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PAPER FOR THE FIRST TASMANIAN HUMAN SERVICES CONFERENCE 1990.

ISSUE: ACCESS and EQUITY and HEALTH POLICY FOR CONSUMERS OF NON-ENGLISH SPEAKING BACKGROUND IN TASMANIA.

This paper is not a shopping list neither is a hint for more research. The research papers and recommendations presented, discussed and repeated many times over at conferences, seminars, workshops, special meetings and rallies are abundant.

The aim is to indicate to Federal, State, Local governments and organisations in Tasmania that we exist, to be noticable and become visible not only when you want us to dance for you. We want to participate and share in the piece of cake known as ACCESS and EQUITY.

"By the strategy of Access and Equity we mean A FAIR GO, A FAIR SHARE for all Australians irrespective of their ethnic, cultural, religious or linguistic backgrounds."

Hon. R.J.L. Hawke, Oct. 1987.

The basic reason why the NATIONAL AGENDA for MULTICULTURAL AUSTRALIA become a reality and was launched by Prime Minister Hon. R.J.L. Hawke on 26 July 1989 in Sydney is to attempt and redress historic ~~faili~~ng and plan for the changes and challenges presented by rapidly diversifying population.

The statistics show that the cultural diversity of Australia does not reflect in the key decision making structures. Under representation of women, Aborigines and people of non-English speaking backgrounds is very evident at all levels in the Australian political system, Federal, State and Local governments as in large organisations.

THE HEALTH POLICY

The range of health services provided by the Federal, State and Territories governments for people from non-English speaking backgrounds lack uniformity in terms of policy, service delivery and programs.

The welfare rights debates since 1960 have addressed the migrant health policies, services and programs in particular and the prevailing point of consumers from non-English speaking backgrounds was with public health and medical services in general an urgent priority.

The debates were controversial and complex but issues such as health status, health needs, access to and use of existing health services and the concept of culturally appropriate services have not been discussed.

Three major reports commissioned by the Federal government have identified significant problems for non-English speaking migrants and their health care provisions.

1. The Review of Post-Arrival Programs and Services for Migrants - May 1978.
The report is known as Galbally Report by its chairperson Mr. F. Galbally.
2. Survey into the Information Needs of Migrants in Australia
April 1980 by W.D. Scott and Company.
Developed from the Recommendation 18 of the Galbally Report.
3. The Evaluation of the Post-Arrival Programs and Services
Review by the Australian Institute of Multicultural Affairs of Galbally Report in 1981-1982.
These reports are operative to-day, in some instances, as at the time they were commissioned, Tasmania in particular.
The Galbally Report, as is extensively known, is generally accepted that the awareness of ethnic welfare by Federal/State governments and Ethnic Community groups began with the publication of this report.
The Galbally Report set out a three year timetable for the Federal government to change the directions of its involvement in the provision of programs and services for migrants and to take further steps to encourage Multiculturalism.
The Report proposed 57 Recommendations.

Guiding principles

In developing the Recommendations the following guiding principles were adopted:

- a/ all members of our society must have equal opportunity to realise their full potential and must have equal access to programs and services;
- b/ every person should be able to maintain his or her culture without prejudice or disadvantage and should be encouraged to understand and embrace other cultures;
- c/ needs of migrants should, in general, be met by programs and services available to the whole community but special services and programs are necessary at present to ensure equality of access and provision;
- d/ services and programs should be designed and operated in full consultation with clients, and self-help should be encouraged as much as possible with a view to helping migrants to become self-reliant quickly.

(Galbally Report, paragraph 1.7)

The Guiding Principles were restated by the Jupp Committee - chaired by James Jupp and published "Don't Settle for Less" August 1986.

(Don't Settle for Less" paragraph 2.42)

The second report developed from Recommendation 18 the Galbally Report.

Recommendation 18.

The Department of Immigration and Ethnic Affairs should commission an extensive survey of the information most needed by migrants, the forms in which it is most accessible to them, what use they make of the media and their attitudes towards different methods of receiving information.

The Department of Immigration and Ethnic Affairs should also be responsible for ensuring that all Commonwealth agencies through their ethnic liaison officers are aware of, and where appropriate make use of, the results of the information survey (para. 5.10 Galbally Report).

"Survey into the Information Needs of Migrants in Australia"
by W.D. Scott & Company - April 1980.

The Report was commissioned by the Department of Immigration and Ethnic Affairs to enquire what steps to be taken to improve the ways in which the people from non-English speaking background get information in areas of special needs.

The report surveyed 2195 people on 'Most Important Information Needs'. Health issues were mentioned as most common problem and the health specific as the most important information needs:

(W.D.Scott & Company Table 4.5 i&ii).

The Australian Institute of Multicultural Affairs (AIMA) reviewed the Galbally Report in 1981-1982.

