Bilingual Health Workforce Queensland

Evaluation Report

September 2024

Acknowledgement of Country

We acknowledge the traditional owners of Country throughout Australia and recognise their continuing connection to land, water and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and to Elders past, present and emerging.

Acknowledgements

This initiative is funded by Jobs Queensland as an action arising from the Good jobs. Good people: Queensland Workforce Strategy 2022-2032.

Jobs Queensland

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Project team

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Executive summary

Introduction

The Bilingual Health Workforce Evaluation (BHWE) project was funded by the Queensland Care Consortium (QCC) and delivered by True Relationships and Reproductive Health (True) and the Ethnic Communities Council of Queensland (ECCQ). The main aim is to address workforce gaps in Queensland's health and community care sectors. This project focused on the role of bilingual and bicultural workers, especially those working in health to improve healthcare access for culturally and linguistically diverse (CALD) populations. The key objectives of the project included assessing the value of bilingual and bicultural workers, engaging with current and potential employers of bilingual health workers, identifying career development pathways, and making recommendations to enhance their roles.

Methodology

The project employed both quantitative and qualitative methods. It gathered data through an online survey of bilingual and bicultural workers and conducted interviews with key stakeholders (bilingual and bicultural workers, employers in the health and community care sectors, and community members).

Key findings

The evaluation revealed that bilingual and bicultural workers bridge communication and cultural gaps between healthcare providers and CALD communities. Thus, they significantly improve CALD populations' health system navigation, satisfaction with service delivery, and overall healthcare outcomes. However, bilingual and bicultural workers in the health and community care sectors face challenges such as lack of recognition, job insecurity, limited career progression and lack of professional development opportunities. Survey and interview data highlighted high turnover rates as well as the need for more professional development opportunities tailored to these workers' specific roles.

Discussion and recommendations

The project results highlight the need for formal recognition, clearer definitions, and improved support for the bilingual and bicultural workforce in Queensland's health and community care sectors. Skills recognition would create clearer career pathways, improve retention, and strengthen the delivery of culturally appropriate services. The introduction of structured bridging programs and mentorship would help recognise overseas qualifications, allowing internationally trained health professionals to utilise their skills effectively. Establishing workforce standards would provide consistency, role clarity, and career development opportunities. A tailored minimum wage and consistent, long-term funding are essential to ensure fair compensation and job stability. Finally, implementing targeted professional development, tailored Employee Assistance Programs (EAPs), and psychosocial support would enhance job satisfaction, mental health, and the overall well-being of bilingual and bicultural workers, enabling better service delivery to CALD communities.

The discussion and recommendations acknowledge the challenges faced by the bilingual and bicultural workforce and the challenges for the health and community care sectors in recruiting and retaining skilled staff. Therefore, implementation of the projects' 10 recommendations would benefit the bilingual and bicultural workforce, and the health and community care sectors in which they work.

Introduction

The Bilingual Health Workforce Evaluation project is a collaboration between True Relationships and Reproductive Health (True) and the Ethnic Communities Council of Queensland (ECCQ). It aims to scale up a well-trained, recognised, and valued bilingual health and community care workforce to better equip Queensland's health and community care systems with the tools necessary to respond to major health and community challenges (the stressors). More importantly, this project was designed to elevate the role of bilingual health educators/workers, exploring education, career, and support opportunities for people in these roles.

In this report, two terms—bilingual worker and bicultural worker—are used as umbrella terms, encompassing a range of skills such as language proficiency, cultural knowledge, lived experience, specialised knowledge (including knowledge of health or other systems), and community connections and engagement. These terms are further explained in a glossary of key terms used in this report provided at Appendix 2. It is important to note here, however, that this workforce is distinct from health professionals who are bilingual.

The Bilingual Health Workforce Evaluation project aims to address significant workforce gaps in Queensland's health and community care sectors. Its focus is the delivery of appropriate services to culturally and linguistically diverse (CALD) communities, in line with the Queensland Workforce Strategy 2022-2032 goal to "partner with the health and community services sectors to create and implement sector-led workforce development, attraction, and retention strategies" (Queensland Government, 2022).

Australia's cultural landscape is transforming, with Queensland at the forefront of this shift. In 2021, 22.7% of Queensland's population was born overseas, and over 10% spoke a language other than English at home, indicating a growing CALD population. Nationally, 23% of Australians reported speaking a language other than English in 2021, up from 21% in 2016 (Australian Bureau of Statistics [ABS], 2017; ABS, 2022). Given these trends, Queensland's health system faces ongoing challenges in ensuring that healthcare services are both accessible and responsive to the needs of its diverse population. Research consistently shows that CALD communities experience disparities in health outcomes due to factors such as language barriers and limited access to culturally relevant healthcare services (Al Shamsi et al., 2020; Australian Bureau of Statistics, 2022; Queensland Health, 2023).

Bilingual and bicultural workers play a crucial role in improving healthcare access for CALD populations by bridging linguistic and cultural gaps. This role is important for migrant and refugee communities who often face additional obstacles as they try to strengthen access to mainstream services. Studies have demonstrated that language barriers can greatly hinder access to healthcare, progressively contributing to poorer health outcomes for CALD individuals (Guo et al., 2020; Hyatt et al., 2017; Correa-Velez & Coulibaly, 2024). In addition, health professionals may lack the cultural competence necessary to provide appropriate care to multicultural populations (White et al., 2019).

Despite the importance of bilingual and bicultural workers in addressing these gaps, they face numerous challenges in their professional lives, including limited recognition of their roles and skills, barriers to career progression, and insecure employment conditions (cohealth, 2022; Piper, 2016). This limits their potential to fully contribute to the health and community care sectors (the sectors), and may also discourage them from remaining in the sectors, causing significant retention challenges. These issues must be addressed to ensure that CALD communities receive the care and support they need. This has been highlighted in various policy frameworks and other research such as the Federation of Ethnic Communities' Councils of Australia (FECCA), Migrant and Refugee Health Partnership, and The Social Policy Group. They emphasise the importance of creating formal career pathways and providing ongoing professional development opportunities for bilingual and bicultural workers to enhance their capacity to meet the needs of CALD populations (FECCA, 2017; Migrant and Refugee Health Partnership & The Social Policy Group, 2022). These efforts should align with broader policies aimed at promoting inclusion and diversity in healthcare, particularly within Queensland's public sector (Queensland Government, 2021).

Considering these policies and broader efforts to improve healthcare access and equity for CALD communities, the Bilingual Health Workforce Evaluation project sought to provide valuable insights on how the sectors can support and recognise bilingual and bicultural workers better, and to help bridge the gap between CALD communities and the sectors. This report addresses the following key objectives:

1. Analysing stakeholder perspectives on the role and value of bilingual health workers.
2. Identifying existing career development pathways and barriers to progression.
3. Exploring opportunities for targeted professional training and the establishment of a community of practice.
4. Highlighting actionable insights and proposing strategic recommendations that will contribute to the long-term development and recognition of the bilingual health workforce.

A summary of the literature

The following summary is drawn primarily from a literature review conducted by Le Bagge (forthcoming), while the work of Changaira (2022) has also informed our work.

Most of the literature confirms that bilingual and bicultural workers play a crucial role in supporting Queensland’s CALD communities. This support is essential as people from CALD backgrounds experience poor health outcomes across various measures, including hospitalisations, chronic disease, acute disease, and vaccine-preventable diseases (Queensland Health, 2023). Further, underutilisation of healthcare services is common within CALD communities, resulting in unmet healthcare needs (Guo et al., 2020; Hamrah et al., 2021). CALD communities were recently identified as priority populations in Queensland Health's *HealthQ32* vision, emphasising the urgency of targeted interventions to address the health needs of these communities (Queensland Health, 2023).

While interpreters provide an essential service for CALD communities, the role of bilingual and bicultural health workers is additional, as they act as a cultural 'bridge' between community members and healthcare access (Federation of Ethnic Communities' Councils of Australia [FECCA], 2017). Bicultural workers are defined by the Centre for Multicultural Youth (2011) as individuals employed specifically to work with people or communities with whom they share similar cultural experiences, using their cultural skills and knowledge to negotiate and communicate between communities and their employing agencies. These workers provide culturally responsive, person-centred care through their language skills and understanding of specific community needs (FECCA, 2017; Migrant and Refugee Health Partnership & the Social Policy Group, 2022). Employers value the varied perspectives of bilingual and bicultural workers, who are recognised for enhancing workplace cultural competence and enriching the knowledge of other staff members (FECCA, 2017). Despite the immense value of this workforce, several challenges prevent its widespread recognition and expansion.

Barriers for the bilingual and bicultural workforce are interconnected and affect stakeholders at all levels. These barriers centre around two key issues: 1) paucity of data and 2) the absence of clearly defined career pathways and standards for the workforce. Limited workforce data is a significant issue. A recent report by the Migrant and Refugee Health Partnership & the Social Policy Group (2022) recommended improving data collection to support and grow Australia's bilingual and bicultural workforce. Another challenge highlighted by FECCA (2017) and the Migrant and Refugee Health Partnership & the Social Policy Group (2022) is the lack of competency-based assessment for employers engaging bilingual and bicultural workers. Since no standardised training requirements or competencies exist for these workers, employers are responsible for defining and assessing competencies (FECCA, 2017). If standardised competencies are developed, this may inform the creation of career pathways, training programs, and professional development opportunities for this workforce (Queensland Alliance for Mental Health, 2023; Victorian Government, 2024). Career pathways for bilingual and bicultural workers are poorly defined, and access to targeted professional development varies across organisations. Whether these factors act as barriers to entry or reduce long-term retention remains unknown. However, potential enablers could mitigate these challenges.

Ongoing professional development is one such enabler. Although courses facilitating entry into the role have been trialled in the past (FECCA, 2017), there has been no attempt to centralise ongoing professional development for Queensland's bilingual and bicultural workforce. A community of practice (CoP) may be a potential solution, as it has been successfully implemented within Australia's health and community care sector. The aim of a CoP is to provide a platform for knowledge sharing, skill development, and recognition (Migrant and Refugee Health Partnership & the Social Policy Group, 2022). Additionally, the Social Policy Group recommended establishing a CoP to facilitate the sharing of best practices and resources to support the workforce (Migrant and Refugee Health Partnership & the Social Policy Group, 2022). However, it is uncertain whether a CoP would be valued and supported by both the workforce and employers.

Methodology

Approach

The project applied mixed-methods to gain a comprehensive understanding of the bilingual and bicultural workforce's contributions, challenges, and opportunities for support and training. It employed an action learning framework to evaluate the role and effectiveness of those workers in the sectors. This approach facilitated ongoing reflection and learning by integrating feedback from stakeholders and participants throughout the research process (ANROWS, 2024). Using this strategy, we aimed to identify enablers and barriers in attracting, retaining, and developing bilingual and bicultural workers while assessing their impact on service delivery. A data source triangulation approach was used to enhance study validity and data richness by capturing different perspectives of the same phenomenon (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014).

Key activities

The project included conducting focus groups, semi-structured interviews, and online surveys with bilingual and bicultural workers, employers within the sectors, and community members. These activities provided in-depth insights into workforce dynamics, challenges, and contributions to the sectors.

To broaden the participant base, the project used a snowball sampling technique, leveraging initial participants to refer others in similar roles. This approach was particularly effective for accessing underrepresented voices within the sectors (Nikolopoulou, 2023). The project also established a reference group of key stakeholders to guide the research, ensuring continuous participant engagement and real-time adjustments based on emerging findings (Ibrahim, Fall, & Jacobs, 2022).

Over the course of the project, the team conducted 140 engagement sessions involving approximately 480 stakeholder representatives, and 22 semi-structured interviews with individuals with firsthand knowledge through lived or professional experiences.

Outputs

The activities of the project resulted in several key outputs, including:

- survey reports that were used to analyse workforce trends and challenges
- interview transcriptions and notes from focus groups were used to analyse key themes, identifying barriers to workforce retention and development
- a professional development training day, tailored to bilingual and bicultural workers
- this report which recommends actionable strategies for workforce improvement; and
- a separate, brief Policy Paper.

The actionable strategies were informed by ongoing feedback from the True Data, Research and Impact Lead, and stakeholders, including the project reference group. By combining action learning with snowball sampling, the project ensured that its outputs remained relevant and responsive to the dynamic needs of both the workforce and the community.

Data collection

A national online survey was developed in English and promoted to bilingual and bicultural workers via email, social media posts, and newsletters (True, ECCQ, ASHM, CheckUP) between May and June 2024. It aimed to collect both quantitative and qualitative data on workers' experiences and job satisfaction. The survey content is provided at Appendix 3.

The total number of survey responses was 454. However, data cleaning to ensure the quality and reliability of the dataset resulted in the removal of responses that: 1) were incomplete; 2) were completed in less than three minutes—deemed insufficient for meaningful responses; and 3) had non-Australian postcodes. As a result of the data cleaning, 115 survey responses were analysed.

Four focus groups were conducted with bilingual and bicultural workers (n=32) in Southeast Queensland to gain insights into their shared experiences and challenges. Among them, 23 participants from True (n=6), ECCQ (n=6), and Mater Health Services (n=11) consented to have their data included in the analysis.

Semi-structured individual interviews were conducted with key stakeholders between December 2023 and June 2024. These stakeholders included bilingual and bicultural workers (n=13), employers within the sector (n=3), and community members who received services from bilingual and bicultural workers (n=6). The aim of these interviews was to gain deeper insights into the role and value of bilingual and bicultural workers, as well as the barriers and enablers they encounter. The stakeholder interview guide can be found in Appendix 4.

Sample

Due to time and resource constraints the project team decided to prioritise analysis of two data sets for this report: the online survey, and the interviews. Following is a brief overview of the sample for each data set used in the analysis. Tables summarising the set of participants in each data collection method are also included at Appendix 5.

National online survey

Most survey respondents (46.3%) were Queensland residents, followed by residents of New South Wales (40.9%). The majority (79%) of respondents were female and more than half (55%) were aged between 31 and 50 years. One-third (33%) held two or more jobs. Nearly half (49%) of respondents had been in their job for less than 2 years, including the approximate one-fifth (22%) of respondents who had been in the job for less than one year. More than one-quarter (27%) were in part-time work and more than half (51%) were in casual, contract/external, or a combination of employment types.

