

Equal Disappointment Opportunity? Summary of Recommendations

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A Report to the Department of Community Services on Programs for Immigrants and Their Children

Summary of Recommendations

R 5.1 The Department in conjunction with the Office of Multicultural Affairs and the Policy Co-ordination Unit, should review current projections of the numbers of immigrant elderly, in the light of new data on age standardised mortality ratios for immigrant communities.

R 5.2 In the light of the findings of R 5.1, the Department should modify the current strategies for the ethnic aged recommended in the Ethnic Aged Working Party Report to ensure that at least fifty percent of the immigrant elderly in need of hostels and nursing homes have access to facilities which are "ethnospecific".

R 5.3 The Dementia Sub-Program should be reassessed in conjunction with the HACC and Residential Programs to ensure that likely increases in the need for special accommodation services by sufferers and their carers are recognised, and that immigrant carers are not expected to struggle on in "the community" with deleterious consequences for their own psychological health.

R 5.4 The Department should investigate the level, type and range of disabilities, and the

projected changes among the immigrant elderly as a matter of priority, and do so in liaison with major consumer and service provider "mainstream" organisations. The data from this investigation should be fed into the projections in R 5.1.

R 5.5 The Department should redraft its Quality of Care Criteria to include guidelines on quality of life, to identify the practices necessary for service providers to pursue in relation to the immigrant elderly. Funded organisations should be required to prepare plans for Quality of Care with specified annual targets. Successful pursuit of these goals should be a criterion of refunding.

R 5.6 The Department in co-operation with the states should develop regional Immigrant Geriatric Planning Groups, composed of the Geriatric Assessment Teams, service providers, HACC co-ordinator, general practitioners, community nurses, and relevant ethnic organisations and workers, to plan the longer term development of services in nursing homes, hostels, respite care, alternative supported accommodation for the elderly, and to support the capacity of service providers to concentrate where appropriate on particular immigrant communities. The Group could also act as a medium to facilitate transfers and referrals where appropriate.

R 5.7 All Geriatric Assessment Teams should prepare Needs Surveys of their regions, and ensure that the teams contain people with expertise in working with the major local immigrant communities with significant numbers of elderly people. In addition expertise outside the team should be identified for other communities, which can be called on when necessary.

R 5.8 The Department should amend

current guidelines to allow the establishment of hostel type services in single shared houses or groups of houses, which are not required to have on-site wardens etc. This will require liaison with the Commonwealth Department of Housing and the states.

R 5.9 The Department should reactivate consideration of the AIMA proposal for Aged Program Development Officers to be attached to ethnic and other community organisations.

R 5.10 The Department should reassess current guidelines which restrict opportunities for "mixing" hostels with other services, so that smaller multi-purpose ethnic community projects can be developed.

R 5.11 The Department should investigate the opportunities for government operated innovative aged care accommodation programs for the immigrant elderly where existing service providers are unwilling to develop projects.

R 5.12 All funded services should be required to prepare and implement Equal Employment Opportunity and Affirmative Action Plans as a condition of funding.

R 5.13 Training manuals and programs for Inspectors of Nursing Homes should include workshop based exploration of quality of care, quality of life, and user rights issues for elderly immigrants.

R 5.14 The Department, in co-operation with state governments and service provider and consumer organisations, should ensure training programs are provided for service staff.

R 5.15 Quality of Care Criteria, including user rights and grievance mechanisms, should be enforced in assessments of "ethnospecific" services.

R 5.16 The proportion of respite care beds available on a regional basis should be increased, to a figure determined in consultation with the regional Immigrant Planning Group (under R 5.6); the availability of this service should be

widely advertised within immigrant communities and among ethnic organisations.

R 5.17 The Domiciliary Nursing Care Benefit should be increased to \$15 per day free of income tax (\$210 per fortnight), while carers in receipt of DNCB should be entitled to at least 12 hours per week respite relief care through HACC.

R 5.18 All Aged Care Advisory Committees should have at least two members (one of whom must be aware of the needs of immigrant women) drawn from organisations concerned with the needs of the immigrant elderly.

R 5.19 Current Needs based data should be amended to include the data on elderly Immigrants in receipt of Special Benefit or living on Assurances of Support.