The Evaluation of Post-Arrival Programs and Services - the Report devoted substantial section to "Special needs" to health. The previous reports have focused little on the response of the health care system to consumers of non-English speaking background.

This report identified

.....the health care system itself is limited in its capacity to understand the attitudes and values of different ethnic groups, therefore further aggravating the difficulties confronting the consumers of non-English speaking background seeking access to health and medical services.

(AIMA p.235.

The Better Health Commission has published its findings in in three volumes - Looking Forward to Better Health - It devoted 3½ pages (in three volumes) to a chapter entitled Report of the National Consultation on Ethnic Health - (volume three pp.33-36). This chapter was the outcome from a national consultation organised by the Commission with the Federation of Ethnic Communities' Councils of Australia and Australian Institute of Multicultural Affairs. The issues raised at this meeting (18.3.1986) do not appear to be related to the other concerns deliberated by the Commission in its report.

- a./ It is difficult to determine the ease or otherwise how Better Health Commission dealt with "migrant health issues" in one day.
- b./ The migrant health issues are treated in isolation from the rest of the report and in superficial manner.

The Health Targets and Implementation Committee released its report - Health for all Australian - on World Health Day 7 April 1988.

To the Second International Conference on Health Dr.N. Blewett, Federal Ministre for Community Services and Health addressing the Conference noted on the report's release and said:

.....we must analyse and respond to the very serious inequalities in health status in our country. This includes the significant differences in health status between races and between classes, and the more complex but important inequities between man and women, and among our ageing population

(Dr.N.Blewett World Health Day speech,7 April 1988)

The Committee gave no references in the report to the health status, needs or problems confronting the health consumers from non-English speaking background. The most comprehensive attempt to date to produce a report on National Health goals and strategies for implementation, devotes one page to consumers from non-English speaking background (pp 30-31). Like Better Health Commission it fails to relate of the existence of inequalities in health status, needs and problems confronting people from non-English speaking background.

Another example concerns the National Policy on Women's Health: Framework for Change. Like previous two reports the document gives a scant attention to migrant issues and there is no attempt to relate non-English speaking background women's health concerns to the substantial policy issues. It does not address the needs of non-English speaking background women's health policy within mainstream health services nor does the health policy point to financial allocations by government to make non-English speaking background women's health services equitable.

The report should link the policy areas to ensure that the health needs of non-English speaking background women are met in a comprehensive and co-ordinated health services and that involves mainstream ethno-specific, multicultural and generalist services. Within the health, the primary health care and prevention services deserve the most attention.

The First National Ethnic Health Policy Conference held in Adelaide on 12-15 April 1988 addressed the report on National Policy on Women's Health - Framework for Change.

The workshop - Migrant Women's Health - expressed extreme concern that the Department of Community Services and Health discussion paper on the National Policy of Women's Health has not adequately addressed the needs of women from non-English speaking background in accordance with the principles of access and equity.

The Conference and delegates considered some issues were urgent and passed the following resolutions:

3. The Conference registered an extreme concern that the national policy on women's health does not adequately address the needs of women from non-English speaking backgrounds in accordance with the principles of access and equity. The Conference recommends that the Commonwealth Government conducts extensive consultations with women of non-English speaking backgrounds and that the outcomes of consultations be considered and recommendations for non-English speaking background women's health be

formulated and included in the final policy document. The State and Territory Steering committees for consultations on the draft document "National Policy on Women's Health" invite non-English speaking background women's representatives to participate. That this resolution as a matter of urgency be faced to the Prime Minister as Minister for the Status of Women and the Minister for Community Services and Health for the immediate action and before the next round of consultations".

4. "That the National Ethnic Health Policy Conference:
 - a./ Protest the exclusion of the Ethnic Health sector and ethnic health issues, in the "Health for all Australians" strategy development and in the Better Health Commission.
 - b./ Recommends urgent development of a national policy, plan and resource base for Ethnic Health, consistent with goals, principles and strategies outlined in the "Health for all Australians" document, presented at the WHO Healthy Public Policy Conference".

(National Ethnic Health Policy Conference
Adelaide, April 12-15, 1988)

The Governments have defined migrant health needs and objectives according to the local considerations such as population and political ideologies. (Specially at the election time).

In the 1980's most State and Federal Government have recognised the shortcomings in the effective delivery of health care for people from non-English speaking backgrounds. New South Wales, South Australia, Victoria, Australian Capital Territory and Western Australia demonstrated interest in the delivery of specific health care needs for people from non-English speaking backgrounds.

Except Tasmania, the Northern Territory and Queensland all States and Territories have migrant health policies, services and programs which have developed from Access and Equity or Social Justice strategies.

NEW SOUTH WALES

The Health Department established a working party in 1982 to enquire into ethnic services provided in Public Hospitals. In January 1983 Working Party produced Guidelines to improve migrant access to hospitals. Another set of Guidelines was issued by the Working Party in December 1984 - "Guidelines to improve migrant access to community health services". This two Guidelines were combined in 1987 by the Department of Health into one document known as - "Standard Procedures".