Interviews

The 22 interview participants were from 15 different cultural backgrounds. More than half (n = 13; 59%) were bilingual and bicultural employees from nine different organisations. Eleven of them worked in the health sector and two worked in the community care sector. Ten of the 13 employees were women. Nearly half (6) were aged between 30 and 50 years; four were aged over 50, and two were aged between 18 and 30 years.

All three employers in the sample were female from non-government organisations, with funding from either local, state or federal government, or a combination of these funding sources.

Half of the six community members interviewed were aged between 30 and 50 years and the others were aged over 50 years. All but one community member was female.

Data analysis

Quantitative data from the online survey were analysed using Excel and Forms. Qualitative data from interviews were managed and coded using Quirkos, followed by analysis and data visualisation utilising Power BI to explore key themes, including role satisfaction, professional development, barriers, and career enhancement solutions.

Limitations and next steps

Limitations

Despite the valuable insights gained from the project it has several limitations, which are discussed below.

Sample size and geographic scope

The survey responses, while meaningful, may not represent the broader bilingual and bicultural workforce across Australia. The majority of responses came from Queensland, New South Wales, and Victoria, with a concentration of activities in South East Queensland. This geographic distribution of participants may not capture the challenges faced by workers in other states or territories, particularly in regions with different healthcare systems and service delivery structures. It was noted that one interpreter's response was mistakenly included in the data analysis.

Casual employment bias

A significant proportion of the respondents were in casual or part-time employment, which may have influenced the overall findings related to job insecurity and dissatisfaction. Full-time employees or those in more permanent roles may have different experiences that were underrepresented.

Short project timeline:

The project was conducted over a 12-month period, so changes over time in key areas—such as turnover rates and career progression—could not be assessed in this study.

Limited employer perspective

While the study captured input from some employers, most of the data came from employees. A more balanced view that includes more employer feedback could provide additional insights into organisational challenges and strategies for addressing workforce issues.

Self-reported data

Much of the data collected was self-reported, which can introduce biases. Respondents may have provided answers they believed to be socially desirable or exaggerated some challenges due to personal dissatisfaction.

Next steps

To build on the findings of this project, several next steps are recommended:

Broader data collection

Future research should aim to expand the sample size and geographic scope to include more regions and diverse healthcare settings across Australia. This would provide a more comprehensive view of the bilingual and bicultural workforce. Furthermore, a mapping project to identify the distribution and roles of bilingual and bicultural workers could be highly valuable. Establishing a clear definition of the workforce would also be beneficial, though these initiatives might work best as independent projects that feed into broader workforce planning efforts.

Employer engagement

Increasing employer participation in future studies would provide a more balanced understanding of the workforce's challenges. This could include interviews or surveys with employers to capture their perspectives on recruitment, retention, and training challenges.

Periodic survey

A periodic survey would allow researchers to track workforce dynamics over time, particularly in relation to career progression, turnover, and job satisfaction. A multi-year project would help assess the impact of any implemented strategies aimed at improving job security and career development. For instance, a follow-up survey conducted after some time has passed would be beneficial to track evolving trends and further explore the impact of these issues on job satisfaction and employment outcomes for the bilingual and bicultural workforce.

Integration of stakeholder feedback

Continued engagement with stakeholders, including policymakers, healthcare providers, and community leaders, would ensure that future studies remain relevant and aligned with the needs of both the workforce and the broader healthcare sector.

Focus on organisational change

Encouraging organisational change through policy initiatives that promote job security, compensation for specialised skills, and career progression pathways will be critical in ensuring long-term retention and satisfaction of the bilingual and bicultural workforce. Collaboration with government bodies and healthcare institutions to pilot new workforce policies could help address the systemic issues highlighted in the study.

Further analysis of recruitment and retention strategies

A detailed evaluation of successful recruitment and retention strategies from other countries could offer additional insights. Countries such as Canada, the United Kingdom, and New Zealand have faced similar challenges in addressing the needs of CALD populations (Clutton, 2017; Ember, 2016; Koehn & Badger, 2015). Identifying best practices from these international healthcare systems—where efforts to recruit and retain bilingual and bicultural workers have shown success—could inform the development of effective programs in Australia. For instance, Canada has established bilingual workforce programs in its public healthcare system, while the UK has implemented competency-based models for recruiting healthcare professionals from diverse backgrounds. New Zealand, with its strong focus on indigenous and immigrant healthcare, could also provide valuable insights into recruitment and retention strategies for diverse workers (Clutton, 2017; Koehn & Badger, 2015; Niha, 2021).

Quantitative data analysis results

Job titles

Survey respondents were employed as bilingual and bicultural workers, bilingual health practitioners, and community care workers. The diversity of job titles reflects the broad range of contributions made by these workers in Australia's healthcare system.

Age

The workforce is relatively evenly distributed across age groups, with most workers falling between 31 and 50 years of age (see Figure 1 Age group, below). Specifically, 19% are under 30, 30% are aged 31-40, 25% are 41-50, 17% are 51-60, and 8% are over 60. This distribution highlights a mix of early-career and experienced professionals, many of whom are likely seeking career stability, progression, and long-term opportunities.

The diverse age range suggests that workforce development initiatives should cater to both newer employees and those with more experience, addressing their distinct needs and career aspirations.

Gender

A notable finding from the survey is the significant gender imbalance (see Figure 1, Gender, below), with 79% of respondents identifying as female, 18% as male, and 3% as non-binary or preferring not to say. This gender distribution aligns with broader trends in the healthcare workforce in Queensland (Jobs Queensland, 2024), highlighting the need for gender-specific considerations in workforce retention strategies to address the unique needs and challenges faced by different gender groups.

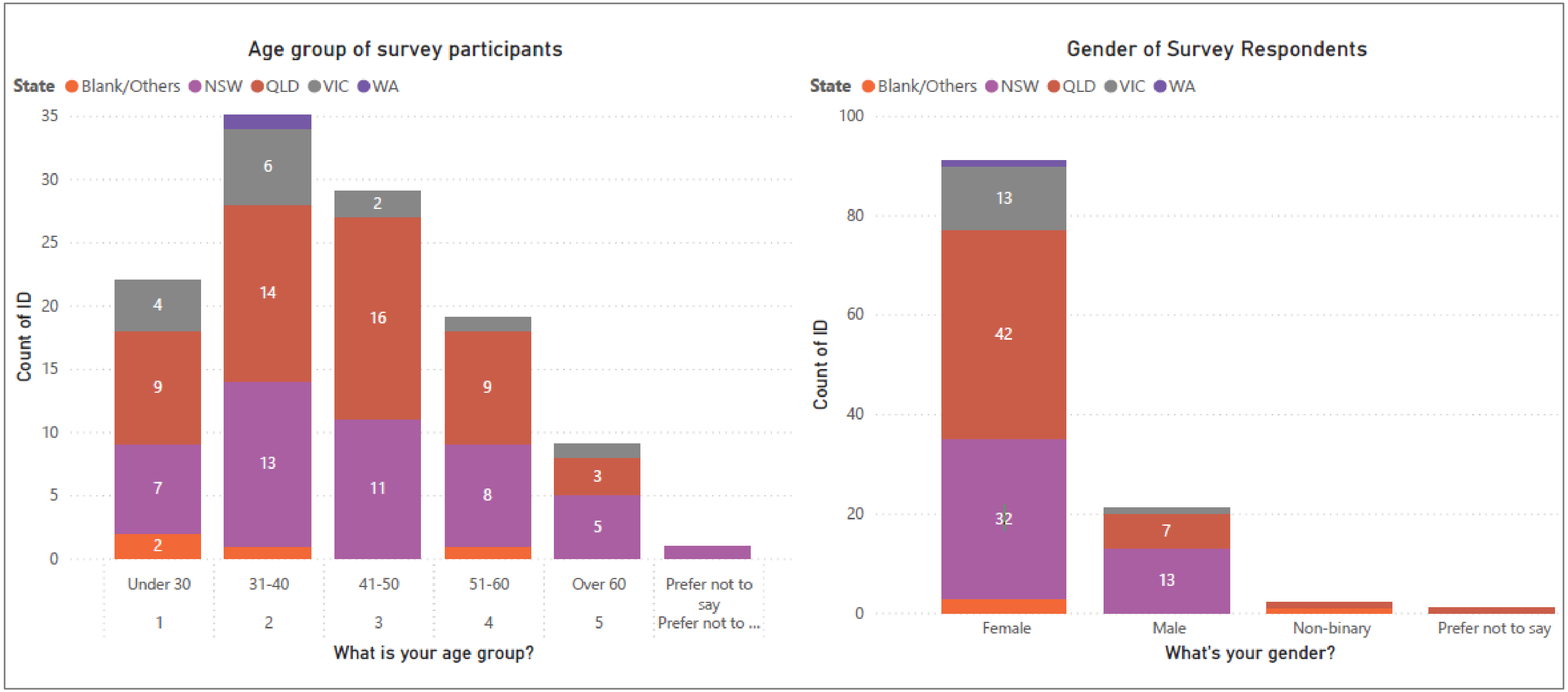

Figure 1: Age and gender (n=115)

Number of jobs held and employment type

Survey results show that many respondents held two or more jobs, and that casual and part-time employment are common among respondents (see Figure 2, below).

Survey respondents indicated they hold multiple jobs due to insufficient hours or income from their primary role, highlighting the challenges of maintaining financial stability in these employment conditions. As Survey Respondent ID 398 attests:

> *All job contracts are casual and very small numbers of working hours. It is impossible to only rely on one casual job (Survey respondent ID 398).*

Similarly, Survey Respondent ID 413 claimed that casual employment contracts meant workers needed supplementary income from secondary roles.

> *I currently have one job but am looking for another one because my role is casual, and I'm not getting enough hours (Survey respondent ID 413).*

Of all the respondents, 41.7%, were working in casual roles, 27% in part-time positions, and only 21.7% in full-time employment. Additionally, 4.3% are employed on a contract or external basis, while 5.2% hold a combination of these roles. 82.2% of NSW respondents hold casual positions while none from VIC respondents. In QLD, more respondents are in part time (33.3%) and full time (35.3%) positions. Casual and part-time employment is often associated with job insecurity (Carney & Standford, 2018; Cassidy & Parsons, 2017).

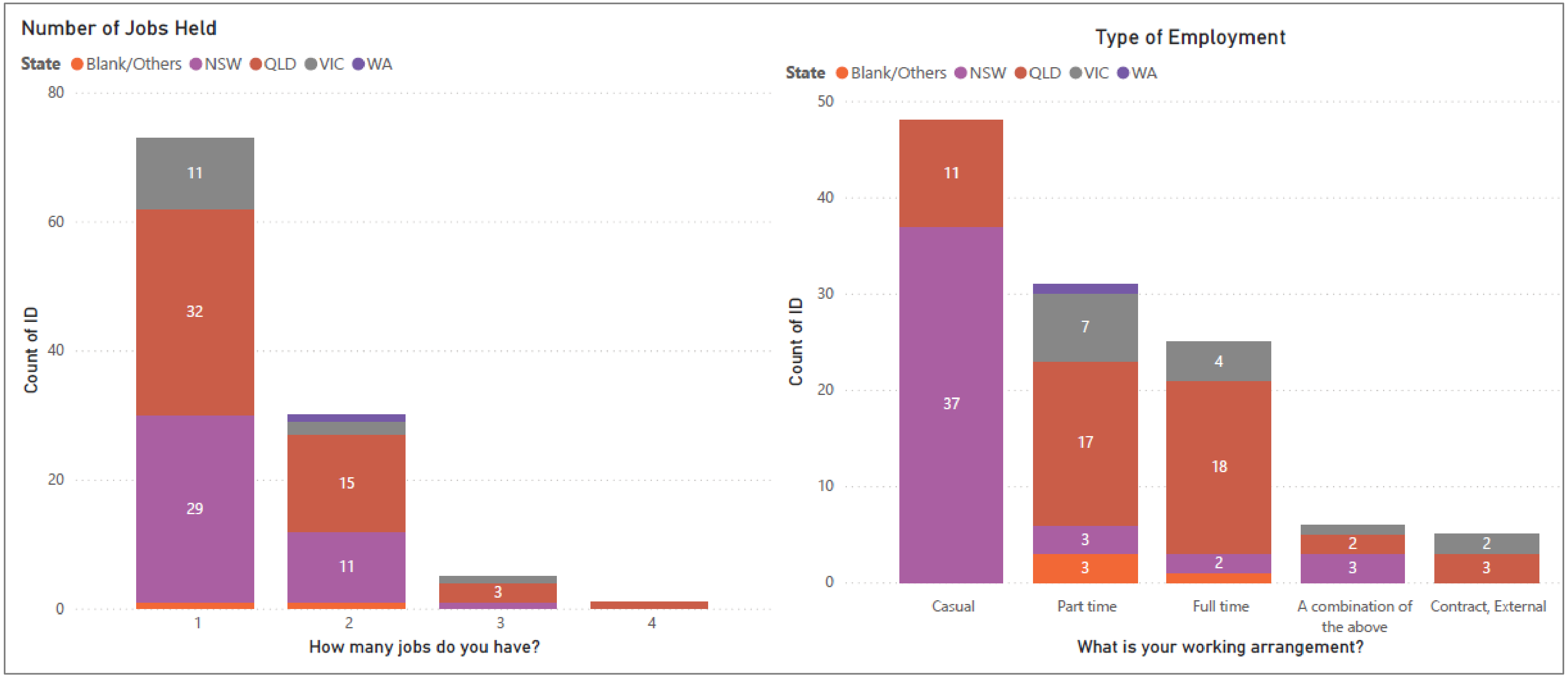

Figure 2: Number of jobs held and Employment type (n=115)

Duration of employment

Respondents' length of time in their current role offers valuable insights into turnover rates. Twenty-two percent of respondents have been in their roles for less than a year, while 27% have held their positions for one to two years. Those with two to three years of experience make up 11% of the workforce, and 16% have been in their roles for three to five years. Notably, 24% (n=27) of respondents have remained in their positions for more than five years, with QLD having a higher proportion of respondents (n=18) who have worked in their current organisation for more than five years.