R 5.20 The Department should develop and implement state based Strategic Plans for meeting the needs of the Immigrant elderly. These plans should be drawn up in consultation with all relevant program areas, and relevant ethnic, consumer and service provider organisations. The plans should be made public, amended if necessary and progress reported annually.

R 6.2.1 That programs funded under HACC, should as a condition of funding outline plans for promoting their services to people of non English speaking background.

R.6.2.2 That HACC funding encompass community workers with ethnic organisations, whose brief would include the investigation of the needs of aged and people with disabilities, and liaison with existing service providers.

R.6.2.3 That HACC program officers and HACC regional co-ordinators develop regional level and develop systems of ongoing consultation with these organisations. Such duties should be included in duty statements and job advertisements.

R.6.2.4 Issues which specifically affect

immigrants with disabilities and aged immigrants, as investigated by other program areas should be included in training sessions developed for HACC personnel.

R 6.3.1 That the Department of Community Services in conjunction with the Immigrant women's refuge workers' support group review the earmarking of positions in refuges for immigrant workers in line with the equal employment numbers policy of the women's refuge movement.

R 6.3.2 That DCS review the operation of ethnic workers' pools in order to establish the criteria for success.

R 6.3.3 That the SAAP funding guidelines be reviewed in order to incorporate the funding of preventative, follow-up, outreach and community work on issues concerning domestic violence for immigrant women.

R 6.3.4 That the Immigrant Women's Refuge Workers' Support Group be adequately resourced with an administrator/organiser whose job would be to support immigrant women workers in refuges, conduct surveys as to the numbers of immigrant women, develop training proposals and co-ordinate their implementation.

R 6.3.5 That DCS in conjunction with DIEA review the issues involved in access by refuges to emergency interpreters for women suffering domestic violence.

R 6.3.6 That DCS immediately fund the leaflet "A Safe Place" for translation into relevant community languages.

R 6.3.7 That DCS look to funding women's refuge referral centres and/or immigrant women's resource centres for the employment of co-ordinators of outreach community workers and follow-up workers with immigrant women who have left refuges.

R 6.3.8 That immigrant women be represented on all SAAP State advisory bodies.

R 6.3.9 That DCS fund special training programs for immigrant women workers in refuges.

R 6.3.10 All youth refuges should develop Equal Employment Opportunity plans as a condition of funding.

R 6.3.11 The Department should ensure that training programs on issues of Access and Equity are established and made available for workers in youth refuges.

R 6.3.12 The Department should develop an information strategy aimed at both first and second generation immigrant and refugee youth in co-operation with referral agencies and peak organisations.

R 6.3.13 The Department should develop "community" strategies for working with parents of second generation youth to address intercultural conflict issues which may lead to later need for refuge accommodation if left unresolved.

R 6.3.14 The Department should modify guidelines for youth refuges to allow SAAP funding to be used in conjunction with other program funding to meet the accommodation and broader needs of refugee minors, youth and young adults.

R 6.4.1 That the Department investigate the impact that increased fees have on access for children of non English speaking families to child care.

R 6.4.2 That greater accountability needs to be built into the funding of child care services so that the provision of culturally appropriate services becomes a condition of refunding.

R 6.4.3 That greater consultation needs to take place with immigrant communities on a regional and local level to assist in the planning of children's services.

R 6.4.4 That the Department investigate methods of extending centre child care hours

and providing the necessary funding.

R 6.4.5 That the Department should consult further with relevant educational authorities to develop an accessible child care program for non English speaking people taking vocational or English classes.

R 6.4.6 Multicultural resource units need to be established and extended to assist child care services in training staff and the development of multicultural programs.

R 6.4.7 That more funds should be directed towards increasing the availability of work based child care, long day care, sessional care, vacation care and occasional care. Funds should be directed away from family day care programs as they appear to be neither accessible to nor appropriate for non English speaking people.

R 6.4.8 That ethnic radio and press should be used to advertise the availability of children's services.

R 6.4.9 That the Department should not accept the proposals of the Peer Review of High Cost Centres that volunteers should be sought to cover administration, maintenance and ancillary care tasks.

R 6.4.10 That the Department should accept the proposal of the Peer Review of High Cost Centres that new centres could be co-sited with other relevant community services.