SOUTH AUSTRALIA

South Australian government established Migrant Health Task Force in March 1983 to develop migrant health policy and strategies. The South Australian Health Commission established Migrant Health Unit in February 1986.

The Strategic Plan: 1987 - 1991 sums up the Health Commission's commitment to migrant health for - equitable and accessible health services through mainstream health organisations.

VICTORIA

Victorian Health Department has three key documents on policies, programs and services relating to migrant health: the Ethnic Affairs Principles, the Social Justice Strategy and the Victorian Health Plan. The workshop discussions in July 1987 developed a draft planning guidelines - "Health Care for People of non-English Speaking Background".

AUSTRALIAN CAPITAL TERRITORY

"The Migrant Health Care Policy Statement" was endorsed by the Australian Capital Territory Health Authority in September 1983 and the same was implemented in June 1985.

WESTERN AUSTRALIA

The Ethnic Health Policy was endorsed by Western Australia's Health Department Executive in January 1988. W.A. Department Health has established a Multicultural Psychiatric Clinic to provide service for people from non-English speaking background with mental health problems.

QUEENSLAND

Queensland Department of Health has not developed a migrant health policy. The health consumers from non-English speaking background receive mainstream health services.

NORTHERN TERRITORY

Department of Health and Community Services has no Migrant Health policy. The Department has established a Mental Health clinic in April 1988. The clinic was established in response to the representations from Darwin's ethnic community organisations.

TASMANIA

The State Department of Health Services (previous Government - so far we did not have communication with the present Government maintains that in Tasmania there is no problem in community health area or in public hospital area in communicating with non-English speaking consumer groups as they exist on mainland. Department's given reason is that non-English speaking migrants do not live in groups so they can not form ghettos and are literally forced to learn English in order to communicate. State policy is to integrate all non-English speaking people into community so there will be no need to develop migrant health policies, strategies and programs.

Tasmania choose to deliver "mainstream" services for people from non-English speaking background. In other states under "mainstreaming" strong emphasis is given to the employment of bilingual/bicultural staff and training of health workers working with non-English speaking background consumers. The attitude in this State is that: we have not employed them in past and we had no problems - why should we employ them in future?

State Department of Health does not employ health care interpreters like other states. Public hospitals may use TIS interpreters from time to time.

How does the public/private health system respond when a consumer who does not speak English asks for service.

One or several examples may be used by the service provider:

- speak slowly
- use hand action
- speak loudly
- use a person whom the health professional believes to speak the same language, but is not able to accurately determine
- use friends, relatives or children
- use untrained domestic or cleaning staff

Provision of health for people from non-English speaking background is marginalised within mainstream health services.

The purpose of this paper is to emphasize the inequities in health delivery to people from non-English speaking background in this State. It is accepted that publicly funded health services should be consumer oriented and equitably delivered. In general, people from non-English speaking background are not aware what the health care system can offer them. Therefore it is very important to ensure that the non-English speaking consumers are well informed about health services. The health providers have been slow to respond to the changes to health care delivery and to the requirements of a rapidly changing and increasingly varied population.

The language is fundamental to communication. There can be no communication between health provider and consumer without the language. Therefore the language should be the highest priority in the health service delivery for people from non-English speaking background.

The issues identified as important, not necessary in order of listing include:

- Access and equality to health care regardless of cultural origin or linguistic skills;
- The health system to respond in a culturally relevant manner to the needs, issues and aspirations of people from non-English speaking background;
- An accurate information on health services to be provided in appropriate community languages;
- Representative participation of non-English speaking background consumers at all levels of planning, developing and evaluating the health services;
- The health services should ensure that the importance of preventative health programmes are conveyed to non-English speaking consumers and that such programmes are delivered in a cultural and linguistically relevant manner.
- There is a need to develop more appropriate mental health service. It should be taken in consideration to ensure greater awareness of cultural and social factors by mental health professionals to help prevent misdiagnosis. Service development should entail a better follow-up and a provision of appropriately tailored programmes.

- Information and services should be developed to meet specific needs to non-English speaking background women in:
 - * ante-natal care;
 - * post-natal care;
 - * immunisation
 - * gynaecological services;
 - * "pap" smears, breast self examination and mammography;
- Outreach community health programmes for isolated non-English speaking background women should be developed;
- Specific counselling to non-English speaking women regarding torture, trauma, separation and post-migration syndrome should be provided;
- All pre-service education courses for health providers include, as a compulsory component, training skills required for communicating through interpreters.

This discussion paper has identified inequities in health services for non-English speaking consumers in Tasmania. There are clear implications for the development of mechanisms to promote community consultation and participation in decision making, planning, implementing and evaluating. In offering you our participation we ask you to utilise our skills and in return recognise our needs.