The data shows that almost half (49%) of respondents have been in their roles for less than two years, indicating frequent job changes. Comparatively, the average tenure in Australia is around 3.3 years, with younger workers (under 25) typically staying in a particular job for about one year and eight months on average (Australian Bureau of Statistics, 2024; Australian Institute of Business, 2024; McCrindle, n.d).

Almost a quarter (24%) of workers have been in their roles for more than five years, which is lower than what would be expected in a more stable workforce. For workers over 45, the average tenure is about six years and eight months, indicating that long-term retention is less common among younger respondents (Australian Institute of Business, 2024).

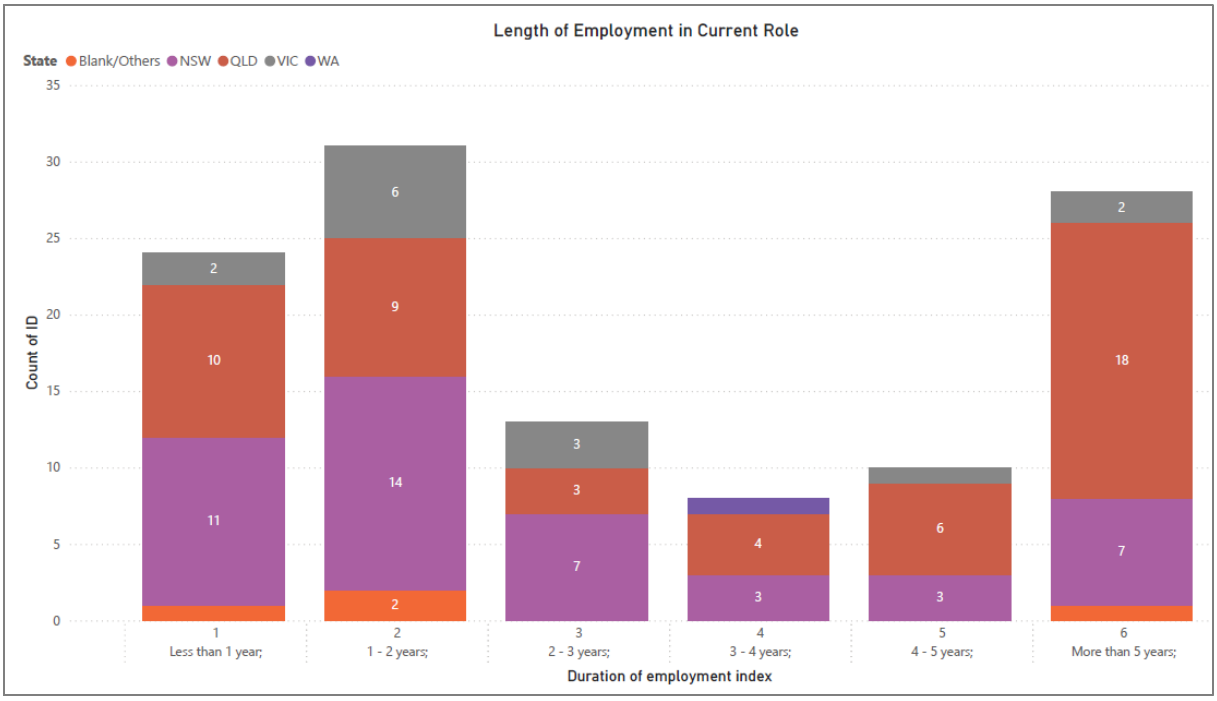

Figure 3: Duration of employment (n=115)

Job satisfaction

The results for job satisfaction are presented in Figure 4, below. Most participants (47%) agreed with the statement, "I am satisfied with my job", while another 33.9% strongly agreed, indicating overall positive job satisfaction among the workers. However, a smaller group (13.9%) remained neutral, possibly reflecting uncertainty or mixed feelings about their current roles. Additionally, 5.2% of participants, split equally between 'disagree' and 'strongly disagree,' expressed dissatisfaction.

The predominance of positive responses highlights a general sense of contentment within the workforce, as many workers express sentiments such as:

> *I like helping people especially when they are new arrivals, especially that I was in the same situation. I am very happy in my job; I receive a fair payment. Also, I like the way I treat (sic) by my organisation and especially my supervisors (Survey Respondent ID 453).*

Moreover, employees are motivated by their ability to give back to the communities, as reflected in the following respondent statement:

> *As a multicultural/bilingual health worker, I am motivated knowing that I am trying to help my community or other CALD communities in accessing quality healthcare and understanding the healthcare system (Survey Respondent ID 409).*

However, the neutral and negative responses suggest there are still areas where improvements could be made: such as addressing specific factors that may prevent some workers from fully embracing their roles. This includes career progression, job security, or feeling valued in their positions. Survey Respondent ID 21 talks about the lack of good treatment within the sector while wearing the hat of a bilingual/bicultural worker:

> *In my previous two jobs, working with the title (of) Bi- Cultural/Lingual sometimes I had to face something that gives negative feeling. Not treated with dignity (Survey Respondent ID 21).*

The experiences shared by Survey Respondents ID 21 highlights the challenges faced by some bicultural and bilingual workers in their professional environments. These challenges are not isolated incidents but seem to be part of a broader pattern of discrimination and limited opportunities. This sentiment is further echoed by Survey Respondent ID 369 who provides additional insight into the difficulties encountered by bicultural workers in the job market:

> *My current job is good, but overall, there are not enough opportunities for bicultural workers. Can feel discrimination while looking for jobs (Survey Respondent ID 369).*

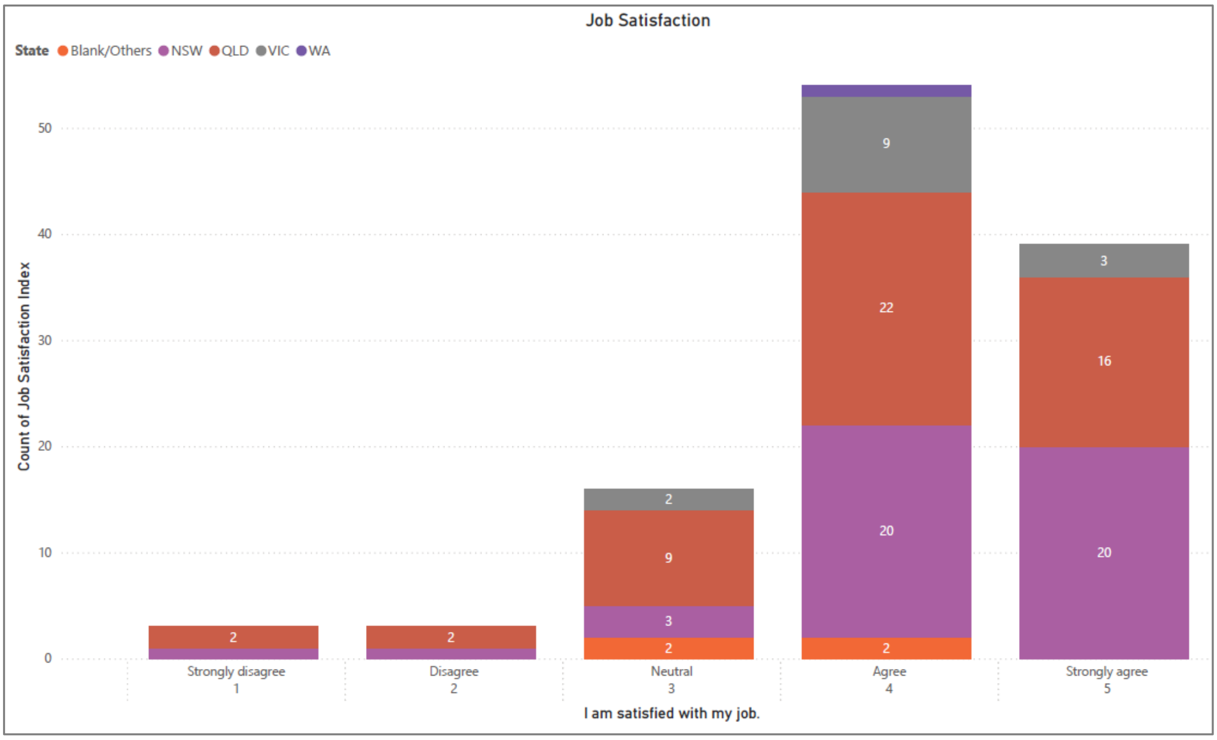

Figure 4: Job satisfaction (n=115

Career progression

As shown in Figure 5, a sizeable portion of the workforce sees opportunities for advancement, with 42.1% of survey respondents agreeing that there are career progression pathways in the health and community care sectors. However, the 28.1% who remained neutral and the 13.2% who disagreed or strongly disagreed highlight that there are still concerns or a lack of clarity about these pathways. This discrepancy indicates that, while some workers perceive potential for growth, others are either unsure about their prospects or believe that progression is limited, and this is particularly true for those in casual or contracted positions. According to evidence from our sample, uncertain funding arrangements are a major causal factor, as Survey Respondent ID 398 claims:

> *All the organisations I work with are NGOs and are strongly relying on the funding to support our work. It is about how the Government and funding bodies can offer sufficient funding to my organisations to provide more services to our migrant communities and that would increase our work availability and career pathway. No money/funding, no work (Survey Respondent ID 398).*

On the other hand, the lack of progression within and outside the sector remains a key area of concern, as explained by survey respondent 407 below:

> *Expend our potential in other roles in the organisation and create a pathway, at the moment I can't see I can move to any other position (Survey Respondent ID 407).*

This suggestion emphasises the need for personalised career development approaches. Tailored guidance, regular feedback, and targeted training programs could help employees better utilise their skills and advance in their careers.

> *If there are employees who are interested in working in the organisation for more years, the organisation can plan a long-term career pathway for the employees and assist and train them to get to the position step by step (Survey Respondent ID 417).*

Respondents made several suggestions on how organisations can better support career development. Common themes included the need for permanent roles, better training opportunities, and clearer pathways for career progression.

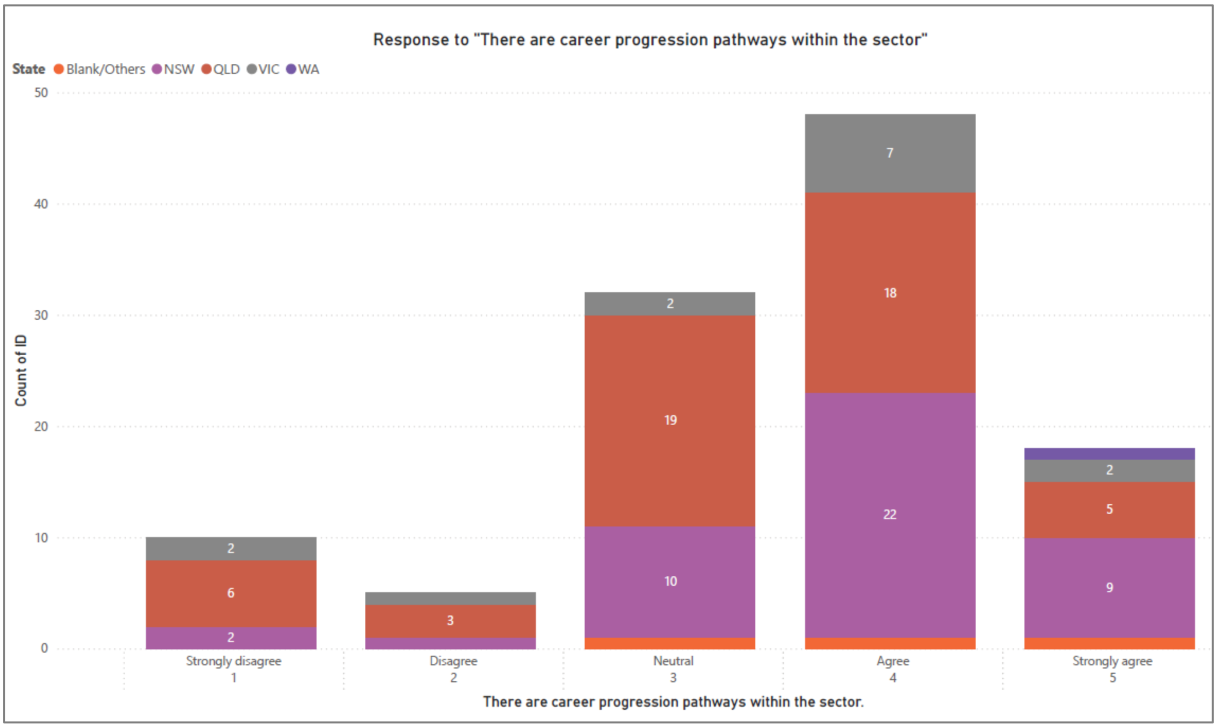

Figure 5: Career pathways (n=115)

Underemployment and income sufficiency

Just over two-fifths (42.6%) of respondents reported feeling underemployed based on their qualifications, as shown in Figure 6. This indicates that a notable proportion of the workforce perceives a mismatch between their skills and employment.

