

Bi-Cultural Health Navigators



The Bi-Cultural Health Navigator project is a partnership project between Melbourne Polytechnic (MP), Northern Health (NH) and Whittlesea Community Connections (WCC).

Overview

The project trains people with migrant and refugee backgrounds interested in working in the health sector to better understand and navigate the health system in Australia. Trained Bi-Cultural Health Navigators gained employment opportunities delivering COVID19 information and support to multicultural communities in Whittlesea. This included information about when and where to get tested, current health advice and reliable and accurate information about Australia's vaccination program.

Background

Whittlesea is one of the fastest growing and most multicultural LGAs in Victoria. According to the 2021 ABS Census Data:

- **37.6% of people were born overseas (an increase from 35.5% in 2016)**
- **Two thirds of Whittlesea residents have at least one parent born overseas**
- **Close to one in five residents (18.9%) migrated to Australia only within the previous five years (2016 – 2021)**
- **Just over 45% of Whittlesea’s residents speak a language other than English at home.**

The demographic snapshot illustrates that the municipality of Whittlesea has become increasingly diverse with regard to its population’s ethnic, cultural, religious and linguistic background. That diversification has continued in recent years despite the immigration restrictions during the COVID-19 pandemic, which resulted in a noticeable slowing-down of these local diversification processes.

Adult Migrant English Program (AMEP) students at MP identified health as a sector they wanted to move into, a major growth industry in Whittlesea. In mid- 2020 MP and NH responded by using a co-design and co-delivery model to inform student language and skill development through a health navigator elective course. Students were also able to share their experiences of accessing health and listened to those barriers to inform service provision.

At the same time COVID19 was having a significant impact on community. Whittlesea had a vaccination rate lower than the average for the Victorian population. In mid- 2021 the City of Whittlesea had a high active case and below average vaccination rate. Data also showed that women, young people, refugee and asylum seeker communities and international students were most adversely impacted by the COVID19 pandemic.

WCC identified an opportunity to engage the AMEP elective students in supporting the community to access information and support to stay safe, get vaccinated and access health support. The Bi-Cultural Health Navigators were employed by WCC through Victorian Government Priority Response to Multicultural Communities funding. Over time and through demonstrating results additional funding and resources were secured.



Whittlesea has
38%
people born overseas
compared to
36%
Greater Melbourne

47%
Whittlesea residents
speak a language
other than English at
home compared to
34%
Greater Melbourne

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Partnership Model

Key to the success of this project is the partnership approach between MP, NH and WCC. Each partner brings their own knowledge and strength to draw upon; MP, an expert training and further education provider; NH a major health provider of specialist and acute health services and; WCC's connection and engagement with Whittlesea's diverse communities. The partnership is founded on mutual benefit, learning and community outcomes.

As the project evolved the City of Whittlesea was a key partner, as the Bi-Cultural Health Navigators was integrated into Council's Emergency Management response. This provided for additional local employment and engagement opportunities. WCC has engaged with Drummond Street and Cancer Council to extend the work of the Bi-Cultural Health Navigators beyond COVID19 response to other areas of primary and mental health.

Implementation

MP students who completed the health navigator elective were invited to apply for a Bi-cultural Health Navigator role. Bi-Cultural Health Navigators were recruited by a panel consisting of members across the partnership and employed by WCC. WCC provided on-going mentoring support to help navigators address unspoken barriers working in an Australian work place. This was particularly important where this role was the first employment experience in Australia. The Bi-Cultural Health Navigator role gives participants much needed Australian work experience and a strong platform to explore further pathways.

Navigators represent the community's rich diversity and use their language and cultural knowledge to support community to access trusted information and support to live in a COVID19 safe way. Navigators delivered community information sessions, developed resources and attended pop-up vaccination clinics. Information and support was delivered in partnership and Bi-Cultural Health Navigators continued to participate in training and professional development to ensure accurate and current delivery of public health information. For example Bi-Cultural Health Navigators worked with Associate Professor Craig Aboltins, Head of the Infectious Diseases Unit, and the medical lead for Northern Health's vaccine program to better understand Australia's vaccination program.

