Public Health Association of Australia
submission on strengthening multiculturalism

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Introduction
The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association. All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population
A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia
As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
**Preamble**

PHAA welcomes the opportunity to provide input to the Senate Committee Inquiry into strengthening multiculturalism in Australia. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

**PHAA Response to the Inquiry Terms of Reference**

Australia is a successful democracy and a multicultural, pluralistic and free society. The Australian Constitution, and federal, state and territory laws promote a shared Australian culture of inclusion and respect. Australia is also an immigrant nation that has taken in waves of immigrants and refugees since World War II.

Australia is protected by international instruments which Australia has ratified: The 1948 United Nations Universal Declaration of Human Rights, especially article 18 (1); the 1966 International Covenant on Civil and Political Rights (2); the 1981 Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief (3) and the Convention on the Rights of the Child (4), all of which oblige us to protect the rights of all citizens in our multicultural society.

Australia is founded on many underlying Indigenous cultures and its status as an immigrant nation, and is already a culturally and linguistically diverse nation. This diversity has brought social and economic benefits to the country and provided it with connection to the global world. (5)

**History of multicultural policy in Australia**

Since the late 1970s in response to the diversification of the migration program, Australian government services became accessible to all Australians eligible for them, and attempted to deliver equitable outcomes.

1973: The term multiculturalism was used in an official Australian government policy statement for the first time. (6)

1977: The Australian Ethnic Affairs Council, appointed by the Prime Minister, produced the report *Australia as a Multicultural Society*, and in doing so, first defined Australian multiculturalism. (7)

1978: The Review of Post-Arrival Programs and Services to Migrants report included the following principles:

  a) All members of our society must have equal opportunity to realise their full potential and must have equal access to programs and services;
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b) Every person should be able to maintain his or her culture without prejudice or disadvantage and should be encouraged to understand and embrace other cultures;

c) The needs of migrants should, in general, be met by programs and services available to the whole community but special services and programs are necessary at present to ensure equality of access and provision;

d) Services and programs should be designed and operated in full consultation with clients, and self-help should be encouraged as much as possible with a view to helping migrants to become fully self-reliant quickly. (8)

1979: The Australian Institute of Multicultural Affairs (AIMA) was established through an act of parliament, to raise awareness of cultural diversity and promote social cohesion, understanding and tolerance.

1986: Office of Multicultural Affairs established in the Department of Prime Minister and Cabinet, replacing the AIMA.

1989: The National Agenda for Multicultural Australia was produced and identified three rights and three obligations as fundamental principles of multicultural policy:

- **Rights:**
  - Cultural identity (expressing and sharing one’s individual cultural heritage, including their language and religion);
  - Social justice (equality of treatment and opportunity, and the removal of barrier of race, ethnicity, culture, religion, language, gender or place of birth)
  - Economic efficiency (the need to maintain, develop and utilise effectively the skills and talents of all Australians)

- **Obligations:**
  - To have an overriding and unifying commitment to Australia, to its interests and future first and foremost;
  - To accept the basic structures and principles of Australia;
  - To accept that the right to express one’s own culture and beliefs involves a reciprocal responsibility to accept the right of others to express their views and values (9)

1994: National Multicultural Advisory Council (NMAC) established to review and update the Agenda.

1999: NMAC produced the report *Australian Multiculturalism for a New Century: Towards Inclusiveness*. This report recommended a retention of and strengthened commitment to multiculturalism. (10)

2003: The National Agenda was updated through the policy statement *Multicultural Australia: United in Diversity*, which included a commitment to the Council for Multicultural Australia. (11)
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2008: Australian Multicultural Advisory Council (AMAC) established to provide advice to Government on ‘practical approaches’ to promoting social cohesion and overcoming racism and intolerance through positive engagement with diversity.

2010: The Australian Multicultural Advisory Council’s statement on cultural diversity and recommendations to government, The People of Australia, was released and included recommendations on the importance of ensuring equal access to services for all Australians, the need to tackle discrimination, prejudice and racism, and the need to provide opportunities to all members of Australia’s population for participation in community life. (12)

Based on these national statements and recommendations, all Australian states and territories had established policies and organisations for multiculturalism issues by the 1990s, however, there is variation in approaches, and policy structures, ranging from legislative principles statutory bodies and mandatory reporting requirements to policy statements. (13)

Services

Australian Government services for people from culturally and linguistically diverse backgrounds are delivered through a diverse range of mechanisms, including funding partnerships with state and territory governments and contracted service providers. The variability in service delivery arrangements inevitably leads to variability in commitment, engagement strategies and performance including issues such as responsiveness to and communication with clients, approaches to the use of languages other than English on websites and written materials and use of interpreters. The complex arrangements for the delivery of services may contribute to a lack of clarity around policy and its application, and what agencies are required to do. Whole-of-government guidelines supporting policy and service delivery may assist in improving clarity of these issues. (14)

People from culturally and linguistically diverse background are disadvantaged in certain areas when compared to the mainstream Australian population. Migrants and refugees face issues of social exclusion including discrimination, employment barriers, housing issues, difficulties in passing the higher level Australian citizenship test and unmet need for culturally appropriate aged care. (14) Specifically the following groups below face further isolation, exclusion and discrimination.