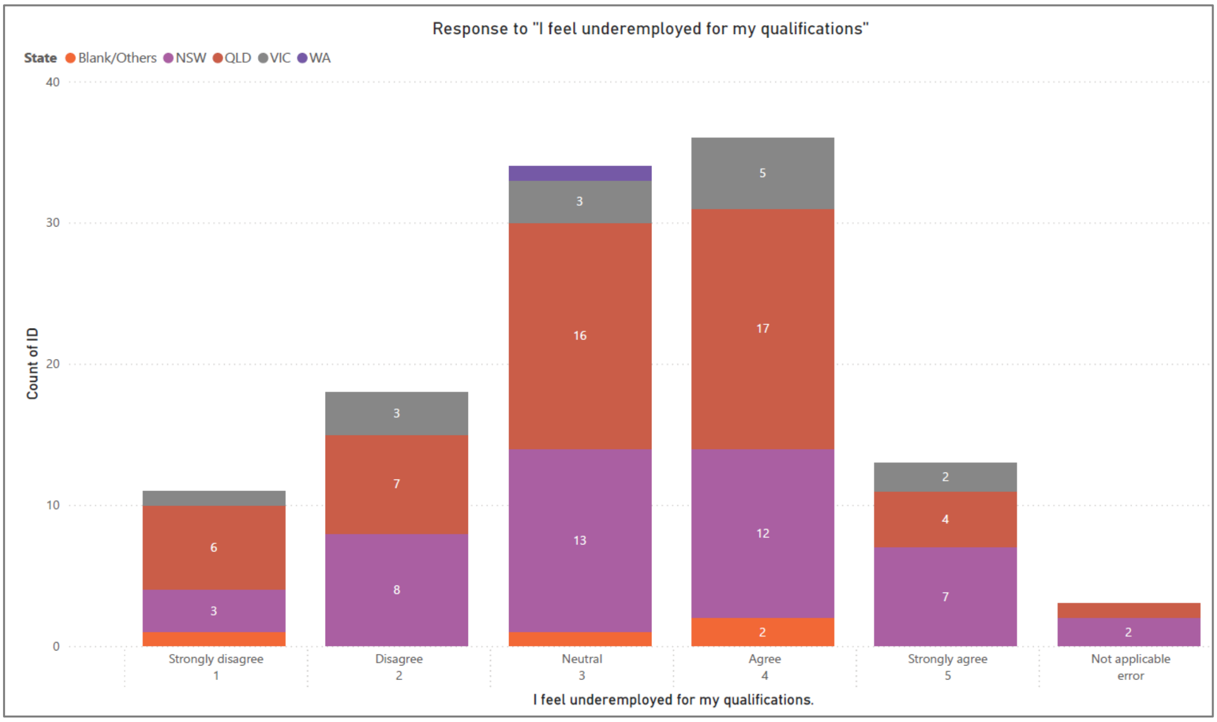

Figure 6: Perceptions of underemployment for qualifications (n=115)

Notably, nearly 30% of respondents disagreed or strongly disagreed that their current working hours are sufficient to generate the income they need to sustain themselves financially. This is shown in Figure 7, below, (note, "Not Applicable" responses are not included).

> *While I work as a bilingual and bicultural worker, I also work as an interpreter/translator, the reason (of having multiple jobs) is having an additional source of income (Survey Respondent ID 456).*

These responses highlight the challenges faced by workers in certain fields, where the effort required for certification or specialisation may not be adequately compensated, leading to a search for additional income sources or alternative career paths.

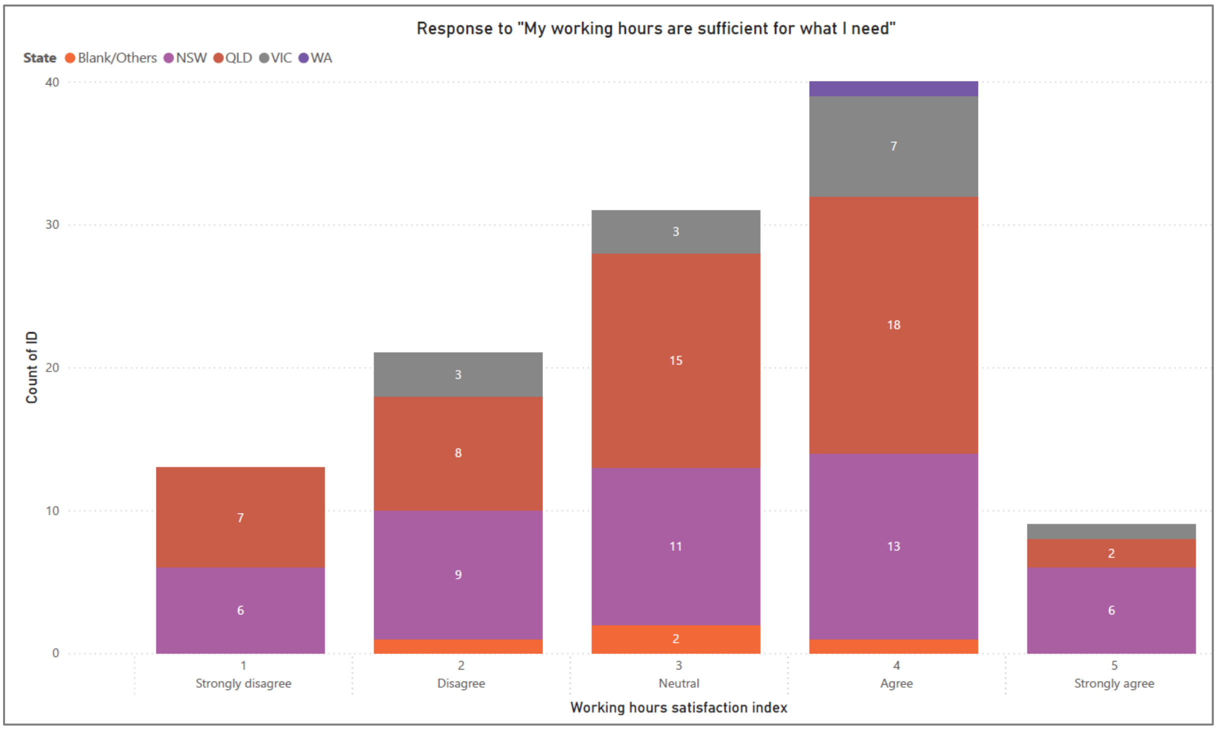

Figure 7: Satisfaction with working hours and income sufficiency (n=115)

High turnover rate

Another key finding from the survey is the high turnover rate within the sectors. In response to the question, "What best describes your reasons for leaving the sector?", many respondents cited factors such as underemployment, lack of professional development opportunities, the end of funding, and a sense of being undervalued by their employers. These reasons align with the broader issues identified in the survey, reinforcing the critical need to address employee satisfaction and retention.

> *I have seen some of my co-workers left (their jobs) due to limited working hours and that they had to change their career to other workforce due to similar situation for other NGOs who also employ bicultural workers. It is a shame that people left this industry because of the lack of working hours available. This, of course, would impact on further career pathway or promotion (Survey Respondent ID 398).*

When working with CALD communities, building trust is crucial for successful engagement (Lakin & Kane, 2023; Refugee Health Network Queensland, 2023). Trust facilitates greater access to healthcare and improves health literacy among CALD populations in Australia. However, the high turnover rate within the sector leads to a loss of expertise and disrupts relationships with trusted individuals in these communities. Rebuilding trust takes considerable time and effort, often delaying access to necessary healthcare services and resulting in poorer health outcomes for CALD community members. This disruption hampers continuous care, exacerbating health disparities within these populations (Lakin & Kane, 2023; Refugee Health Network Queensland, 2023).

Qualitative data analysis results

Themes that emerged from the interview data are presented below in Figures 8 (number of times a theme was mentioned), and 9 (number of people who mentioned the theme).

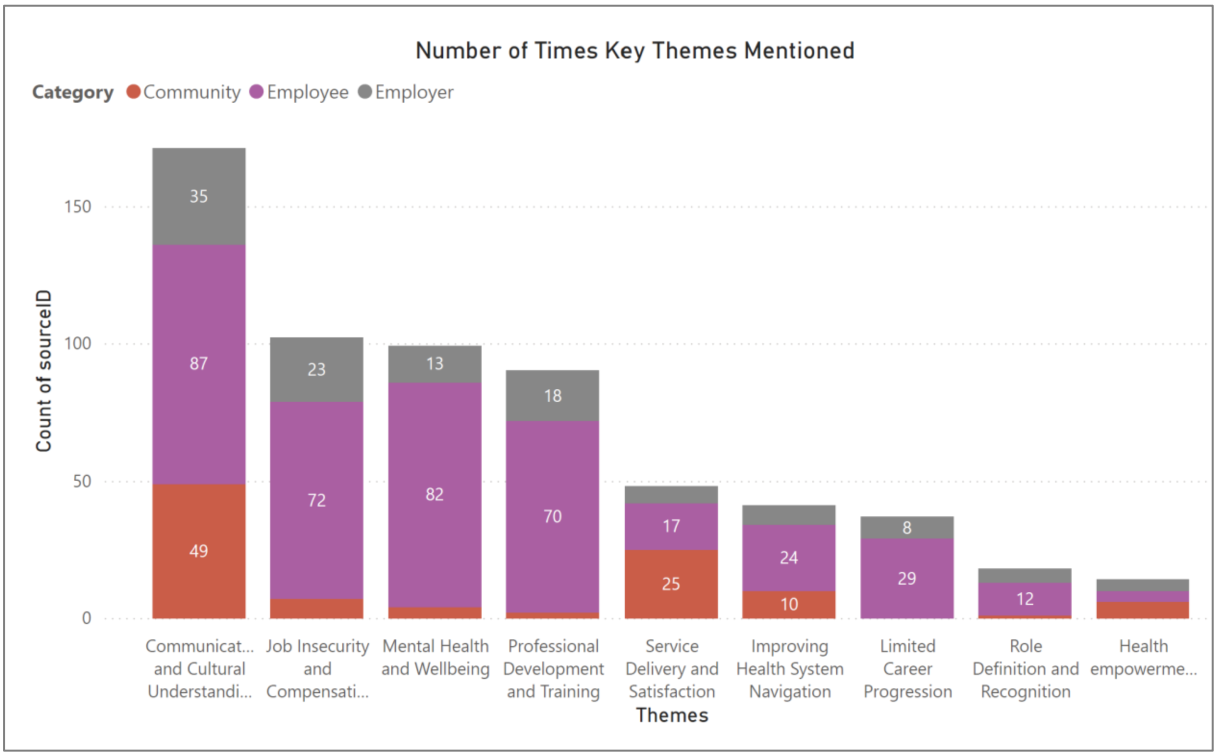

Figure 8: Number of times key themes mentioned by category

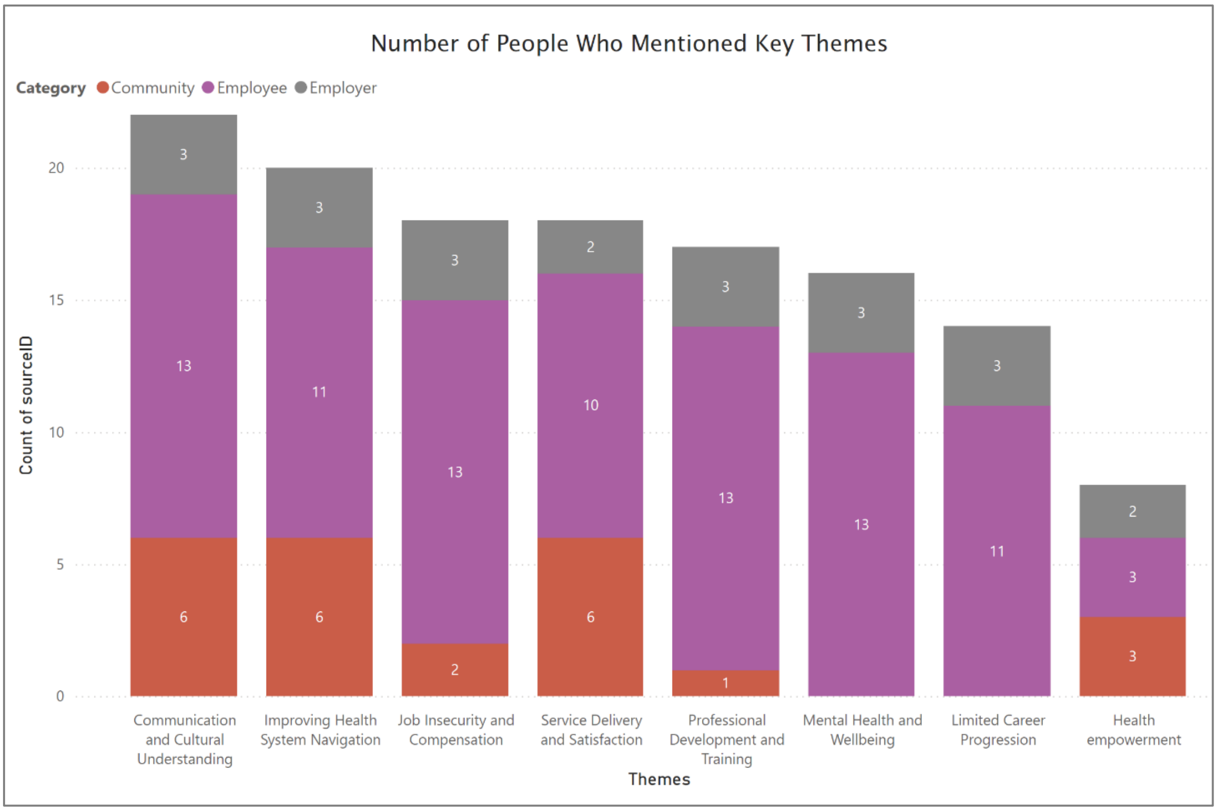

Figure 9: Number of people who mentioned key themes

The themes relate to the beneficial impacts of the bilingual and bicultural workforce on the sectors, along with the challenges they face. Accordingly, they were grouped together as sub-themes of two overarching themes: Positive workforce impact; and Challenges for bilingual and bicultural workers, as shown in in Figure 10.