R 7.1 That a task force/working party on immigrants and disability be immediately established within the Department, drawing on outside experts, with a brief to recommend priority action in both Rehabilitation Services and Disability Services. The external experts on the Task Force should be remunerated where necessary. In the first instance the Task force should report progress to the Minister and Secretary within 12 months. It should look in particular at:

1. The low rate of referral and high rate of rejection in Rehabilitation

Services.

2. The implementation of the recommendations in the Three Year Plan of Rehabilitation Services (further reiterated in the Access and Equity Statements).

3. How the new philosophies of normalisation, the least restrictive alternative and deinstitutionalisation apply to people of non-English speaking backgrounds.

4. Initiatives taken within Rehabilitation Services for immigrants; it should critically assess these initiatives and disseminate the findings to all the states.

5. Barriers to ethnic organisations applying for funding for disability services.

6. Barriers within the guidelines for Rehabilitation Services which discriminate against immigrants

7. Contract compliance measures for funded organisations to ensure access by immigrants.

R 7.2 That senior management in Disability and Rehabilitation identify in each of the four sub-programs the key issues for immigrants with disabilities and furthermore, how each of these sub-programs will incorporate these needs.

R 7.3 That an extra position be created in Rehabilitation (Central Office) to handle access issues for immigrants - i.e. separate from the Women's Access Officer; that it be advertised externally.

R 7.4 That Senior Assistant Directors in Rehabilitation investigate problems with access to interpreters in their state, report to Central Office any difficulties and propose solutions to these difficulties where possible.

R 7.5 That Rehabilitation Central Office staff meet with relevant DIEA personnel with regard to problems with access to the Telephone Interpreting Service and Translation Services.

R 7.6 That where regionalisation of Rehabilitation Services requires the recruitment of new staff, sensitivity to issues of access and equity be identified in advertisements, particularly in those areas with high immigrant populations.

R 7.7 That funded organisations should be encouraged and resourced appropriately to provide multilingual information on various disabilities, in particular, those aimed at parents with children with developmental disabilities.

R 7.8 That staff training courses be compulsory for all staff in Rehabilitation and Disability Services on issues to do with immigrants and disability. Such training programs should particularly concentrate on an understanding of the immigration and settlement process. Training kits produced on the needs of immigrants and disability should be widely disseminated to all states and workshopped with staff in training sessions.

R 7.9 That Rehabilitation Services should liaise with the relevant tertiary institutions with regard to incorporating issues to do with immigrants, disability and rehabilitation in their curricula.

R 7.10 That Rehabilitation Services should review its guidelines with particular reference to notion of "substantial gain", in order that negative consequences for immigrants implicit in the guidelines are removed. Furthermore, in reviewing the guidelines, previous education and English language skills should not be deemed relevant when considering immigrants for sponsorship.

R 7.11 That following the example by South Australia, other states should investigate the possibility of running rehabilitation courses for immigrant women whose primary disability is psychiatric/psycho-social.

R 7.12 That the Office of Disability be requested to prepare a position paper on how it is incorporating the experience and needs of immigrants into its current and future operations.

R 7.13 That in the newly established/enlarged regional units within Rehabilitation Services, a needs survey be conducted of the local immigrant population and ethnic resources. Additional resources should be provided (e.g. staff or consultancy) to develop this material.

R 7.14 That rehabilitation workers liaise more directly with immigrant access workers in TAFE colleges with a view to helping immigrants gain sponsorship and gain access to special bridging courses.

R 7.15 That specific recommendations referring to immigrant women made in the report *Breaking in and Breaking Out* be referred to the task force for implementing the Three Year Plan.

R 7.16 That the Department sponsors research into experiences of disability and rehabilitation overseas. In particular, it should explore what might constitute culturally appropriate rehabilitation programs in Australia, culturally appropriate medical rehabilitation assessment and culturally appropriate services in the disability area in general.

R 7.17 That whenever an immigrant with a disability is rejected from rehabilitation and referred on to an ethnic agency, the decision should be reviewed by a senior member of staff to ensure the decision is correct and the referral appropriate.

R 7.18 That disability services investigate funding research into the incidence of children from non-English speaking backgrounds being labelled as learning disabled or slow learners. Such research could be carried out with the co-operation of a State Ethnic Affairs Commission and Departments of Education.