More than 38 information sessions were delivered to 450 people in different community languages including Arabic, Assyrian Chaldean, Farsi, Persian, Urdu, Hindi, Indonesian and Malay.

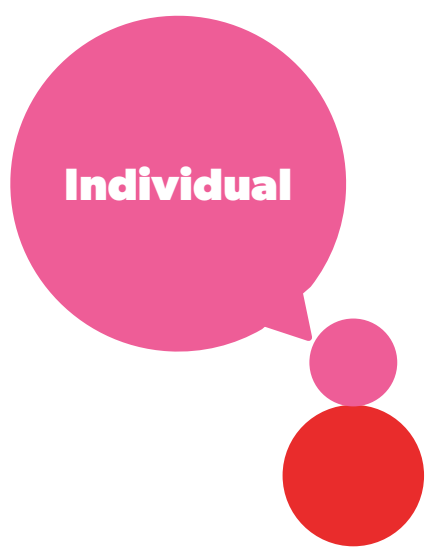
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Vaxchat sessions, Facebook posts, WhatsApp groups further promoted COVID19 information in culturally and linguistically appropriate ways.

At least thirty COVID19 vaccination pop-up clinics were supported by Health Navigators across CoW, including primary schools and secondary colleges, Lalor Muslim Women's services, Mill Park Baptist Church, Libraries and several community centers such as Bundoora, Doreen, Epping, Lalor, Thomastown and Wollert.

At the end of 2021, the City of Whittlesea with the help of Bi-Cultural Health Navigators, coordinated COVID19 information and support booths across the municipality. In addition to supporting the community with COVID19 needs and issues, Bi-Cultural Health Navigators have supported community members to access other support including financial, food and material aid.

Outcomes



A total of 24 people with migrant and refugee backgrounds have been employed through this project to date.

Bi-Cultural Health Navigators have developed a range of skills and competencies through on-going training (eg mental health first aid) and mentoring, which has built their confidence to communicate and share their learning with community.

For most this has been their first job in Australia and the experience and confidence gained has enabled them to secure further work. As Navigators showed their interest in the health sector and built relationships there have been pathways to transition into other employment.



- Increased COVID19 literacy
- Increased access to information to make informed decisions
- Higher vaccination rates particularly among CALD communities



The partnership itself led to a range of outcomes including:

- Providing learning and skill development opportunities in a growth sector closely aligned with employer needs and expectations.
- Learning how a big less flexible organisation can work with a smaller more agile organisation that is connected to community.
- Building the capacity of organizations to reflect community in a way that facilitates, fosters and mentors local skills and talent and builds a bridge into the communities we want to work with.
- Providing an opportunity for people to come into the workforce with a strength in cultural knowledge that enable people to understand health care and be held in that system.
- On-going commitment by NH to identify how the health work force is developing across the organisation and for navigators to be employed in a range of different roles.

What worked?

For Bi-Cultural Health Navigators

Motivation:

The course was a voluntary elective, attracting people with a genuine interest in working in health. Many of the participants came from health backgrounds and were keen to apply previous skills and experience in Australia. Some held unrecognized qualifications in Australia for various reasons, including long and difficult processes, lost documentation and lack of resources to test and re-test and train or insufficient English. Most had been in Australia for approximately three years and were sufficiently oriented and ready for the next stage and needed support and links to start new work.

Cultural safety:

Health Navigators were able to facilitate a culturally safe environment where community members felt welcomed and comfortable seeking support and information. WCC also created a culturally safe workplace to build skills and confidence.

Flexibility:

The program was flexible and responsive to the needs of participants taking into consideration people's other commitments (eg study, family responsibilities) and the requirements of partners and employers.

Nature of the work:

Bi-Cultural Health Navigators described their roles as 'respectable' and well-matched to their skills and interest, 'not just any job'. Some Bi-Cultural Health Navigators needed to compromise with their career aspirations but chose to do so. Some were not able to find employment in Australia and this project gave participants and potential candidates a choice and did not assume they were under or over qualified.