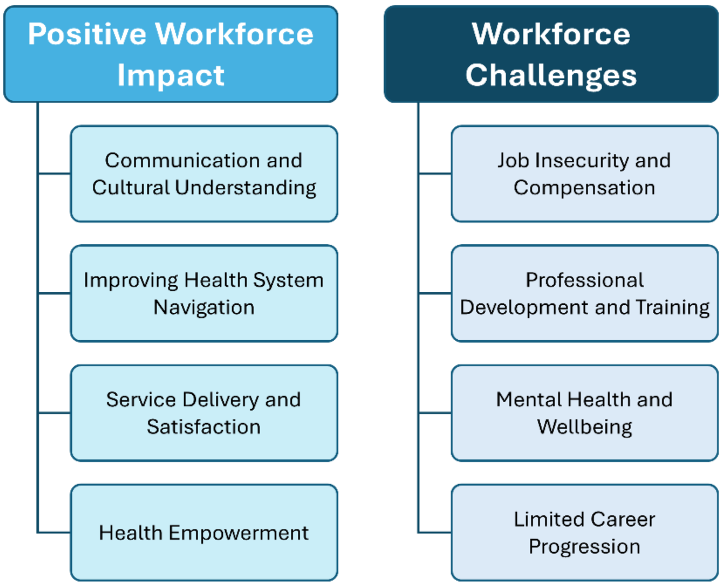

Figure 10: Major themes and sub-themes

Positive workforce impact

1. *Communication and cultural understanding/cultural safety*

   Frequently cited (171 times), communication plays a critical role in bridging language and cultural gaps, especially for CALD populations. Bilingual and bicultural workers help ensure effective communication between healthcare providers and community members, leading to improved care delivery. Bilingual and bicultural workers act as cultural bridges, fostering environments where CALD populations feel respected and understood. Their involvement improves trust, communication, and ultimately, healthcare outcomes.

2. *Improving health system navigation*

   Mentioned 41 times, this sub-theme highlights the role of bilingual and bicultural workers in assisting CALD populations with navigating the health system. Their involvement improves engagement with health and community care, and the ability to access care sooner, preventing the need for more acute interventions, which reduces the cost of acute care for government.

3. *Service delivery and satisfaction*

   Mentioned 48 times, this sub-theme highlights the impact of bilingual and bicultural workers in assisting CALD populations to be satisfied with the services they receive through the sectors. Their efforts build trust between CALD communities and healthcare providers, improving access to and engagement with health and community care services, particularly for new arrivals.

4. *Health empowerment*

   Mentioned 14 times across all interview categories, this sub-theme demonstrates the impact of bilingual and bicultural workers in providing information to CALD community members, empowering them to make informed decisions about their health and wellbeing.

Challenges for the bilingual and bicultural workers

This theme defines the workforce's barriers to conducting and continuing their roles, with the following sub-themes the most frequently discussed.

1. *Inconsistent role definitions/unrecognised role*

Cited 18 times, this issue underscores the ambiguity and lack of recognition for certain roles within the sectors and communities.

2. Job insecurity and compensation

Referenced in 106 quotes, job insecurity remains a major concern affecting workforce stability and morale, indicating that compensation and benefits remain key areas for improvement.

3. Career pathways

Identified in 37 quotes, this sub-theme underscores the need for clear career progression opportunities and further support for the workforce.

4. *Professional development and standards*

This theme focuses on areas related to workforce growth and quality standards. The most often mentioned aspects of this sub-theme include:

- *Professional development:* Discussed in 90 quotes, indicating a strong need for tailored professional education and continued education opportunities.
- *Knowledge exchange and skill development:* Mentioned in 14 quotes, it underscores the value of sharing knowledge and fostering skill development.

5. Mental health and wellbeing

The mental health and wellbeing theme included workforce challenges with self-care and stress management, along with supervision and organisational support: Mental health and wellbeing was highlighted in 57 quotes. It emphasises the need for support systems and strategies to manage stress and promote self-care within the workforce. Further, survey respondents identified that effective supervision, and the provision of organisational support are critical for the bilingual and bicultural workforce.

Key findings

Positive impact of the bilingual and bicultural workforce

Communication and cultural understanding

Bilingual and bicultural workers recognise their crucial function in bridging language and cultural gaps, providing important information and facilitating effective communication, which is essential for providing quality care to CALD populations (Tulane University School of Public Health and Tropical Medicine, 2021; Migrant and Refugee Health Partnership & the Social Policy Group, 2022). They often serve as cultural bridges, helping to create environments where diverse perspectives are respected and valued. This cultural competence extends beyond language translation to a deep understanding of cultural nuances, beliefs, and practices that can significantly impact health-related decisions and behaviours (National Center for Cultural Competence, n.d.). According to our sample, bicultural workers' understanding of culture makes a difference, as Community Members 3 explains below:

I think the acknowledge (sic) the cultural differences is the biggest thing, because the worker themselves, they're coming from a non-English speaking background … And they would more understand that to other people, the one that who they are talking to also speaks, or having a different culture, the respect is there, which is very important. And acknowledgement of if they don't know … because there are so many different cultures … So, if there is a way that them to learn, was (sic) the cultural differences and sensitivities … (Community Member 3).

This cultural competence, Community Member 3 further explains, extends beyond language translation to a deep understanding of cultural nuances that impact health-related decisions and behaviours. Furthermore, employers recognise the broader organisational benefits of having culturally diverse staff:

There's a greater recognition that the person actually looks like me, sounds like me. And then there's a broader value to the organisation in a way that the organisation learns to be more culturally open, safe, and inclusive as more and more people begin to understand that there are more similarities than differences and that they can actually understand those differences and work cross-culturally in a more impact away (Employer 3).

By promoting cultural understanding and ensuring cultural safety, healthcare organisations can enhance trust and improve communication with diverse communities. This is evident in how patients perceive culturally competent healthcare providers, as postulated by Community Member 5 below:

… whenever I told you I didn't understand a given question, you would simply provide more information and a thorough explanation. If you were delivering a health session, I would feel that you do understand my culture even if you are from a different Arabic country, and I would be encouraged to attend sessions you deliver in the future (Community Member 5).

Bilingual and bicultural involvement in healthcare service delivery contributes to building and enhancing trust between CALD communities and healthcare providers. Therefore, it is crucial that bilingual and bicultural workers themselves feel valued and respected, fostering supportive work environments (Silver & Boiano, 2019). By promoting cultural understanding and ensuring cultural safety, healthcare organisations can enhance trust, improve communication, and ultimately provide more effective and equitable care to diverse communities (Rogers, Homer, & Henry, 2023).

Improving health system navigation

The findings in this report propose that cultural understanding is important in supporting CALD community members to navigate and access the health system. Bilingual and bicultural workers play a key role in helping CALD individuals feel comfortable and understood within the healthcare setting (Au, et al., 2019). Bilingual and bicultural workers and their employers are aware of their importance in enhancing access to and engagement with health services for CALD populations, particularly for new arrivals. Their ability to facilitate better navigation and foster trust likely contributes to improved health outcomes and more equitable healthcare delivery for diverse communities. Consistent with the literature, Employer 2 highlighted the importance of bilingual workers in helping CALD patients to navigate the healthcare systems:

> *Bilingual workers help navigate the healthcare system and make the process less intimidating for CALD patients. They are trusted members of the community, and patients feel more comfortable opening up to them.*

Community Member 6 asserted that bilingual and bicultural workers contribute significantly to improving health awareness and facilitating social integration for CALD community members:

> *Some of them* [bilingual and bicultural workers] *interpreted more literally and others more accurately. Overall, this has changed how I thought and perceived many things since arriving in Australia. It has improved my health awareness. I believe that having a high level of health awareness is necessary as it helps with social integration (Community Member 6).*

Bilingual and bicultural workers also play a vital role in disseminating information about health programs and workshops to CALD communities. They bridge the gap between government initiatives and community engagement, as highlighted by another community member:

> *The government definitely do[es] ... great jobs, in terms of having all sorts of different workshops or programs ... By having those community workers going to the informal social catch ups, that's a way that's introduced and getting information around ... So early intervention is good (Community Member 3).*

The literature review and interview data consistently emphasise that bilingual and bicultural workers are essential to ensuring culturally competent care for CALD communities. They help patients navigate the healthcare system, provide emotional support, and improve patient outcomes by facilitating communication between patients and healthcare providers.

Service delivery and satisfaction

This report submits that by employing bilingual and bicultural workers, improved outcomes and higher patient satisfaction with service delivery are achieved. Piper's (2016) study found that community members who are supported by bilingual and bicultural workers report feeling more comfortable and better understood when interacting with healthcare providers who speak their language and understand their cultural background. According to our sample, Piper was correct, as illustrated in the following participant quotes. Community Member 1 said:

> *Interpreters only interpret, without adding emotions. But (bilingual and bicultural) health workers try to understand (me) and provide advice. So, interpreters just convey exactly what I want to say, almost like AI. Health workers, however, try to comfort and guide. When they explain situations and provide specific management advice. It makes me feel much better … They provide some guidance and educational materials, cautioning about things like diet and exercise .*

This perspective was supported by Community Member 4:

> *Having the ability to ask the right questions to get the right information for the client, plus having the right person providing support is paramount (Community Member 4).*

The findings above indicate that bilingual and bicultural workers play an important role in ensuring multicultural communities get the health information they need, which leads to health empowerment and equity of access within these cohorts in turn.

Health empowerment and equity

Bilingual and bicultural health workers play a crucial role in promoting health literacy and awareness among CALD communities (Mistry et al., 2023). They help increase access to healthcare services and advocate for culturally appropriate care. Community members report feeling more empowered to take care of their health when they receive information from bilingual and bicultural health workers.

> … *with the* [bilingual and bicultural] *health worker, giving them a bit of explanation … That's something I never thought because I just received it (brochures), and I don't read it, because it's only English … But whereas when the health worker come into community and reinforce … this is a good program, and you should just go utilise it. I mean, even I know when we receive that we just discarded because we're not having a motivation (Community Member 3).*

This highlights how bilingual and bilingual workers can provide context and motivation that written materials alone may lack. Their ability to explain health information in culturally relevant ways increases engagement and understanding, as demonstrated below:

> *When I received a brochure about regular checkups for my health conditions, I couldn't fully understand it. However, a bilingual health worker contacted me and provided a clear explanation about the test in my language. I was able to understand it more easily and in greater depth. I checked with my GP, and the doctor confirmed that the test would be beneficial for me. This helped me book an appointment for the test. Since then, I have been using the test and doing regular checkups (Community Member 1).*

CALD populations are at greater risk of morbidity, specifically preventable hospitalisations, than Australian-born individuals (Queensland Health, 2023). Assisting CALD populations in accessing the healthcare system and navigating the appropriate health services when needed could lead to better health outcomes and reduce the economic burden (Huang et al., 2024).

Challenges for the bilingual and bicultural workforce

Job insecurity and compensation

The qualitative data reveals several key challenges facing the workforce, including that their overseas qualifications are not recognised, casual mode of employment, lack of career progression, and limited access to standardised training (FECCA, 2017).

Challenges in the recognition of overseas qualifications in Australia have left many feeling underemployed relative to their skills and qualifications. As a result, skilled and experienced workers are often using their expertise in jobs that require lower skill levels, with pay that does not reflect their abilities. According to SSI's 2024 *Billion Dollar Benefit* report), more than 100,000 migrants employed in the health and social assistance sectors are underemployed, preventing them from fully utilising their knowledge and capacity in Australia's health and community services sectors (SSI, 2024).

> *That is the biggest challenge for nurses and even for the doctors, for them to gain registration even if they are qualified in their own country. The process of getting their recognition in this country is demanding, so, they have to go through very hard way or either just drop that one. They have to start all over again (Employee 5).*

Employee 5 identified systemic barriers to the recognition of overseas studies and qualifications. As a result, overseas qualified individuals abandon their pursuit of a health profession. Employee 13 shared her experience as follows:

> *I was teaching at TAFE and I could see a lot of students that had been nurses or doctors or anything to do with health—dentists (in their own countries) and they've had to look for something else to do because they couldn't work in their profession (in Australia) (Employee 13).*

This workforce is often unrecognised by both funding bodies and the health system, despite the sector's heavy reliance on government and external funding. As a result, the use of bilingual and bicultural workers on a casual basis is widespread, with language support funding from other initiatives often being used to source financial resources for engaging this workforce. Employer 1 highlighted the challenges of formalising these roles and securing proper recognition for them within the health and community care system. In response to these barriers, and in an effort to address the unmet needs in multicultural communities, she initially offers casual positions while actively seeking resources to provide greater job security for her team members:

> *... if you have a casual job and you still have capacity and passion to do more, my thinking would be that I would try to get more hours so that I would do part time or full time. So, for them, I think it's probably more, not a career pathway, but it's more around... the funding for the sectors and the understanding, you know, the formalisations of the positions and the recognitions of the position within the healthcare services and also it's difficult, it's not easy (Employer 1).*

This situation within the sectors has impacted the workforce in various ways. Employee 7, who holds a casual position, shared her own experience:

> *The casual nature of my job makes it hard to plan for the future. There's no formal path for me to advance, and I feel like I'm stuck in this role.*

The lack of career progression opportunities is a common concern among bilingual and bicultural workers. This sentiment is echoed by other employees who feel their skills are undervalued and underutilised in their current roles.

> *The work we do is important, but it's frustrating that we're not compensated or recognised for the extra skills we bring to the table (Employee 10).*

This is supported by the literature, which highlights the high turnover rates in bilingual and bicultural workers' roles due to the lack of stable employment and formal career progression opportunities (Phillips & Travaglia, 2011).

So, well, everything now they're very expensive. One income is not enough. I need to get another job to pay for bills, pay for mortgage (Employee 12).

Financial instability is a significant issue for many workers in the sectors, particularly those in casual or part-time positions. This economic pressure often forces employees to seek additional employment to make ends meet, impacting their work-life balance and overall job satisfaction.

It's stressful not knowing if I'll have enough hours next week. Full-time work would give me stability and peace of mind (Employee 6).

The absence of job security and professional recognition creates a challenging work environment for bilingual and bicultural workers. This instability not only affects individual employees but also contributes to high turnover rates in the sectors, potentially impacting the quality of care provided to diverse communities.

Despite all that investment, you know, it's not a recognised profession. There's no real security in the role. Because the reward that you receive can be unstable and insecure (Employee 2).

