

# Victoria's Multicultural Review

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This submission was prepared by North Western Melbourne Primary Health Network (NWMPHN). We help people stay well by commissioning health services to deliver better, more accessible primary care across Melbourne's northern, western and inner-city areas. Visit [nwmphn.org.au/about-nwmphn](http://nwmphn.org.au/about-nwmphn) to learn more.

The submission was compiled using data and evidence from NWMPHN's [health needs assessments](#), [access and equity framework](#), extensive [service commissioning](#), reporting and stakeholder engagement.

For more information, data or connections to culturally responsive programs and services, please contact:

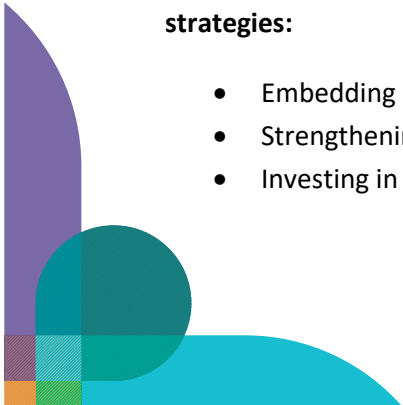
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## Question 1

**How can Victoria's multicultural settings (including policies, organisations, systems, and leaders) be better equipped to:**

- **promote community harmony and reject division in the context of local and global events; and**
- **address and prevent racism and discrimination?**

**Promoting community harmony requires the active rejection of division. The Victorian Government and its partners can bring about this transformation by committing to three strategies:**

- Embedding equity and inclusion in policy and practice
  - Strengthening community engagement and codesign
  - Investing in social connection and belonging
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Policies should explicitly promote community participation, self-determination and cultural responsiveness. This requires the inclusion of all cultural, linguistic, gender and ability identities and acknowledging the effects of intersectionality and, where appropriate, generational trauma.

Equity is boosted by empowering community leaders and organisations to take a leading role in co-designing programs. This ensures measures are drawn from within localised cohorts, rather than being imposed from outside, building confidence that they reflect intrinsic needs and values. A shining example is the [Muslim Youth, Adult and Families alcohol and other drug support program](#) commissioned by NWMPHN.

There are many routes to empowerment, and many routes to effective engagement with diverse communities. These include the formation of representative advisory bodies, and the engagement of people with lived experience.

Multidirectional collaboration with local councils, faith-based organisations, and multicultural service providers will better deliver place-based, culturally safe programs. Through these processes long term relationships based on trust and responsiveness emerge.

Investments should not be only in services and infrastructure, but also in the creation and strengthening of social capital. This can be done through fostering and supporting place-based initiatives which emphasise locality and local leaders as uniting elements, and could include sporting and community events.

**Addressing and countering racism requires a multi-pronged approach, with strategies that fall into five areas:**


- Cultural safety
- Workforce diversity
- Improved data collection
- Partnerships
- Commitment to equity

The right to a safe workplace extends beyond concepts of physical health to include mental and emotional health.

To bring this about the notion of cultural safety needs to be introduced through mandatory training, which recognises both the common traits of racism and the specific protocols that need to be respected within the communities and structures in which the training takes place. Training should go beyond awareness to include practical strategies to address unconscious bias, systemic racism, and intersectional discrimination. For example: [NWMPHN's culturally responsive training program](#) developed with and for mental health providers.

For organisations and business, training outcomes should be tied to eligibility for funding, grants and tender opportunities.

Creating culturally safe environments requires commitment to ensure services are linguistically accessible, physically welcoming, financially affordable and reflect the communities they serve. This may include the provision of interpreters, bicultural mentors and outreach services to reduce barriers to care.



Pathways for leadership in health, education, and community sectors need to be built, maintained and kept open for people from multicultural communities.

NWMPHN's health needs assessments reveal that people from communities wherein English is not a primary language are often underrepresented in health data. The reasons for this are complex, but not insoluble.

It is important to build data systems that are inclusive and respectful of identity, language, and cultural background. Only then can policy-making organisations effectively collect and use disaggregated data to identify disparities, track progress, and inform targeted interventions.

Ethnic community organisations, faith-based groups, and multicultural service providers can reflect or direct the wishes and needs of people otherwise poorly heard within mainstream discourse.

It is important to build long term and equitable partnerships with these entities, acknowledging their understanding and experience, and giving them leadership in decision-making. They can be funded to deliver culturally tailored services, advocacy, and community education.