Opportunities to improve language skills:

WCC employed Bi-Cultural Health Navigators from a range of different backgrounds and languages, forming a multicultural team. With English as the common language, Health Navigators felt that their English language skills improved as a result of working together and in partnership with the City of Whittlesea, Northern Health, Melbourne Polytechnic and WCC.

One to one and group support:

The program considered people at each stage of their employment journey, whether they are seeking entry into the workforce or pursuing skilled career options. Participants also worked with Australian and multicultural employment specialists who provided tailored support based on the participant's skills, experience, needs and goals.

For community & partnership

Timing:

Several funding sources became available due to the Covid crisis and its significant impact on multicultural communities, providing sufficient resources to pilot the project and offer part-time Health Navigator positions and help with the sustainability of the pilot.

Connecting multicultural communities:

Involving local employers, organisations and other NGOs increased the level of connection to new migrants, refugees and people seeking asylum with training, support and jobs opportunities.

Responsiveness:

The program was responsive to the changing needs of the community as the COVID situation developed. Where data indicated low vaccination rates in particular groups WCC could match Navigators with relevant language and cultural backgrounds to engage successfully.



Case studies

Case Study 1

NAME: Jon (not client's real name)

AGE: 53

BORN: Syria

ARRIVED IN AUSTRALIA:

3 years ago on a refugee visa

HOUSEHOLD COMPOSITION:

Couple with 5 children, including 2 with a disability

PREVIOUS OCCUPATION:

Dentist

An experienced dentist in Syria, Jon worked full time for most of his adult life. Since coming to Australia Jon tried to get his qualifications recognized but did not have sufficient documentation and he could not retrieve them from Syria due to safety concerns. In Australia, he gained an interpreting qualification but could not find regular work due to an over-supply of Arabic speaking interpreters. He tried to start a printing business but struggled to get started without sufficient resources. He and his family were forced to move rental properties several, which his children found particularly challenging. Jon became disheartened, particularly when his children asked him 'daddy, why don't you go to work?'

The Bi-Cultural Health Navigator role was Jon's first job in Australia. It provided an opportunity for him to learn about working in an Australian workplace, superannuation, tax, employment contracts etc. Jon has been engaged and happy in the role stating that, 'for me it's not only about money, it's about dignity'. Jon has gone on to secure a job at Northern Health as a Non-Clinical Ward Assistant and feels confident about finding further work in future now that he has local work experience.

Case Study 2

NAME: Aisha (not client's real name)

AGE: 32

BORN: Egypt

ARRIVED IN AUSTRALIA:

4 years ago, on a skilled visa

HOUSEHOLD COMPOSITION:

Couple with 1 child

PREVIOUS OCCUPATION:

Fine Arts Teacher

Aisha arrived in Australia in 2018; she was studying English at Melbourne Polytechnic, AMEP program. Aisha joined the Bi-Cultural Health Navigator elective, interested in gaining respectful work. Aisha has not applied for jobs, worrying about her level of English proficiency needed for working in Australia and lacking confidence in applying for jobs and understanding the workforce requirements

Aisha's language skills have steadily improved through her involvement in the program. She is happy to have made connections with people from different backgrounds. She has now obtained her driving license and bought her own car. Due to the flexible nature of the Health Navigator work, she is able to take her daughter to and from school and work on weekends when her husband is home. She is feeling more confident about finding more work options in the future, especially after completing her Diploma in Community Services.

Health Navigator Journey



Future Opportunities:

- The Bi-Cultural Health Navigator model could be replicated in other industries including mental health and family violence. The social and community sector is a major and growing employer in the local area. WCC could work with Melbourne Polytechnic to develop a 'Community Services Navigator' elective, provide volunteering and work experience placements at WCC and leverage our extensive network of partner organizations to help people find ongoing work in the community sector. Melbourne Polytechnic, WCC and employer organisations could work together to provide opportunities for people to work, continue learning English and gain qualifications at the same time.
- The program could be enhanced with the engagement of volunteer industry mentors. Participants could be linked with mentors from the same profession with local qualifications, experience and connections who could assist them with avenues for qualification recognition and/or career pathway guidance.
- Develop a sustainable model or pathway into Northern Health and other local health services.

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