The findings underscore the pervasive challenges facing bilingual and bicultural workers in the health and community care sectors. The lack of recognition for overseas qualifications, coupled with the prevalence of casual employment, has left many highly skilled workers feeling underutilised and undervalued (ECCQ, 2024; Ngendakurio, 2017). This has resulted in a workforce that is often forced to take on roles that do not reflect their expertise or compensate them fairly for their unique skills, leading to widespread underemployment. In addition, the absence of standardised pay rates or an industry award for this workforce has created significant disparities in compensation, further exacerbating the challenges for bilingual and bicultural workers. The variability in pay, alongside job insecurity, contributes to the financial instability experienced by many in the sectors.

Unclear role definitions and the lack of formal recognition within the sectors further compound these issues, contributing to the challenges faced by this workforce. The ambiguity surrounding roles and recognition forms the basis of the next key finding.

Role definition and recognition

Despite their crucial contributions, bilingual health workers frequently encounter challenges stemming from unclear role definitions and a lack of recognition. Several interviewees expressed feeling undervalued or that their roles are not fully understood by other professionals, particularly those in health and community care settings.

Employee 10 reinforced this sentiment, emphasising the need for greater awareness and understanding of their role:

> *People in the community don't even know that I'm here to help them. We need to raise awareness of what we do (Employee 10).*

The lack of recognition extends beyond the community level to reaches higher authorities as well. Employee 12 elaborates on this issue, emphasising the critical need for bilingual and bilingual workers in a diverse country like Australia:

> *A lot of people in the community don't know what bilingual (and bicultural) health workers are doing … For the higher level, like the government and health department, I don't think they recognise what we are doing for the community. It's very bad because … Australia is a migrant country, with new people coming every month, every year, even every week, and some of these people have very limited English. So, we are here, we are workers for these kinds of people (Employee 12).*

The need for recognition extends to the policy level, as Employer 2 points out. They argue government policies often fail to adequately acknowledge CALD communities:

> *To me it's a level of advocacy at government level and putting the onus back on them that they've got to understand the value of it themselves and expect their providers to provide that level of … service as well, but we're a long way from that because they don't even with First Nations, I argue at the moment First Nations is just ticking a box, and Cultural and linguistically diverse (communities) hasn't got a box (Employer 2).*

Recognised by Enliven, Department of Health and Human Services, Monash Health Refugee Health and Wellbeing, South East Community Links, & Red Cross (2018) is the need to acknowledge the cultural and methodological expertise that bilingual and bicultural workers bring to their workplace. If the bilingual and bicultural workforce is not a recognised workforce, it is difficult to bring standards and develop the required support mechanisms for the workers.

Professional development and training

Several bilingual and bicultural workers who participated in interviews described the professional development opportunities they were given. However, overall, there is a need for more targeted and relevant training. There is a strong demand for more specialised training, particularly in trauma-informed care, mental health, and specific health conditions. Workers also express interest in training related to interpreting skills and managing high-conflict situations. The need for specialised training, particularly in trauma-informed care, was emphasised by several participants. One employee noted:

I went to one training session offered by my organisation which was cultural diversity training … I think trauma-care would have been so much more useful, especially considering everyone … had trauma, migrating or fleeing war and persecution from other countries (Employee 6).

This aligns with recommendations in the literature for more targeted professional development opportunities for bilingual and bicultural workers. In addition, many participants expressed appreciation for any training opportunities, as they provided valuable knowledge about the Australian health system. As stated by Employee 8:

Any training you will get in Australia will make a huge difference for many things. Number one, I never had this opportunity back home to be trained other than my study [...]. Second, each training you do, you understand health system more. If that makes sense, and it makes you understand how it works, and they teach you their expectation.

The Migrant and Refugee Health Partnership & the Social Policy Group (2022) recommended that the Federal Government invest in the development and delivery of national training for bilingual and bicultural health practitioners and workers, based on a competency standards framework and accredited by relevant professional bodies. The sample for this evaluation agrees that training is important, but it should be free:

Paying out of pocket for training I think is tricky. And I know that is a barrier actually … If it's a paid training, then yeah, definitely that would be good. Free training is also good. But then again, that really depends on your time (Employee 9).

These comments from interview participants align with the recommendation from The Federation of Ethnic Communities' Councils of Australia (2017) to invest in standardised training and accreditation for this workforce.

Mental health and wellbeing

Bilingual and bicultural workers are interacting regularly with community members who are vulnerable and may share emotionally challenging situations.

And I know the big issue was, is on mental health and, how mental health is procedure. It's something that you can like something that you can take on with you when you finished your work because it's like this so much barriers and like you're hearing it a loss. Like what can you do? And then kind of advocate. So it is really tricky, but I think for me, what I found personally is like kind of going back to the idea of you do what you can do in your capability and, you just keep advocating for more to be done and that you can't just take on the world, you know? (Employee 9).

Several studies report the challenges that bilingual and bicultural workers face, particularly with role overlaps that blur their primary responsibilities, complicating their contributions to health and community care services (Boughtwood et al., 2013; Migrant and Refugee Health Partnership & the Social Policy Group, 2022).

> *So that's the same way, when you are working, you need to know where ... your limits are otherwise you won't be able to really perform to the expectation. Indeed. Yeah, the job is really very demanding, but you need to set deliberate, time for your own self. (Employee 5).*

These comments from interviewees align with the report from the Federation of Ethnic Communities Council of Australia (2017) which states "Unfortunately, for some bilingual and bicultural workers these unrealistic and unworkable practices and expectations lead to stress and burnout". There is a need for better support systems and strategies to help workers manage stress and prevent burnout.

Limited career progression

Both survey and interview data highlight the lack of clear career pathways. Workers expressed frustration at being stuck in casual roles with no opportunities for advancement, which has led to high turnover rates (Migrant and Refugee Health Partnership & the Social Policy Group, 2022).

> *I want to stay in this sector, but without a clear path forward, it's hard to stay motivated (Employee 8).*

This sentiment is echoed by many in the sector, highlighting the widespread nature of the issue. The lack of advancement opportunities creates a sense of stagnation, as illustrated by the following employee's perspective:

> *I'm a bilingual worker for now. But yeah, it's really interesting if you think about it, that yeah, there is no clear pathway. You just kind of bilingual worker. That's it (Employee 9).*

The frustration of being pigeonholed into a specific role without clear avenues for growth is evident in this statement. This lack of career diversity can lead to a sense of professional stagnation, as further emphasised by another employee:

> *So what happened to me ... made me understand that if I work for bilingual and bicultural worker, it will be forever bilingual and bicultural worker. Uh, no career development (Employee 12).*

The lack of career progression opportunities not only demotivates workers but also affects the retention of skilled bilingual and bicultural workers in the healthcare system. Addressing this gap by establishing formal career development pathways could enhance worker satisfaction and contribute to the long-term sustainability of this critical workforce.

Discussion

Recognition of the workforce

The project data highlight the urgent need for structural and policy changes to address the challenges faced by bilingual and bicultural workers in Queensland's health and community care sectors for the increasing CALD population. The health and community care system could significantly benefit from better recognition of these workers, acknowledging their unique skills and contributions. There are a number of organisations with significant expertise in delivering tailored services utilising bilingual and bicultural workers. They include the Queensland Transcultural Mental Health Centre and the Ethnic Communities Council of Queensland who have both delivered these services for nearly three decades (refer to Case study 1). Formal recognition of this profession throughout the mainstream health and community care sectors could lead to clear career pathways and improve retention by giving bilingual and bicultural workers a sense of purpose and opportunities for long-term career growth.

This approach would also strengthen the system by developing a pool of experienced bilingual and bicultural workers who can step into more senior roles. This in turn would lead to better utilisation of culturally appropriate services across the sectors. Implementing dedicated budgets for identified workers, such as multicultural liaison officers and multicultural nurse navigators, and recognition initiatives within the health and community care sectors could enhance the status of this workforce and attract more talent. Ensuring health and community care leaders are aware of the importance of bilingual and bicultural workers and their impact is essential. If Queensland embraces these initiatives, it can move towards a more culturally inclusive health and community care system that better serves its diverse population.

Case study 1
Queensland Transcultural Mental Health Centre (QTMHC)
QTMHC has 29 years of experience in delivering culturally appropriate mental health services by employing bicultural workers (cultural consultants). The centre's approach, which includes utilising the skills of these workers to bridge cultural and language barriers, has resulted in improved mental health outcomes for CALD communities. It can also demonstrate the importance of dedicated roles such as multicultural mental health coordinators in enhancing access to mental health services.

Ethnic Communities Council of Queensland (ECCQ)
ECCQ has a longstanding history of delivering health promotion and support services through a workforce that includes bilingual health workers, multicultural health workers, and bilingual home care workers. Their approach has been particularly impactful in areas such as health literacy, blood-borne viruses/sexual health, chronic disease management and aged care.

Workforce definition

Given the diversity of roles and responsibilities within the bilingual and bicultural workforce, it is crucial to establish a clear and standardised definition to ensure consistency, recognition of the workforce, and optimal utilisation of their expertise across the health and community care sectors. Clarity will help organisations, policymakers, and service providers better understand and leverage the skills of this workforce to support CALD communities, which in turn will improve health outcomes and social cohesion.

Drawing on Victoria's Bicultural workforce toolkit (Case study 2), Jobs Queensland could develop its own framework and toolkit for bilingual and bicultural workers. This work should be undertaken in collaboration with key stakeholders across the state to ensure it is adaptable and reflective of the unique characteristics, needs, and experiences of Queensland's bilingual and bicultural workers, the sectors, and CALD population.

Case study 2

Bicultural workforce toolkit – Enhancing community programs and services

The *Bicultural Workforce Toolkit* developed by the Victorian Government (available at https://www.vic.gov.au/bicultural-workforce-tooklit) serves as a comprehensive guide to understanding and maximising the potential of bicultural workers in delivering effective community programs and services. By leveraging this toolkit, organisations can improve the delivery of culturally appropriate and responsive services to CALD communities, ensuring better engagement and outcomes.

The Bicultural Workforce Toolkit offers practical guidelines for recognising the roles and contributions of bicultural workers in community programs through four key components:

1. Role definition and clarity: Provides guidance on defining bicultural roles, ensuring clear responsibilities and expectations, which supports role recognition and structured employment.
2. Competency framework: Outlines the essential skills and attributes required for bicultural work, serving as the foundation for targeted training and development.
3. Recruitment and retention strategies: Advises on recruiting and retaining bicultural workers, addressing challenges such as role ambiguity and limited career progression.
4. Professional development and career pathways: Emphasises the need for ongoing professional development, mentorship, and the creation of clear career pathways

These implementation guidelines aim to optimise the utilisation and contributions of bicultural workers within organisations.

Structured pathway for recognition of overseas qualifications

Migrants and refugees with health professional backgrounds often face significant barriers due to the lack of recognition of their overseas qualifications and work experience. This challenge negatively impacts both their settlement experiences and the Australian health system, which is in need of qualified staff. Many of those who face these challenges often begin their Australian careers as bilingual and bicultural workers while they explore opportunities to return to their original profession. A more streamlined, transparent, and supportive recognition pathway is essential to address this issue for both workers and the sector.

The health and community care sectors and regulatory bodies should develop such a process, incorporating the following key initiatives.

Bridging programs: Create tailored programs for internationally trained health professionals that focus on meeting Australian healthcare standards, covering areas like health regulations, cultural competency, and clinical practice gaps.

Mentorship and supervised practice placements: Implement structured mentorships and supervised placements to provide hands-on experience, helping professionals adapt to the Australian health environment.

Recognition pathways: Establish clear, standardised pathways for qualification recognition, considering the equivalency of overseas training and professional development.

Supportive networks and resources: Offer peer support, language training, and workshops to assist with the registration process and adaptation to the health system, available across all states and territories.

Collaboration with educational institutions: Partner with educational institutions to provide targeted courses, online modules, and micro-credentials that bridge knowledge gaps and aid in transition.

Government-funded programs: Advocate for subsidies covering bridging courses, exam fees, and practice placements to reduce financial barriers and encourage more workers to seek qualification recognition.

By implementing these measures, bilingual and bicultural workers who are internationally trained health professionals can fully utilise their skills, helping to address workforce shortages, increase diversity, and improve service delivery to CALD communities.

The International Medical Graduates (IMG) Clinical Readiness Program (ICRP), which introduces overseas-trained doctors to the NSW Health system and provides supervised clinical experience in an NSW public hospital, is a good example of support for internationally trained health professionals. Another good example is the Mater Hospital Brisbane IMG Observership program discussed in case study 3.

Cast study 3

The Mater Hospital Brisbane IMGs Observership Program 2024

This program started as a pilot in 2020 offering IMGs who have sought refuge in Australian a six-month observership program. Observers gained significant exposure to the Australian healthcare system through rotations, education sessions, and mentorship. Key achievements include over 200 hours of clinical experience, weekly education sessions, and participation in study groups. These experiences underscore the need for structured pathways, mentorship, and bridging programs to support internationally trained health professionals in overcoming systemic barriers and contributing effectively to the Australian health workforce, especially in serving CALD communities. Although some IMGs who completed their observership at the Mater have begun practicing in Australia, there is currently no allocated funding for the program's continuation, despite interest from others seeking similar opportunities.

Queensland Health also provides support for international applicants relocating to regional and remote areas of Queensland (Queensland Health, n.d.). They could also explore ways to fill workforce gaps by offering training and support for bilingual and bicultural workers already residing in Australia to follow standard pathways to registration through The Medical Board of Australia. For example, some of the relocation funding currently offered could be reallocated for more workplace-based assessment placements (Australian Medical Council, n.d.).

Workforce standards

One of the key issues identified in this report is the lack of formal standards for the bilingual and bicultural workforce in the health and community services sectors. Despite their crucial contributions, this workforce remains undefined and under-recognised, with no clear guidelines or frameworks to support their roles in Queensland. This absence of standardisation leads to inconsistent recognition and role clarity, and under-utilisation of their skills across different organisations and projects.

Currently, maintaining standards, service quality and workforce management often depends on individual managers or senior leaders within organisations. Without formalised standards, there is an over-reliance on managerial discretion, resulting in varied practices and inconsistent support for bilingual and bicultural workers, which ultimately impacts the quality and sustainability of the services provided to CALD communities.