R 7.19 That Disability Services should solicit submissions for funding, from organisations concerned with working with immigrants with industrial injuries.

R 7.20 That Disability Services should consider publicity/marketing campaigns, in conjunction with suitable community organisations aimed at overcoming the myths in the community that immigrants with disabilities are malingerers, compo bludgers, etc, (as conveyed in the NSW Government Workcare advertisements).

R 7.21 That Disability Services should consult with organisations funded to help people with hearing impairments and/or visual impairments about the special difficulties of immigrants and/or their children with hearing and /or visual impairments.

R 7.22 That Disability Services reviews the funding of ethnospecific services for people with disabilities, in particular, those providing sheltered work. At the same time they should ascertain whether the new innovation projects, which seek open employment for people with disabilities, take account of immigrants.

R 7.23 That peak organisations funded by DCS should report to the Department on how they are incorporating the needs of immigrants in their services.

R 7.24 That handbooks produced by DCS for service providers should always incorporate a discussion of the needs of immigrants. Resource books relating to the implementation of the Disability Services legislation should also be geared to the needs of immigrants.

R 7.25 That Disability Services meet with DIEA in order to ascertain which department is responsible for funding disability peak organisations which have applied for staff to work with immigrants.

R 7.26 That Rehabilitation Services should initiate courses for immigrants with disabilities in areas to do with rights, such as the Workers'

Compensation System, Social Security System, Anti-discrimination legislation. Where appropriate, material should be made available in community languages on audio cassette (including Individual Program Plans).

R 7.27 That Rehabilitation Services should explore innovative methods of peer counselling for immigrants with disabilities.

R 7.28 That multilingual information be produced on both Rehabilitation Services and funds available through Disability Services for community organisations. This should include special programs such as the 'attendant care' program.

R 7.29 That regional rehabilitation units identify local alternative health care providers and traditional healers within immigrant communities as resources for the rehabilitation process.

R 7.30 That the Department release in full the report Breaking In and Breaking Out (H Meekosha), in light of its coverage of issues concerned with the rehabilitation of immigrant women with disabilities.

R 9.1 The Department, over the joint signatures of the Minister and Secretary, issue a detailed position statement on its role in a multicultural society, its goals, and its commitment to the allocation of significant resources to pursue these goals. The Mission Statement of the Department should be amended by the addition of:

The Department is committed to policies which ensure that all consumers have access to appropriate services which they can afford. People of non English speaking background have the right to services which are explained to them in their own language and which cater to their preferences. Overall the Department is concerned to ensure that people of non English speaking background have greater control over the services they need in order to ensure those services do meet their needs. All community services should be able to respond to the preferences of their clients and guarantee their clients an

effective voice in determining their priorities.

R 9.2 The senior management group require Division Heads to prepare 3 year plans for the implementation of this policy. The Plans are to be made public. Division Heads should report each six months to senior management groups on success in implementation. These reports should be made public.

R 9.3 Access and Equity policies and implementation strategies be widely circulated to all staff, and be placed as a continuing item on the agenda of state management committees. Management should also ensure that the issues are regularly raised in joint consultative councils with staff representatives as part of the industrial democracy procedures.

R9.4 Inter and intra Division workshops should be organised to allow staff to share experiences across programs and sub-programs on "solutions", such as "supps" workers, ethnic worker pools, the use of interpreters, training packages etc.

R9.5 A regular "pull-out" supplement to the Community Services In-house Newsletter should be developed, reporting on innovations, successful and unsuccessful strategies, experiences of developing projects etc, in responding to immigrant committees. This supplement would be the responsibility of the Central Office Immigrant Access Action Team in co-operation with designated state program I.A.A. officers.

R 9.6 DCS program and sub-program summaries, and innovations (such as the Attendant Care leaflet) be prepared in Plain English, and translated into major community languages. These translations should be made available to all the relevant funded organisations, state government outlets, through DIEA contact lists, and to the ethnic media, and be available on audio cassettes for immigrants with visual impairment.

R 9.7 Existing projects to publicise programs and services which are awaiting

translation, should be funded immediately. These include the DACA handbook, women's refuge leaflets etc.

R 9.8 User Rights material should be provided in Plain English and translated for distribution as in R 9.6.

