence-based guidelines which have been developed with national colleagues in the Paediatric Refugee Health Network. PCH RHS also collaborates with the Australasian Society for Infectious Diseases and Royal Australasian College of Physicians to produce national policies on post arrival screening and asylum seeker health.

Dr Lindsay spoke about the [framework of good practice in health service delivery for newly arrived refugee children](#). She highlighted some of the main elements from the 2018 Report of Australian Paediatric Refugee Clinics, which are:

- routine comprehensive health screening
- co-ordination of initial ongoing health care
- integration of physical, developmental and psychological health care
- consumer participation
- culturally and linguistically appropriate service provision
- inter-sectoral collaboration
- accessible and affordable services and treatments
- data collection and evaluation to inform evidence-based practice
- capacity building and sustainability
- advocacy.

She also spoke about some of the actions cited in the report, including:

- developing a comprehensive national health policy for refugees and asylum seekers
- increasing availability of comprehensive health assessments for all refugee arrivals irrespective of visa type
- improving access to mainstream health services for non-acute conditions, including dental and allied health services
- devising mechanisms to increase the use of professional interpreters
- developing a national approach to the routine collection and collation of data on access to care
- epidemiology of health issues and long-term outcomes
- increasing allocation of resources to provide appropriate support to refugee families with complex needs
- ongoing support for training positions in refugee health to increase the capacity of the workforce in this area.

She then listed some of the major access barriers to healthcare such as:

- language and literacy
- finance
- transport
- large family size
- appointment and follow up letters in English
- frequent housing changes
- medication issues/safety
- 'modernisation' of surrounds, Western model of health care/follow up
- lack of culturally competent health workers
- psychosocial issues- including mistrust of authority/medical staff
- access to public dental care
- social concerns vs medical concerns of families
- lack of culturally appropriate developmental screening tools
- child protection issues and cultural context
- child-centric vs parent-centric care approaches.

Dr Lindsay mentioned that PCH RHS is a multidisciplinary service consisting of both hospital and community health care providers from medical, nursing, social work, dietetics, dentistry, mental health and school liaison services. The PCH RHS has received state and national recognition for their achievements in addressing barriers to health, challenging health issues such as female genital mutilation and underage marriage and contributing to advocacy for children in detention. In Western Australia, PCH RHS is an example of how a mainstream service can be adapted to be more accessible to migrant families.

Dr Lindsay also talked about areas of ongoing focus and future improvements in their services:

- optimising organisational and community interpreter use
- adolescents and transition
- culturally appropriate mental health
- sexual/reproductive health
- culturally appropriate trauma-informed care
- navigating complex disability and NDIS services
- novel collaborations and partnerships with NGOs
- ongoing clinical research capacity.

Dr Sarah Cherian and Dr Lindsay both took part in the discussions that followed.

Speaker 6: Lisbeth Camissao, 'North West Metro Inclusion Project – Local Parks Program'

Lisbeth began her presentation by saying that health equity is:

'... the opportunity for everyone to attain his or her full health potential. This requires removing obstacles to health such as poverty, racism and other forms of discrimination, and resulting consequences including lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.'

Lisbeth spoke about the Edmund Rice Centre's (ERC) North West Inclusion Project where she coordinates the 'Local Parks Program'. The program provides free sporting opportunities, targeting young people from CaLD and Aboriginal backgrounds and low SES youth (5-18-year-old) by offering participation opportunities in different sports at different parks every weekday afternoon. This project is combined with a Pathways Program that helps transition the participants into mainstream sporting clubs and support them in developing leadership skills.

The combination of programs creates linkages between young people, their families and sporting clubs. This connection encourages inclusion, reduces the participation barrier, and supports the whole family to get involved in sports and be engaged as volunteers. This also leads to the development of meaningful relationships.

Lisbeth discussed the Youth Sports Program participant journey. The journey begins when the young person first attends the sports stations set up in local parks. This initial encounter facilitates engagement within a familiar and accessible environment. The participant is then encouraged to join different sporting clubs when they feel ready to do so. The young person may also go into the youth leadership program where they have opportunities to volunteer and/or gain employment, traineeship or education. To support this part of the participant journey, ERC developed a Cultural Awareness Training program which they deliver free of charge to sporting clubs and associations.

The program is funded by the Department of Local Government, Sport and Cultural Industries, sponsored by Healthway and supported by the Cities of Stirling and Wanneroo, Fair Game, Netball WA, Royal Life Saving WA, Football West and Volleyball WA. ERC's programs are in various suburbs all over Perth, namely:

- soccer program in Cannington, Mirrabooka and Koondoola,
- Youth Leadership Program and Creative Arts Program in Mirrabooka,
- tennis program in Nollamara,
- AFL program in Balga, and
- Multicultural AFL Umpiring Academy across Perth metropolitan areas.

These programs have been running for several years helping many young people with positive results.

Buzzing Session 3:

How do you know when you have successfully contributed to health equity?