Refugees and humanitarian entrants

Refugees and humanitarian entrants come from a wide variety of countries and backgrounds, and experience heavily disrupted personal circumstances with respect to education, employment and family life, reflecting either flight from the country of persecution, tenuous temporary stay in a country of first asylum or many years in a refugee camp under the auspices of the United Nations High Commissioner for Refugees. Many have suffered trauma arising from their circumstances. All of these elements combine to severely hamper effective interaction with government services. (14)
Visibly different migrants

Diversity of immigration intake has increasingly brought visibly different communities to Australia, who may be reluctant to engage with the Australian Government and its service providers due to issues such as those referred to above. This reluctance will be compounded if the migrant perceives that they are subject to racism and discrimination in their dealings with government. (5)

Newly arrived communities and individuals with low levels of knowledge of the Australian system

Some newly arrived migrant communities experience difficulty in interacting with the Australian Government arising both from cultural differences in the societies from which they come, and also a complete unfamiliarity with the Australian system of government and administration.

Cultural differences may include norms that prohibit seeking support outside the family (especially for women and children), traditional gender roles that may make men reluctant to engage with certain services, fear of authorities based on country of origin experience, and attitudes to health and mental health.

Language barriers complicate these issues where services assume or require proficiency in English and some knowledge of our systems to, for example, access and navigate internet based services and requirements, and complete paperwork. (14)

Research

Some outcomes for migrants may be influenced by cultural or linguistic barriers. This is often difficult to discern, and accurate statistics are required as a starting point. The Australian Bureau of Statistics Standards for Statistics on Cultural and Language Diversity were released in 1999 and are an important resource for the collection of standard and comparable information in this area. (15)

Research from multiple surveys since 2006, [Australian Social Inclusion Board data, the 2006 Census, the 2006 Adult Literacy and Life Skills Survey, the 2011 Australian Survey Research study on the Settlement Outcomes for New Arrivals (SONA)]. (5, p27), illustrate that some outcomes for migrants are influenced by cultural or linguistic barriers.

Australian social research has also provided some indication of the extent of social exclusion experienced by people of culturally and linguistically diverse backgrounds in Australia:

- There is a relationship between exposure to racial and religious discrimination and poor mental health, in particular, instances of depression (5,14)
- Two in every 5 people from non-English speaking backgrounds reported experiencing instances of discrimination
- Higher levels of discrimination have been directed at Australians from Muslim, Middle Eastern, African and Asian backgrounds
The unemployment rate in November 2013 for recent migrants was 7.0% compared with 5.4% for people born in Australia. (16)

Conclusion

The PHAA supports the role of the Australian Multicultural Council in monitoring access and equity performance of government agencies. Human rights are complex and cannot be considered in isolation. PHAA advocates applying the human rights framework to the social, cultural and political context of diverse populations to prevent human rights violations, and promote concern for the rights of diverse individuals. A major contributor to contemporary violations of human rights (including to freedom of religion and belief) is the rise of xenophobia and various forms of ‘tribalism’ (based variously on nationality, ethnicity, religion or cultural tradition). We endorse a reinvigorated national multicultural policy as the appropriate framework and necessary first step, in ensuring that migrant, refugee and culturally diverse communities are valued and included in all spheres of Australian society. The PHAA also affirms the Australian Government’s commitment to Multicultural Australia, and its response to the Access and Equity Inquiry with a new commitment to Multicultural Access and Equity, respecting Diversity and improving Responsiveness. (17)

Multicultural policy has been a feature of Australian society since the late 1970s, however, as discussed above, inequalities still exist. The Social Inclusion Agenda may prove a valuable framework through which to address some of these inequalities.

The recent World Congress on Public Health convened in Melbourne in early April 2017 addressed many aspects of public health in a multicultural context and acknowledged priorities as set by the World Health Organization. We would urge that this submission be considered in conjunction with the outcomes of this Congress.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the strengthening of multiculturalism in Australia. Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

19 May 2017
References

   tralia.pdf Accessed 15 May 2017
   and-multicultural-affairs/programs-policy/a-multicultural-australia/national-agenda-for-a-multicultural-
   australia Accessed 19 May 2017
    or_a_new_century_towards_inclusiveness.pdf Accessed 19 May 2017
   011/11rp06 Accessed 16 May 2017
   f Accessed 16 May 2017
   response.pdf Accessed 16 May 2017