The lack of overarching standards also limits career progression opportunities for these workers. Establishing clear standards would ensure their roles are more consistently utilised and provide a framework for maintaining service quality and consistency. This report supports the Migrant and Refugee Health Partnership & the Social Policy Group's (2022) recommendation that the Federal Government invest in a national competency standards framework and establish one specific to Queensland's bilingual and bicultural workers. Tailored professional development training should be developed to maintain these competency standards and service quality.

Notably, cohealth in Victoria has developed a standard for bicultural workers (Case study 4), which serves as a potential model. This standard should be replicated in other states, including Queensland, with ongoing commitment from both State and Federal governments. Such an approach would help create clear pathways for career development and enhance the integration and quality of services delivered by bilingual and bicultural workers across the sectors.

Case study 4.

Establishing professional standards for bicultural workers – The cohealth experience

A leading community health organisation in Victoria, cohealth has set a benchmark in establishing professional standards for bicultural workers, recognising the critical role they play in delivering culturally appropriate health services. By developing clear guidelines, competencies, and role definitions, cohealth has created a structured framework that acknowledges the unique skills and contributions of bicultural workers, ensuring their integration into mainstream healthcare service delivery.

The professional standards outlined by cohealth focus on key areas such as language proficiency, cultural mediation, community engagement, and health education, which are essential for effectively serving CALD communities. cohealth's approach has facilitated the creation of career pathways, provided targeted training and development opportunities, and enhanced the retention and job satisfaction of bicultural workers.

Through the establishment of these standards, cohealth has not only strengthened its ability to deliver culturally responsive services but has also elevated the status of bicultural workers within the organisation, demonstrating the value of formal recognition and professional development in improving workforce engagement and service outcomes. This demonstrates how implementing professional standards can lead to better utilisation and recognition of bicultural workers, ultimately contributing to more inclusive and effective health services.

Minimum wage for the bilingual and bicultural workforce

Setting a minimum wage specifically for the bilingual and bicultural workforce is essential to recognise the unique and specialised services they provide beyond the demands typical of roles in the sectors. These workers bridge both language and cultural gaps, ensuring that health and community care are delivered in culturally responsive ways that respect and accommodate the unique and at times complex needs of CALD communities.

Standardised competencies for the workforce would be beneficial in establishing a minimum wage, however, the process of setting a minimum wage can begin while standards are being finalised. These standards would define the required skills and expertise for bilingual and bicultural workers, validating their diverse experiences and ensuring fair compensation. As this framework evolves, it will ensure that the workers' unique contributions are reflected in their pay, further professionalising the workforce and providing long-term career pathways.

A tailored minimum wage, distinct from the general Australian minimum wage, would recognise the additional responsibilities that are inherent in bilingual and bicultural work. This approach would help attract and retain skilled professionals, improve job satisfaction, ensure consistent, high-quality service delivery and provide the financial security the workforce deserves.

Consistent and ongoing program funding

Five-year default contract terms were announced at the recent Queensland Budget (June, 2024) along with appropriate wind-down periods, and a six-month notice requirement, which is critical to attract and retain the workforce in the sectors (QCOSS, 2024). These reforms are particularly relevant for retaining skilled bilingual and bicultural workers, who often face job instability due to short-term contracts and funding uncertainties. Long-term contracts for community-based organisations foster workforce stability by providing job security and promoting continuity. Therefore, it is recommended that these reforms be implemented for community-based services delivering programs which utilise the bilingual and bicultural workforce. Retention of experienced workers who are better equipped to deliver culturally responsive and high-quality services will improve outcomes for CALD communities (Brady, Veljanova, & Chipchase, 2021). This in turn will encourage a more dedicated and skilled workforce. Improved job security could have improved mental wellbeing for the workers. Consistent funding is needed for long-term planning, recruitment, and retention in programs serving CALD communities (Migrant and Refugee Health Partnership & the Social Policy Group, 2022).

Moreover, stable contracts complement previous recommendations to establish fair wages and formal recognition for bilingual and bicultural workers, making the sector more attractive to prospective employees. Overall, integrating these reforms will strengthen the recognition and professional status of bilingual and bicultural roles, fostering a sense of belonging and purpose within the sector and contributing to the delivery of high-quality support for vulnerable communities across Queensland.

Accountability for funds allocated for workforce

A mechanism that ensures transparency and accountability in the allocation of funding provided for wages and contracts is needed to protect bilingual and bicultural workers. This mechanism would ensure that the resources dedicated to bilingual and bicultural workforce programs directly benefit the workers, promoting fairness in compensation and employment conditions. It should include independent audits, reporting requirements, and a feedback loop that allows workers and stakeholders to raise concerns if funds are not allocated as intended by the funders, or if wages do not align with funding commitments. Such a system would empower this workforce and prevent their exploitation, by ensuring that they are paid fairly in proportion to the funding intended for their roles.

Advocacy groups can play a crucial role in championing the need for transparency in funding and wage allocation, pushing for policy changes that require employers to report on how funds are distributed and ensuring these workers receive the compensation and security they deserve. This would not only help improve job satisfaction and retention but also ensure that funding is being used effectively to support a skilled and resilient workforce.

Community of Practice

The Migrant and Refugee Health Partnership and The Social Policy Group's Policy Brief (2022) recommends the creation of a national-level Community of Practice (CoP) as a key strategy to provide essential opportunities for peer learning, sharing best practices, and collaboratively addressing common challenges. A CoP would serve as a platform to meet immediate training and development needs while also gathering data to inform future improvements. This approach aligns with long-term strategies for improving the recruitment and retention of bilingual and bicultural workers. In Victoria, cohealth has been working with bicultural workers, through their initiative Victoria Bicultural Workers Network, to support refugees across various sectors. They have provided ongoing training opportunities for the Network membership, which exceeds 400, and the sectors. Additionally, cohealth offers employment pathways to roles within the sectors and government for bicultural workers.

Prior to pursuing a national level of the community of practice in Queensland, a network for bilingual and bicultural workers could be developed to support bilingual and bicultural workers in Queensland. Formation of the network and ongoing operations, designated resources, staff, and funding are necessary, to oversee and nurture the CoP.

Tailored professional development

Targeted, ongoing professional development opportunities that address the specific needs of bilingual and bicultural workers and the communities they serve are needed. Accredited training programs should be developed in key areas such as cultural competence, healthcare system navigation, medical terminology, trauma-informed care, structured supervision for supervisors and supervisees, human rights and patient/community advocacy. These programs must be tailored specifically to bilingual and bicultural workers to enhance their capacity to support CALD patients effectively. Organisations and government must allocate appropriate resources and support to ensure recognition of acquired skills across the sectors, and the successful implementation of the training programs. leading to improved care and outcomes for diverse communities.

Following are two examples of current professional development initiatives offered by community-based services—one offered by True and the other by ECCQ—that could be scaled up and extended to meet the need for ongoing professional development across the sectors in Queensland. The Health in My Language Team at True offers comprehensive, accredited onboarding training for new bilingual health educator employees, consisting of diverse training modules provided by the Multicultural Centre for Women's Health. A minimum of six weeks of training is required before educators begin delivering services to the community, ensuring they are well-prepared and equipped to meet the needs of CALD populations. Furthermore, ongoing professional development training opportunities are offered to bilingual health educators.

Similarly, ECCQ's Love Health Team has developed its own training manuals for bilingual community health workers to ensure they deliver high-quality services to the community. They also provide annual training to maintain and update workers' knowledge and skills around key health topics along with providing ongoing training opportunities to the bilingual community health workers.

Recently, True and ECCQ partnered with the Queensland Transcultural Mental Health Centre (QTMHC) to deliver tailored professional development for bilingual and bicultural workers in the health and community care sectors. Details of the event are provided in case study 4.

Case study 4

EMPOWERING VOICES: A Day for Bilingual / Bicultural Workers (True/ECCQ/QTMHC)

The tailored professional development training event, held in collaboration with the Queensland Transcultural Mental Health Centre (QTMHC) on 1 August 2024, addressed the needs and interests of bilingual and bicultural workers by offering workshops on trauma-informed practice, mental health, and the differentiation between language support and interpreting. Participants overwhelmingly found the sessions beneficial, with 83.33% strongly agreeing on the usefulness of the "Language Support and Interpreting Workshop," 100% strongly agreeing or agreeing on the "Mental Health and Wellbeing Workshop," and 100% strongly agreeing or agreeing on the "Trauma-Informed Care Workshop." Attendees highlighted the value of learning about self-care, trauma-informed care, and the role of bilingual workers in culturally appropriate services. Many requested more time for group discussions and suggested offering the workshops more frequently, emphasising their potential to enhance the skills and knowledge of bilingual and bicultural workers in providing effective services.

Tailored EAPs and psychosocial support

According to WorkSafe Queensland (2024), mental injuries can have significant impacts on workers, leading to increased claims and costs for employers, including potential WorkCover claims. By addressing these risks proactively through culturally appropriate mental health support, organisations can reduce the likelihood of psychological injuries and, in turn, lower their WorkCover liabilities.

Robust support systems and strategies are needed to mitigate the emotional demands of the job and help bilingual and bicultural workers manage stress and prevent burnout. Culturally safe and linguistically appropriate mental health support, such as tailored EAPs, would provide workers with assistance that aligns with their cultural understanding and practices. Offering structured, culturally appropriate organisational support, including regular supervision rather than informal catch-up meetings, would enhance this framework. These systems would also foster a stronger sense of belonging and value within the workforce. Providing mental health resources in workers' native languages would increase the effectiveness of the support, leading to improved job satisfaction, retention, and overall wellbeing. Consequently, healthcare providers would benefit from a more stable, healthy, and resilient workforce, better equipped to serve CALD communities effectively.

It is promising that QCC Round 2 funding will invest in the implementation of place-based psychosocial wellbeing activities and initiatives. Applications for the funding opened in March 2024,so it is too soon to assess the impact of this funding. However, there must be ongoing government investment in the mental health and wellbeing of bilingual and bicultural workers to enhance their mental health and mitigate the risk of work-related mental injuries, increasingly recognised as serious concerns in the workplace.

Conclusion

The bilingual and bicultural workforce has a positive impact on the health and community care sectors, bridging cultural and language gaps between service users and service providers. This results in better quality service delivery, improved outcomes and, consequently, higher levels of satisfaction with services provided. However, and consistent with the literature and experience in other jurisdictions, the project has also identified key challenges faced by the bilingual and bicultural workforce and challenges for the health and community care sectors.

Challenges for the workforce negatively affect their settlement experience due to financial insecurity and impacts on mental health and psychosocial wellbeing. In turn, challenges for the health and community care sectors in recruiting and retaining skilled staff to provide high-quality services to CALD communities are exacerbated. Further, the absence of appropriate support and protection for workers represents substantial risks to employers who have a duty of care to workers. Therefore, implementation of the projects' recommendations would benefit the bilingual and bicultural workforce, and the health and community care sectors in which they work. There are examples of good practice in Queensland and elsewhere that can and should inform the implementation of the report's recommendations.

Recommendations

Based on the findings of its research, and in consideration of the literature, the Bilingual Health Evaluation project has developed the following 10 recommendations. They reflect the discussion of key findings in this report and should be considered in that context.

1. The health and community care sectors, Jobs Queensland, and the Fair Work Commission formally recognise bilingual and bicultural workers as a distinct profession and skilled workforce.
2. Jobs Queensland co-design with key stakeholders a workforce toolkit and framework for bilingual and bicultural workers creating a clear definition of the workforce.
3. Jobs Queensland work with the health and community care sectors and relevant regulatory bodies to create a structured pathway for recognition of overseas qualifications in the health and community care sectors.
4. The Australian Government invest in the development of a national competency standards framework; and Jobs Queensland develop standards specific to Queensland's bilingual and bicultural workers, based on the national framework.

5. Jobs Queensland advocate for the Fair Work Commission to establish a minimum wage for the bilingual and bicultural workforce, independent of the Australian minimum wage, with appropriate recognition of its unique skills and responsibilities.
6. Health and community care sectors allocate consistent and ongoing funding for community-based bilingual and bicultural workforce programs, consistent with the Queensland Government commitment to 5-year default contract terms.
7. The health and community care sectors, in collaboration with relevant regulatory bodies, establish a monitoring and accountability mechanism to ensure that funds intended for bilingual and bicultural workers' wages and contracts are used as intended.
8. Jobs Queensland allocate funding to immediately establish a support network for bilingual and bicultural workers in Queensland and supports the creation of a national community of practice for these workers across sectors.
9. The health and community care sectors, and Jobs Queensland, allocate funding for tailored, ongoing professional development for bilingual and bicultural workers that can be recognised across the sectors.
10. The health and community care sectors establish tailored Employee Assistance Programs and psychosocial support for the bilingual and bicultural workforce.

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Appendices

Appendix 1: Project reference group and key stakeholders

Project reference group

Akrim Mahouachi Dragos Ileana	Queensland Transcultural Mental Health Centre
Alina Ielenko Ally Wakefield	Mater Refugee Health
Dr Amanda Bowden	Ethnic Communities Council of Queensland
Aurore Pascaud Sharon Were	World Wellness Group
Elham Monsef	Brisbane South PHN
Janet Mhindurwa	Multicultural Australia
Dr Kumchong Lee	University of Queensland
Mercy Moraa Nyanchoga	Queensland Health
Moji Khakbaz	True Relationships and Reproductive Health

Key stakeholders

Key stakeholders contributed to the development and implementation of the project in various ways. Individual key stakeholders are listed in alphabetical order of last name, followed by a list of key stakeholder organisations, also listed in alphabetical order.