- Greater representation of CaLD people working in the health system.
- Increased take up rates of health services by young people from CaLD backgrounds.
- More people are accessing and are satisfied with the services.
- When young people from CaLD backgrounds voluntarily come forward and participate in programs, group activities and other services.
- Clients recommending services to their friends and family, an indication that they are putting their trust in the services.
- When the clients/patients feel heard and respond in an effective manner.
- When service providers can engage in a culturally appropriate manner and the client, in turn, is able to communicate well with them.
- Good/positive news stories.
- Successful distribution of information within the communities.
- The individual and the community are empowered to achieve their full potential. This may be through an increase in community confidence, enhanced leadership and self-advocacy and promotion of their rights.
- More funding and resources are provided.
- When there are more inclusive policies, research and data collection for this group.
- Introduction of more services that cater and advocate for the needs of diverse groups of clients/patients from CaLD backgrounds.
- Improved health outcomes for the patients, lesser readmission rates, shorter hospital stays and reduced numbers of cases of ill health within the community.
- Evaluation and/or client feedback surveys are used to find out satisfaction with services provided.
- Evidence based research could show improvements in health equity.

The Presenters

Tamkin Essa works at the Youth Affairs Council of WA, leading the Multicultural Youth Advocacy Network of WA. Over the years, Tamkin has led two Catalyst Youth Summits for multicultural young people living in WA. Tamkin also works with the Shout Out program, which provides an opportunity for refugee, migrant and Aboriginal young people, through public speaking engagements to share their stories and insight into topics they feel passionate about.

Habiba Asim is a confident young woman who has been advocating for youth health for some time now. She works with various NGOs and is a 'Shout Out' speaker for MYAN WA. She also works as a Sexual Health Peer Educator with the Youth Educating Peers Project.

Patrick Gunasekera is a lived experience speaker and an artist. Patrick volunteers in peer support work to foster resilience and wellbeing of young people. He is a passionate speaker who draws from his own personal experiences and can give an insight into working with people from the LGBTIQ+ community.

Dr Sarah Cherian MBBS (Hons) FRACP PhD is a General Paediatrician and Clinical lead at the Refugee Health Service at Perth Children's Hospital (PCH RHS). She has worked in paediatric refugee health since 2005 and has extensive clinical, research and policy experience in the field of refugee health and trauma-informed care for vulnerable populations including patients with limited English proficiency. In addition to her clinical work, Dr Cherian is an Associate Clinical Professor with the Division of Paediatrics, UWA and the Director of Clinical Training at Perth Children's Hospital.

Dr Kristen Lindsay is an Advanced Trainee in General Paediatrics and is one of the PCH Refugee Health Advanced Trainees. Dr Lindsay is currently auditing the complex health concerns of newly arrived Syrian and Iraqi refugee children and adolescents and has previously worked in Afghanistan with Medecins Sans Frontieres. Kristen also has an active interest in medical education and is the PCH Medical Education Registrar.

Lisbeth Camissao is a Youth Support Coordinator for the Local Parks program at the Edmund Rice Centre. She has been assisting young people from CaLD backgrounds to take up various sports. Her project has been very successful with kids and has facilitated their integration into the Australian culture.

Café 10 Convenors

Ruth Lopez	Senior Policy Officer, Cultural Diversity Unit, Department of Health
Kelli Monaghan	Policy Officer, Cultural Diversity Unit, Department of Health
Tamkin Essa	Project Coordinator, MYAN WA
Pragya Malhotra	Student on placement, Cultural Diversity Unit, Department of Health
Akinsola Oyemade	Student on placement, Cultural Diversity Unit, Department of Health

Appendix A: Program

Multicultural Health Diversity Café 10

Wednesday, 28 August 2019

Convened by the Cultural Diversity Unit, Department of Health and the
Multicultural Youth Advocacy Network, WA

Program		
9:00 am	Welcome and Introductions Acknowledgement of country	Ruth Lopez , Senior Policy Officer, CDU, Department of Health
9:10 am	Panel presentation Tamkin Essa, Multicultural Youth Advocacy Network - WA (MYAN WA) Habiba Asim, Shout out speaker MYAN WA Patrick Gunasekera, Shout out speaker MYAN WA Q & A	
9:50 am	Buzz session 1 What is health equity? What are some of the factors that impact on the achievement of health equity for young people?	
10:10 am	Look at collective input, grab coffee, take a quick break (20 minutes)	
10:30 am	Buzz Session 2 What do you do currently do to achieve health equity for young people? What are good examples of health equity work for young people that you know of?	
10:50 am	Panel presentation Dr Sarah Cherian, General Paediatrician, Perth Children's Hospital Refugee Health Service Dr Kristen Lindsay, General Paediatrician, Perth Children's Hospital Refugee Health Service Lisbeth Camissao, Youth Support Coordinator, Edmund Rice Centre Q & A	
11:20 am	Buzz session 3: How do you know when you have successfully contributed to health equity?	
11:40 am	Summary	Key ideas from the conversations
12 noon	Close	Thanks and Close

Appendix B: List of Participants

First Name	Last name	Agency	Email
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