R 9.9 The Publicity Section should be upgraded with at least 30% of staff allocated to developing and circulating material on "ethnic needs". Publicity personnel should be trained in working with the ethnic press and radio. At least 30% of the publicity budget in every program area should be directed towards communication with people of non-English speaking background.

R 9.10 Given the crucial importance of ethnic radio as a primary source of information, the Department should examine the feasibility of a multicultural services radio unit. This unit would develop and produce material for dissemination through 2EA, 3EA and the Public Broadcasting Sector. An 18 month pilot project which canvasses co-operation with other Federal and State Departments should be funded out of allocations from program areas. The feasibility project should examine sub-program priorities, co-operation with broadcasters, use of radio for the immigrant "print-handicapped", and related issues. The unit might be attached in the first instance to 2EA in Sydney or 3EA in Melbourne.

R 9.11 All positions advertised should specify an understanding of issues of importance to a multicultural population as a necessary criterion for appointment and promotion. In addition targets should be set for the Senior Executive Service to include at least ten percent officers of non-English speaking background.

R 9.12 Advertisements seeking staff to work in areas of high immigrant density should briefly describe the environment and indicate the expectation of the Department that staff will be expected to respond to a range of clientele. This applies to professional,

clerical/administrative and clerical assistant staff.

R 9.13 Each sub-program in state and central office should earmark one new position in each team. This officer would have particular responsibility for collecting and disseminating to the rest of the team information on the needs of local/relevant immigrant communities. This officer, designated the Immigrant Access Action Officer, would also act as a support for other staff in their contacts with ethnic organisations and immigrant communities. The officer would not be the "ethnic liaison" officer, onto whom all contact with immigrant communities would be devolved.

R 9.14 The availability of LAPA should be publicised by program managers, who should report to senior management on a six monthly basis on the number of staff being paid the allowance, situations where staff who could be paid the allowance were being sought, and action taken to secure such staff.

R 9.15 Where prospective staff are likely to be working closely with significant numbers of one or more immigrant communities, advertisements for such positions should be placed with the relevant ethnic media.

R 9.16 All staff should be offered the opportunity to participate in Access and Equity Implementation Workshops. In Program areas all staff in public contact, all supervisors and senior managers, should be expected to participate in such a workshop. Staff seeking promotion should be counselled by their supervisors to participate in such workshops. All staff should be informed of progress in their Division on achieving Access and Equity goals.

R 9.17 Senior staff in central office and in state offices should attend Access and Equity Implementation Workshops. The focus of the workshops should be case-study based problem solving. Program staff from the states and ethnic welfare workers could act as resource persons for this process.

R 9.18 The training section should be

requested by senior management to develop a Department wide Access and Equity training program in co-operation with state offices. The program should employ external consultants and include realistic resource material.

R 9.19 The Department issue a position paper which specifies what it means by "mainstream" and "ethnospecific" organisations and services, delineating in Plain English the criteria which will be used to assess proposals for funding.

R 9.20 All organisations which seek funding from the Department on the basis that they provide a community service should be required to indicate how they intend to respond to non-English speaking background immigrants in the need categories identified. "Mainstream" organisations should be expected as a matter of course to identify the situation and expectations of people of non-English speaking background, and ensure programs and facilities are made available for them.

R 9.21 If the Department accepts the proposals for the funding of services developed by the Arthur Andersen and Co. consultancy, to the effect that the 15% additional funding for salaries under the Disability Services legislation be earmarked for innovation support, then all innovation project proposals should include consideration of the needs of non-English speaking background immigrants and their children.

R 9.22 Each program area should identify an annual amount of money within its budget to be allocated to improving the quality of services available to non-English speaking background immigrants. These "earmarked" funds should be available for:

- innovative projects,
- supplementary workers,
- salary supplements to improve the level and proportion of qualified staff,

- the establishment of "ethnic worker" pools,
- the production of information in community languages,
- the development of professional support services,
- the introduction of new technologies (e.g. modem-linked personal computers with non-Roman script languages),
- the production of community language audio and video cassettes,
- the production of radio information programs, translation services,
- sessional interpreters,
- training,
- locum relief,
- purchase of community language written and spoken material,
- establishment, administration and support of cross-regional specialist teams,
- other services and materials relevant to program areas.

