

Minister for Local Government; Heritage; Citizenship and Multicultural Interests

Your Ref: EH303 Our Ref: 38-07775

Dr J M Woollard MLA Chairperson Education and Health Standing Committee Parliament House 4 Harvest Terrace WEST PERTH WA 6005



Thank you for your correspondence dated 16 November 2011 requesting a written response on the progress of the Office of Multicultural Interests (OMI) to recommendations made in the report, *Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs*. I note that you have requested as much information as possible on each matter, and the location in the Government's budget where new initiatives, which flowed from the Committee's report, appear.

OMI provided comment on recommendations 6 and 7. Comments were directed at policy and program development within the Department of Health and the then Department of Education and Training. OMI does not have a specific role in progressing the recommendations. OMI has, however, established some initiatives that are relevant to these recommendations and these are detailed in the attached matrix.

Thank you for your invitation to attend a hearing to discuss the Government's responses to the Committee report. The date of Wednesday, 16 March 2011 is preferred. Ms Jennifer Mathews, Director General, Department of Local Government and Ms Maria Osman, Executive Director, Office of Multicultural Interests will also attend. Please note, however, that as Parliament will be sitting, I may be required to submit my apologies.

Yours sincerely

MINISTER FOR LOCAL GOVERNMENT; HERITAGE;

CITIZENSHIP AND MULTICULTURAL INTERESTS

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Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs

	Additional community migrant health nurses and greater access to child development and language services should be provided in those Western Australian communities with high concentrations of refugees and Culturally and Linguistically Diverse (CaLD) members. Children who are suspected of having language difficulties in Year 1 should be able to access Department of Health speech and language services. Government services should also be available to address the needs of CaLD children with language difficulties detected beyond Year 1.	RECOMMENDATION
	DEPARTMENT Department of Health	RESPONSIBLE
	Child health screening programs need to be adapted to community needs. Increased resources and improved partnerships are required to allow better access to services.	ISSUE
• Linking the DET and DOH programs for CaLD communities.	It is recommended that policy and program development by the Department of Health (DoH) and Department of Education and Training (DET) in response to the recommendations take into consideration the needs of CaLD communities, particularly humanitarian entrants with low English language and literacy levels and include these groups in consultation and service delivery. Collaborate with Commonwealth funded settlement service providers of the Integrated Humanitarian Settlement Strategy and Settlement Grants Program to successfully transfer clients from Commonwealth managed programs to State services. Additional community migrant health nurses with bi-lingual skills and/or who are from CaLD backgrounds, specifically new and emerging communities. Coordinate monitoring and assessment of screening results for CaLD families, as a group. Referral to additional community based literacy and language support programs. Greater use of interpreters, translated materials and community leaders to identify needs. Cultural competence training of community migrant health nurses and staff working with CaLD communities.	OMI COMMENT
Integrated Services Centres (ISCs) In March 2007, in response to the complex needs of African humanitarian entrants and based on recommendations made in 2005 by an Across-Government Working Party on Settlement Issues for African Humanitarian	Inter-agency Settlement Group In 2009, OMI established an Inter-agency Settlement Group (ISG) to improve co- ordination between the Commonwealth and the State in the provision of settlement services to humanitarian entrants. The ISG is chaired by the Director General of the Department of Local Government, Ms Jennifer Mathews. Agencies currently represented on the ISG include the State Departments of Health; Housing; Education; Training and Workforce Development; and Child Protection and the Federal Departments of Immigration and Citizenship; Families, Housing, Community Services and Indigenous Affairs; Health and Ageing; and Centrelink. Language Services Publications OMI developed two brochures and a WA Interpreter Card for the community and State Government agencies, providing key information about the Language Services Policy 2008. The on-line version of the community brochure was translated into ten languages (Arabic, Karen, Chinese, Dari, Dinka, Italian, Polish, Serbian, Swahili and Vietnamese.) Cultural Competency Training OMI is developing a cultural competency training package for use by public sector agencies.	OMI ACTIONS

and Citizenship (DIAC). and siblings. Health in March 2010. October 2009.

Entrants, OMI initiated an integrated model of English Centres (IECs) and to their parents students who attend the schools' Intensive Primary Schools and provide services to most critical needs of humanitarian entrants. Departments of Health and Education. The service delivery in partnership with the ISCs are a one stop shop addressing the They are located at Parkwood and Koondoola

managed by the Department of Immigration Commonwealth Government's Integrated month eligibility period for access to the people and children who are beyond the sixhumanitarian entrants, including adults, young Humanitarian Settlement Strategy (IHSS) The target group for the project is

family group. The Department of Health's Infant Child Adolescent and Youth Mental psychologists and the ability to address the entrant children are enhanced through the Community Liaison Workers and Community and non-government agencies and include Services are provided by a mix of government Health Service (ICAYMHS) took carriage of Health Nurses. Services to humanitarian mental health specialists, Multicultural the mental health program for both ISCs from integrated model, access to school needs of children within the context of the

Administrative responsibility for the ISCs was transferred from OMI to the Department of

DEPARTMENT Lack of services to provide torture and trauma counselling for the needs of CaLD communities, particularly humanitarian entrants with low English language and literacy levels and include these groups in consultation and service delivery. At present there are four major multicultural mental health services within the community sector funded by DoH. These are: Association of Services to Torture and Trauma Survivors, Fremantle Multicultural Health Service. The recommendation is for funding to be increased to one organisation, however a greater portion of community organisations.
It is recomme development the recomme the needs of humanitarian language and groups in con At present the mental health sector funded Association of Trauma Survicentre, Ishar Women's Health Service funding to be however a grammembers we organisations
It is recommended that policy and program development by DoH and DET in response to the recommendations take into consideration the needs of CaLD communities, particularly humanitarian entrants with low English language and literacy levels and include these groups in consultation and service delivery. At present there are four major multicultural mental health services within the community sector funded by DoH. These are: Association of Services to Torture and Trauma Survivors, Fremantle Multicultural Centre, Ishar Multicultural Centre for Women's Health and Transcultural Mental Health Service. The recommendation is for funding to be increased to one organisation, however a greater portion of community members would benefit if any funding increases were distributed across all four organisations.