A commitment to equity must underpin these strategies. People leaders must set the tone, by ensuring values are lived, goals are set and resources available to support equity initiatives. Of use, perhaps, is the [Culturally Responsiveness Assessment Tool](#) developed by NWMPHN and Ethnic Communities' Council of Victoria.

## Question 2

**What do the Victorian Government's multicultural mechanisms need to do and consider to:**

- **rebuild interfaith dialogue;**
- **address local issues and community crises in a timely and strategic way; and**
- **support multicultural communities in Victoria?**


We will address these one by one.

### **Rebuilding interfaith dialogue**

It could be argued that interfaith dialogue is far from broken in the NWMPHN catchment.

Disagreements prompted by global events are sometimes framed by media commentators as being religious in nature, but the 1.9 million people in our region, speaking more than 200 languages and representing dozens of faiths and denominations, have a more nuanced understanding.

Most are well able to distinguish between extremist and moderate positions.



Perhaps in this context it is more valuable to see most of the conversations conducted across the 13 LGAs in our catchment as examples of respectful debate and tolerance.

Nevertheless, fostering inclusive culturally safe spaces where people from different faiths feel safe to express beliefs and identities and share views is clearly an important step.

Interfaith dialogue taking place inside and between multicultural communities is a powerful tool for enabling consensus. Funding forums in which this can take place promotes mutual respect, understanding, and shared goals such as health equity, social justice, and community wellbeing. Promoting the dialogue that occurs is also important to show the broader Victorian community that interfaith relationships are harmonious.

Within many faith-based communities, leadership is a product of age. However, involving young people from diverse faith backgrounds in leadership roles can ensure sustainability and relevance of interfaith efforts.

It also needs to be noted that on ABS figures, almost 40 per cent of Australians do not believe in any religion and have an entirely secular worldview. It is critical that this very large cohort be acknowledged within this context and that constructive, respectful dialogue between theist and atheist communities be encouraged.

### **Addressing local issues and community crises in timely and strategic ways**

Facilitating effective responses to locally-centred crises and disasters relies on foundational involvement of resident communities at individual, interpersonal, service and policy levels.

This is best enabled through strengthening partnerships with multicultural organisations, which often provide volunteer first responders and deliver culturally appropriate support and communication.


Disasters, however, don't discriminate. It is therefore critical that all first responders – whether volunteers or emergency service personnel – are trained in cultural competence and anti-racism to reduce harm during crisis interventions.

Deep engagement with community organisations allows the development of effective, inclusive rapid response frameworks. These in turn can be made more efficient and compassionate through improvements in data collection on cultural, linguistic, and religious demographics to identify at-risk communities and tailor responses accordingly.

### **Supporting multicultural communities in Victoria**

Representation and participation are important. Cohorts – whether defined by language, ethnicity, faith, gender, age or any other shared characteristic – feel valued and integrated into the broader community when they see themselves reflected and participating therein.

From this, it is clearly essential to build workforce diversity and capability, employing staff from diverse backgrounds. This approach must be coupled with ongoing training in cultural safety, anti-racism, and inclusive practice.



Communities can also be supported by improving access to care and information, ensuring services are linguistically accessible, physically welcoming, accommodating of cultural needs, and financially affordable.

Additionally, funding community events, peer support groups, and cultural celebrations that strengthen identity and reduce isolation provides welcome supports and acknowledgement.

### Question 3

#### How can government engage the broader Victorian community in enhancing social cohesion?

Enhancing social cohesion across Victoria requires a series of approaches. We are many and we are diverse, and of necessity we must balance the things that make us multicultural with the things that unite us.

To build a strong and cohesive population, government must develop, fund and activate programs that:

- foster inclusive community participation
- provide investment in education and awareness
- promote positive representation and dialogue
- strengthen local partnerships
- build inclusive digital engagement.

Key to this is a willingness to engage diverse communities through co-design and consultation, creating opportunities for people to create and influence the forums and services they use. This must include recognition of the value of lived experience, the ongoing impact of trauma, and the influence of intersectionality.

It is also important to acknowledge that communities act independently according to the needs and traditions of their members. Accordingly, there is value to be found in supporting grassroots initiatives that promote intercultural understanding, such as interfaith forums, cultural festivals, and youth leadership programs.

This implies (as it should) the value of collaborating with local councils, multicultural organisations, and faith-based groups to design and deliver place-based programs that build trust and connection.

For most Victorians the value of living in a multicultural society is self-evident. For those who have not yet realised this, however, education and engagement become priorities.

Unmet needs in this field include the introduction of mandatory cultural safety and anti-racism training in schools and workplaces. Also in need of development: digital-first strategies in multiple languages to reach younger, disengaged cohorts.