Individual key stakeholders

1. Deka Ahmed
2. Patricia Avila
3. Alex Clements
4. Alisa Cork
5. Dr Ignacio Correa Velez
6. Hong Do
7. Kenny Duke
8. Zhihong Gu
9. Muan Hlui
10. Brooke Hutchison
11. Nera Komaric
12. Jasmine Philips
13. Donata Sackey
14. Nelly Siles
15. Imogen Smith
16. Dr Karen Struthers
17. Lisa Ward
18. Rebecca Wells
19. Kate Wickson
20. Sara Yusef

Organisational key stakeholders

- Arafmi Culture Care
- Brisbane Korean Community Association
- cohealth
- DiversiCare
- Metro South Health
  Health Equity & Access Team
- Multicultural Australia
- Multicultural Centre for Women's Health
- Multicultural Nurse Navigators /Multicultural Liaison Officers
- Queensland Health Disability & Multicultural Health Unit
- Queensland Transcultural Mental Health Centre
- Refugee Network Queensland/ Mater Refugee Health
- Settlement Services International (SSI)
- True Culturally Responsive Health Advisory Group
- West Moreton Health Multicultural Mental Health Coordinator
- World Wellness Group

Appendix 2: Glossary

Bilingual worker: A professional fluent in two languages who provides language and cultural support in healthcare or community care settings. Some workers may be proficient in more than two languages.

Bicultural worker: A professional with knowledge and understanding of two cultures, typically providing services that bridge cultural differences between health and community care providers and culturally diverse communities.

Note: There is ongoing debate about defining this workforce, as the terms, positions, responsibilities, and roles can vary depending on the specific goals of each project or program and its target audience. In this report, two terms—bilingual worker and bicultural worker—are used as umbrella terms, encompassing a range of skills such as language proficiency, cultural knowledge, lived experience, specialized health knowledge, and community connections, among others. It is important to note that this workforce is distinct from health professionals who are bilingual.

Various role titles could fall into this workforce, including bilingual community health workers, bilingual health educators, bicultural workers, cultural consultants, multicultural health workers, multicultural peer support workers, multicultural support workers, multicultural nurse navigators, multicultural liaison officers, G11 consultants: community representatives, multicultural support officers, cultural support workers, refugee nurses, multicultural mental health workers, refugee health workers, and more. For the purposes of this report, the terms bilingual and bicultural workers will be used to encompass these role titles.

Career pathways: Structured opportunities for professional advancement, providing a clear route for workers to progress to higher-level positions or specialisations.

Community of Practice (CoP): A group of professionals who share a concern or passion for a specific field and engage in ongoing learning and collaboration to improve their skills and outcomes.

Competency-based training: A structured training model focused on developing specific skills and competencies required for effective job performance.

Culturally and linguistically diverse (CALD): A term used to describe individuals and communities whose cultural background or language differs from that of the broader population.

Health literacy: The ability of individuals to understand their health and to access, comprehend, and use information related to health and healthcare in order to make informed decisions about their well-being.

Mapping project: An initiative aimed at identifying, analysing, and visualising the distribution, roles, and relationships of specific groups, resources, or activities within a particular context or sector, to inform planning, decision-making, and resource allocation.

Multilingual: A person who can speak and understand more than two languages fluently.

Professional development: Training, educational programs, and learning activities designed to enhance the skills, knowledge, and expertise of workers. These initiatives may include workshops, courses, conferences, mentoring, job shadowing, and on-the-job training, aimed at supporting both personal and career growth. Professional development helps workers stay current with industry trends, adopt new technologies, improve job performance, and prepare for career advancement. It can be tailored to individual needs or organisational goals, and often includes mentorship and job shadowing opportunities to provide hands-on learning and real-world experience.

Workforce planning: The process of analysing and forecasting workforce needs to ensure that an organisation or sector has the right people with the right skills in the right roles.

Appendix 3: National online survey

Bilingual Health & Community Care Workforce Survey

Thank you for taking the time to participate in our survey. Your feedback is incredibly valuable to us as we strive to understand the enablers and barriers for the bilingual health workforce in the health and community care sectors.

The Bilingual Health Workforce Evaluation Project is funded under the Queensland Care Consortium, with the aim of attracting and retaining workers in the health and community care sector. The data collected in this survey will be presented in a project report, and the findings will be disseminated to stakeholders. For more details about the project, please visit https://jobsqueensland.qld.gov.au/current-partnerships/queensland-care-consortium/.

Please note that this is an anonymous and voluntary survey, all information provided will be kept **confidential,** responses will be aggregated for reporting and any identifying components of open-ended questions will be removed for reporting.

1. What is your job title? (If you work at more than one organisation, please select all that apply)

    - Bilingual/bicultural/multicultural worker (as described in job description
    - Bilingual health practitioner/professional (Use bilingual skills part of your job)
    - Other

2. What is your age group?

    - Under 30
    - 31 - 40
    - 41 - 50
    - 51 - 60
    - Over 60
    - Prefer not to say

3. What's your gender

    - Male
    - Female
    - Non-binary
    - Prefer not to say
    - Other

4. What is your postcode?

5. How many jobs do you have?

6. If you have more than one job, what are the reasons?

7. How long have you been in your current organisation or main place of employment?

    - Less than 1 year
    - 1 - 2 years
    - 2 - 3 years
    - 3 - 4 years
    - 4 - 5 years
    - More than 5 years

8. What is your working arrangement?

    - Full time
    - Part time
    - Casual
    - Contract/external
    - A combination of the above

9. How strongly do you agree or disagree with the following statement regarding career opportunities? (if you work at multiple organisations, please provide an average response)

	Strongly agree	Agree	Neutral	Disagree
There are opportunities for professional growth	○	○	○	○
My organisation is dedicated to my professional development	○	○	○	○
My organisation offers job-related training	○	○	○	○
There are opportunities for me to apply my talent and expertise	○	○	○	○
There are career progression pathways within the sector	○	○	○	○

10. How strongly do you agree or disagree with the following statements around your work?

	Strongly agree	Agree	Neutral	Disagree
I think my bilingual skills have positively impacted the community members I work with	○	○	○	○
My job gives me a feeling of personal accomplishment	○	○	○	○
	○	○	○	○
I feel motivated to contribute more than what is normally required at work	○	○	○	○
I am satisfied with my job	○	○	○	○
I would recommend my sector as a great place to work	○	○	○	○
I am proud to tell others I work for my organisation	○	○	○	○
I keep my work stress at an acceptable level	○	○	○	○
I receive regular guidance and feedback from my supervisor/manager	○	○	○	○
I receive the appropriate level of psychosocial wellbeing support from my organisation (e.g. Employee Assistance Programs, Mental Health First Aid Training, Flexible Work Arrangements, Managerial Support and Training Wellness Initiatives)	○	○	○	○

11. How strongly do you agree or disagree with the following statements around pay and benefits?

	Strongly agree	Agree	Neutral	Disagree
I am paid well for the work I do	○	○	○	○
I feel my pay is fair compared with people in similar roles in other organisations	○	○	○	○
My pay is linked to my performance	○	○	○	○
My current working hours are sufficient to generate the income I need	○	○	○	○
I feel underemployed for my qualifications	○	○	○	○

12. Which of the following statements best reflects your current thoughts about working in the health and community care sectors?

    - I want to leave my position as soon as possible
    - I want to leave my position within the next 12 months
    - I want to stay in my position for the next two years
    - I want to stay working in my position for at least the next three years

13. What best describes your reasons for leaving the sector? (select all that apply)

    - I am planning to retire
    - I am applying for/have applied for new roles in other sectors
    - My contract and employment has/will be ended
    - I am no longer learning in my current job
    - I am feeling undervalued in my current job
    - I am struggling to see how I can progress n the sector
    - My relationship with my supervisor and colleagues are not working for me
    - I am seeking a work/life balance that works for me
    - Other

14. What motivated you to continue to work?

15. Do you have any suggestions for what your organisation can do to support your career pathway?

16. Any final comments?

17. Please provide your mobile number if you would like to enter the prize draw. (You could be a winner of 1 of 3 x $100 e-gift card vouchers).

Interview Questions for Employees
Bilingual Workforce Impact 1. What do you think the impact of the bilingual health workforce in the health and community care sector is? What contributions do they make? And are their contributions well-recognised and appreciated by community members or the sector? 2. What challenges do you think bilingual workers might face in this field? What is your biggest challenge(s) in your current role (if you have any)? 3. Have you heard any impact stories from community members that showcase how bilingual workers in health and community care have made a difference?
Career Pathways 4. Can you tell me about the journey that you took to get to your current position? 5. Are you aware of any current career pathways available to bilingual workers in similar roles to yours? Do you know whether there are options to 'move up (advance)' in your career within your organisation or in this sector? 6. If you had the power to create career pathways for bilingual and bicultural health workers, what would they look like? What impact do you think this would have on the workforce, the sector and communities?
Professional Development 7. Have you undergone any professional training in the past 12 months? If so, could you share your experience? 8. Is there a specific type of professional training you would be interested in attending? If yes, can you provide more details? 9. Would you be willing to invest in targeted professional training? If so, how much financial resources are you willing to allocate for it, and how much time can you dedicate to the training? 10. Do you as a bilingual worker benefit from regular supervision? Why or why not? 11. Do you require other kinds of ongoing support for your role, and by extent career development? If yes, what kind of support do you need?
Attraction and Retention Strategies 12. In your opinion, what drives individuals to join the health and community care workforce (especially, the bilingual and bicultural workforce)? Could you please elaborate?

13. What factors, in your opinion, influence individuals to remain in the health and community care sector? Could you please elaborate?
Community of Practice 14. Can you explain what you understand about Community of Practice? 15. In your opinion, would creating a Community of Practice be beneficial for the bilingual and bicultural workforce? Why or why not? 16. Do you think it's possible to set up a Community of Practice? Why? Why not? How should it be structured? (e.g. location, state, etc.) Would you attend? What would make it easier for you to attend?
Psychosocial well-being 17. How do you prioritise self-care in your daily routine, especially considering the challenges that may arise in the health and community care sectors? 18. How do you manage stress and maintain your mental well-being in the demanding field of health and community care? 19. Are there any existing support systems or resources in your workplace that focus on the psychosocial well-being of employees? If yes, how effective do you find them? If no, then what type of support do you think should be made available?

Interview questions for employers
1. What is your job title and organisation? 2. Approx. How many bilingual and bicultural workers do you employ? What are their focuses: health, community care, disability, or settlement? 3. In your opinion, in what ways, do bilingual and bicultural workers add value to your organisation/the sector? 4. Are there other ways, bilingual and bicultural workers could add value to your organisation/the sector which are currently not utilised?
Professional Development and Career pathways 5. What skill sets do you look for in bilingual and bicultural workers? Do you assess any of these skills if so and how? 6. Do you provide targeted professional development opportunities for your bilingual and bicultural workers? Why/why not? Please describe. 7. Please describe the career development and progression pathways available to bilingual and bicultural workers in your organisation. 8. Do you provide supervision to bilingual and bicultural staff? How often? 9. How does your organisation provide psychosocial well-being support to bilingual and bicultural workforce?
Community of Practice 10. In your opinion, what are the possible benefits of a community of practice of bilingual and bicultural workers? What components? 11. Would you pay your bilingual and bicultural workers to attend a community of practice event? How often, how long it should be? How does it look like? (For instance, 2 hours per quarter) 12. In your opinion, would national standards for bilingual and bicultural workers benefit the workforce? What kinds of skills should be included/covered in competency standards for the bilingual and bicultural health and community care workers?
General workforce/industry 13. In your opinion, what strategies or initiatives do you believe would encourage employers to increase their bilingual and bicultural workforce? 14. Do you have any suggestions about creating new career progression pathways for the bilingual and bicultural workforce in the industry?

Interview Questions for Community Members/Leaders
1. How satisfied are you with the bilingual health and community care services you've used? Could you tell us why you feel that way?
2. How do you think having workers who speak different languages helps make healthcare or community life better? Can you give us an example of how it's made a difference?
3. What do you think could be done to make bilingual health and community care services better in Queensland? Can you share any ideas based on your own experiences?
4. How can workers who speak different languages do a better job of understanding and helping different communities? Can you tell us about a time when this worked well?
5. Are there things healthcare workers should know to give better care to people from different backgrounds? Can you give us an example to explain?
6. How easy is it to find information about bilingual health and community care services in your community? Can you describe your own experiences?
7. Do you feel like healthcare workers who speak different languages understand and respect your culture and preferences? Can you share any examples?
8. How can we encourage more people from different communities to work in bilingual health and community care? Do you have any ideas or stories that could help?
9. How well do you think healthcare workers listen to feedback and suggestions from community members about bilingual health and community care services? Can you give an example to explain your answer?

Online survey respondents (n=115)

Category	Subcategory	Percentage
Age	Under 30	19%
	31-40	30%
	41-50	25%
	51-60	17%
	Over 60	8%
	Prefer not to say	1%
Gender	Female	79%
	Male	18%
	Non-binary / Prefer not to say	3%
Employment Type	Full-time	22%
	Part-time	27%
	Casual	42%
	Contract or External	4%
	A combination of the above	5%
State of Residence	Queensland (QLD)	46.36%
	New South Wales (NSW)	40.91%
	Victoria (VIC)	12.73%
	Blank/Others	4.55%
Number of Jobs Held	One	67%
	Two	27%
	Three or more	6%
Duration of Employment	Less than 1 year	22%
	1-2 years	27%
	2-3 years	11%
	3-5 years	16%
	More than 5 years	24%

Individual interview participants (n=22)

ID	Age Bracket	Gender	Country of Origin
Employee 1	30-50	Female	Iran
Employee 2	Over 50	Male	Solomon Islands
Employee 3	30-50	Female	Mainland China
Employee 4	30-50	Female	Australia
Employee 5	30-50	Female	Somalia
Employee 6	18-30	Male	Afghanistan
Employee 7	30-50	Female	South Korea
Employee 8	30-50	Female	Iraq
Employee 9	18-30	Female	Somalia
Employee 10	18-30	Female	Somalia
Employee 11	Over 50	Female	Myanmar
Employee 12	Over 50	Male	Vietnam
Employee 13	Over 50	Female	Colombia
Employer 1	30-50	Female	Vietnam
Employer 2	Over 50	Female	Australia
Employer 3	Over 50	Female	Italy
Community Member 1	30-50	Male	South Korea
Community Member 2	30-50	Female	Iraq
Community Member 3	30-50	Female	Mainland China
Community Member 4	Over 50	Female	Iraq
Community Member 5	Over 50	Female	Iraq
Community Member 6	Over 50	Female	Iraq