Earmarked funds should also continue to be provided for major capital projects (such as hostels, nursing homes etc.). In all cases project support should be available across program areas for innovations designed to meet identified needs which include more than one program area.

R 9.23 The Department prepare (in Plain English) a statement on Quality of Life Goals, which is translated into community languages. The statement should indicate the roles of the

Department in aiding individuals to achieve these goals. The implications for people of non-English speaking background should be specified. For instance, people with visual impairment in community or residential care need information and communication in their own languages, on tape or radio, or in person. The process of second language loss needs to be recognised. The constraints on independence which limit the quality of life for elderly immigrants need to be addressed. Each broad program area should develop its own statement for translation and wide circulation.

R9.24 Quality of Care guidelines (including curriculum goals in early childhood education for a multicultural society) should be reviewed to ensure that the preferences and requirements of immigrant clients and their carers can be identified and implemented. Special attention should be paid to issues of communication by and self-image of clients.

R.9.25 Personnel employed as inspectors of funded organisations should have access to regular training on quality of care for immigrant clients. Guidelines in each program area should be provided in Plain English with examples of good and bad practice. In particular, examples are necessary which help inspectors and service providers to unpack the concept of "culturally appropriate" care.

R9.26 All contracts with funded organisations specify requirements for quality of services for immigrants. The criteria for access and quality are to be itemised and organisations should be required to report annually on progress.

R9.27 All organisations providing services to or funded by the Department should be required to implement an Equal Employment Opportunity program as part of their contracts for services. Effective progress towards achievement of EEO goals should be one criterion for consideration in renewal of contracts.

R9.28 Each service provider be requested, in

its reporting on client usage, to identify:

- (a) clients of non-English speaking background;
- (b) the preferred language of non-English speaking background clients, and where appropriate, carers;
- (c) country of birth of clients;
- (d) literacy of clients, and where appropriate, carers, in English and preferred language.

R9.29 State offices of DCS, in co-operation with state and local government authorities, prepare regional data bases which are available for public access, containing:

- (a) Basic population data from 1981 and 1986 censuses;
- (b) health and disability data;
- (c) services available and staff able to communicate with people of non-English speaking background;
- (d) interpreter and translation resources;
- (e) population change "up-dates";
- (f) developing "specialised" services for immigrant groups within "mainstream" organisations;
- (g) consumer ,self-help, and advocacy groups;
- (h) bi-lingual private practitioners in the health and allied fields, including traditional healers.

R 9.30 The Department should extend its current long-term planning on data (in WELSTAT and the Victorian Pilot Project on joint data gathering) to include an examination

of service information data in languages other than English. The research currently underway at R.M.I.T. on computer-based multilingual information on the recognition of overseas qualifications could provide an entry point to this issue.

R9.31 The Department allocate funds in each state for training support to the non-government sector. These funds could be used to:

- (a) establish training units within tertiary institutions, with the task of developing training programs for workers in non-government funded organisations, focusing on the issues involved with meeting the needs of people of non-English speaking background;
- (b) provide locum cover for staff going on such training programs;
- (c) support staff exchanges between government, non-government and tertiary education sector personnel;
- (d) provide studentships within tertiary education institutions for staff with language skills and/or overseas qualifications not recognised in Australia:

R 9.32 The Department act as sponsor for joint action research projects in co-operation with the states, local government, tertiary education institutions and the non-government sector. These projects, for the purposes of demonstration and innovation, should be funded to allow:

- (a) the recruitment of qualified and experienced team leaders and other personnel, possibly on secondment from government or tertiary education, at a level at least equal to that of program and sub-program heads in the Commonwealth Public Service (Class 11 or SES 1);