## Question 4

### **Do you have any other feedback from your recent engagement with government on issues impacting your community / multicultural communities?**

Across the spectrum of government planning and funded programs there is considerable variation in the degree to which cultural awareness plays a role.

Where cultural awareness is absent or poorly applied, the potential benefits of health care programs manifest inequitably. Communities which feel excluded from initiatives – regardless of the spirit in which those initiatives are conceived – can interpret such exclusion as stigma.

A sense, thus, of intentional discrimination not only creates resentment but diminishes incentive to engage with the complexities of the Australian health system.

For people for whom English is not a primary language, or who have experienced other types of health systems, or who endure trauma from migration, displacement, family violence or other factors, the perception of stigma amplifies disengagement. Cumulatively, this leads to poorer health outcomes across entire communities.

There are, however, some available strategies and resources which could significantly ameliorate these system weaknesses.

First and foremost, cultural awareness training should be integrated into every service. This includes planning and implementing services delivered in ways that meet cultural expectations, recognising that these differ according to language, faith, social mores and history. In NWMPHN's catchment, where more than 200 languages are spoken in homes, one size most definitely does not fit all.


Awareness must also be matched by action. Access to interpreters, bicultural workers, and the provision of translated written materials should be accounted for at the start of program planning. Currently, these are too often matters left until the end of the process, regarded as nice-to-have options instead of essential.

This is especially the case when extending health care to communities that have relatively recently arrived, and which speak and read languages that are comparatively new to the Australian polyglot palette.

However, we must go beyond training and interpreters. There are unrealised benefits to be harnessed by recognising, empowering, learning from and celebrating diverse communities.

We are encouraged by signs that the Victorian Government is increasingly aware that culture and languages can be barriers to equitable health care access, and that these are further affected by intersection with other factors, such as financial and geographic restrictions, and limited access to digital services.

NWMPHN's multiple health needs assessments demonstrate that some communities, defined by language, culture or faith, incur greater than average challenges in accessing health care. Just as importantly, our research (and that of others) show that these communities are underrepresented



in health service workforces and in consumer, client and patient cohorts. This further limits cultural safety and relatability.

## Question 5

### Can you suggest any improvements in Victorian Government's current approach to supporting multicultural communities?

Improvements in the Victorian Government's approach to supporting multicultural communities can be made across seven domains.

#### **Community-led decision-making**

It is important to strengthen community input and leadership in co-designing policies and programs. To achieve this, advisory councils with diverse representation, including youth, women, and people with lived experience, need to be established, and supported as necessary through translation and bicultural mediation.

#### **Cultural safety across services**

Cultural safety and anti-racism training needs to be made mandatory for all public service providers. The awareness and understanding thus engendered should then be embedded into service standards, funding agreements and performance evaluations using cultural responsiveness standards.

This must not be a static, tick-and-flick exercise, but a process of continuous adjustment and improvement informed by tools such as cultural audits and community feedback loops to monitor progress.

#### **Access and equity**

Health equity is a fundamental element of effective policy. To enhance it, access to interpreters and translated materials must be enhanced across all government services. The goal is to ensure services are physically, linguistically, and culturally accessible to all.

#### **Multicultural workforce development**

Investment – in time, money, recruitment and facilities – is needed to create pathways for people from multicultural backgrounds to enter and lead in public service roles. This entails support for training, mentorship, and leadership development programs tailored to diverse communities.

#### **Community crisis response**

Multicultural communities and organisations must be included in the development of rapid response frameworks to ensure appropriate and efficient emergency planning and service delivery.

These responses must include culturally appropriate mental ill health and trauma support. For example: NWMPHN and South Eastern Melbourne PHN have commissioned community-led mental health support for [Muslim/Arabic](#) and [Jewish/Israeli](#) communities affected by the Middle East crisis.

### **Social cohesion**

Public education campaigns – codeveloped with communities – must be delivered covering the dual aims of celebrating diversity and challenging racism. This needs to include addressing online hate and misinformation through community partnerships and digital literacy programs.

Trust and cooperation between faiths and cultures need to be strengthened through dialogue.

### **Embracing intersectionality**

Programs and services must recognise that people's race, gender, socioeconomic status, sexuality and ability can intersect in ways that lead to discrimination and marginalisation. We must be careful not to define any individual by their ethnicity, faith, language or any other single characteristic.

Work must be done to address systematic barriers and inequities to ensure services are fair, inclusive and accessible for everyone.

We acknowledge the peoples of the Kulin nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

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