- (b) the development of information, advocacy, innovative service delivery and community development projects in the geographical/policy areas involved;
- (c) the documentation, evaluation and dissemination of results of the projects.
- R 9.33 The Department should sponsor a series of state workshops on normalisation, PASSING, and their implications for immigrants (particularly women).
- R9.34 All DCS program and sub-program managers, and the Offices of the Aged and Disability, prepare an information paper which documents the situation for immigrant women in their areas of concern, and identifies the steps taken which reflect this situation. In particular, the difference between male and female situations should be specified where these have program implications. These papers should be released as a composite report of Department priorities.
- R9.35 All training programs for Department staff and service providers should pay particular attention to the needs of immigrant women.
- R9.36 The Department's public information strategy should be planned to take account of the situation of immigrant women, and a significant part should be focussed on "targeting" women. (e.g. in the ethnic press, ethnic radio, pamphlets etc.).
- R9.37 A review of child-care services should be undertaken to ensure that the particular concerns of immigrant women are addressed; in particular, the review should assess:
- (a) the appropriateness of current arrangements for family day care;
- (b) the implications for working immigrant women of action arising from the "Peer Review of High Cost Centres";
- (c) the potential for work-linked child-care centres being developed by the Department in areas where employers of immigrant women are reluctant to initiate such centres.
- R9.38 The Department should prepare an impact statement on the Government's Textile Clothing and Footwear Policy and its regional effects on immigrant women. The statement should delineate proposed Departmental action.
- R9.39 Special attention should be paid to welfare careers for immigrant women. Funded employers should be required to develop affirmative action programs, while short courses and studentships should be made available for further staff development.
- R9.40 That an Immigrant Access Action Unit of three officers (initially) be established in Central Office, in parallel to the EEO unit. The IAAU would have a Central Office/Department wide role, and serve as an avenue to improve information flow between the states and across programs. The functions of the Unit would be:
- (a) provide advice and support to Program and Sub-program Heads in the development of the plans identified in R9.2;
- (b) monitor progress on the plans;
- (c) liaise with Training in the development of training programs to ensure Immigrant Access goals are included;
- (d) liaise with Publicity in the development and dissemination of information;
- (e) act as clearing house on innovation, and publicise issues through the supplement to the Community Services newsletter;
- (f) liaise with all divisions on research and other consultancies to ensure all

- studies include appropriate data on immigrants;
- (g) liaise with national peak organisations of service providers, consumers, etc, to ensure issues affecting immigrants are given priority;
- (h) liaise with the three Ministerial advisory units (Policy Co-ordination Unit, Office for the Aged, Office of Disability) to ensure policy considerations relevant to immigrants are sustained;
- (i) liaise with the Office of Multicultural Affairs to ensure free flow of information and policy development;
- (j) participate in the stimulus to research and debate on policy related issues relevant to immigrants, e.g. normalisation, community care;
- (k) co-ordinate the national network of designated state-based program Immigrant Access Action officers, convene conferences, maintain communication;
- (l) provide an avenue for contact with the Human Services Radio Unit proposed in R9.10.
- R 9.41 The Department, its review of "advisory structures", ensures that all committees which remain with deliberative powers (e.g. Aged Care Advisory Committees etc.) include people skilled and experienced in working with people of non-English speaking background. These people cannot "represent" an "ethnic interest", but should be selected for their expertise and capacity to contribute to informed debate on the issues. They should be neither "token" nor "professional ethnics". Where these structures are established under legislation, it should be amended to ensure such representation.
- R 9.42 The Department of Community Services and the Department of Immigration and Ethnic Affairs establish a joint funding committee where problems envisaged by either party with future support for projects can be identified in advance and mechanisms established to avoid the problems where possible.
- R 9.43 Corporate Services Division, in consultation with the Office of Multicultural Affairs, Program areas and the states, develops a national research agenda on community services and immigrants, which is funded appropriately. The agenda should be publicised and both external consultants and internal researchers engaged to carry out the projects. This scheme should work in tandem with the Action Research Innovations Program proposed in R9.32, where appropriate. Results should be published in a Research Series, under the advice of an external series editor or editorial board (compare with Department of Social Security Research Reports, Department of Immigration and Ethnic Affairs and Adult Migrant Education Program Research Reports). Topics of immediate importance include:
- (a) Disability and Rehabilitation: an international comparison of countries programs and outcomes;
- (b) Disabling conditions and Ageing Immigrants in Australia;
- (c) Respite Care needs of Immigrant Carers;
- (d) International patterns of child-care;
- (e) Community Development Strategies and Immigrant Communities.
- R 9.44 The Department publish the report "Equal Disappointment Opportunity? ", as a resource for training and program development. A Plain English synopsis should be translated

into community languages and circulated through ethnic organisations and other service providers. The synopsis should also be made available on cassette tape in community languages and in Braille in English. Free copies of the report should be made available as a matter of urgency to all the groups which participated in the consultations and research.