

# Access to Services for Migrants, Refugees and Asylum Seekers





VICTORIA

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Victorian  
Auditor-General

# Access to Services for Migrants, Refugees and Asylum Seekers

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The Hon. Bruce Atkinson MLC  
President  
Legislative Council  
Parliament House  
Melbourne

The Hon. Christine Fyffe MP  
Speaker  
Legislative Assembly  
Parliament House  
Melbourne

Dear Presiding Officers


Under the provisions of section 16AB of the *Audit Act 1994*, I transmit my report on the audit *Access to Services for Migrants, Refugees and Asylum Seekers*.

The audit assessed the accessibility of government services for migrants, refugees and asylum seekers. The main focus of the audit was on whether departments understand the needs of these often highly vulnerable groups, have in place appropriate strategies and programs to meet these needs, are able to identify whether the programs are effective or not, and work together across government to provide 'joined up', responsive services.

I found several shortcomings with respect to these issues, the most significant being the absence of a consistent, coordinated, whole-of-government approach to service planning and provision. Despite the recent release of a new multicultural policy and the existence of several cross-departmental agencies and mechanisms, I found no clear authority or governance structure that would enable departments to be held to account.

I have made six recommendations aimed at improving cross-department coordination and at encouraging departments to develop comprehensive cultural diversity plans and systematically collect and analyse data to determine whether their services are accessible and meeting client need.

Yours faithfully



John Doyle  
*Auditor-General*

29 May 2014



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# Auditor-General's comments



**John Doyle**  
*Auditor-General*

Migrants, particularly those with low English proficiency or poor literacy in their own language, and refugees and asylum seekers are among our most vulnerable members of the community. This is because they often have complex needs, particularly in relation to health, welfare and language services. A whole-of-government approach to the broader area of multicultural affairs should improve integration, reduce duplication and better identify gaps in services. Monitoring and reporting on whole-of-government activities to improve performance is also critical in making sure needs are met and outcomes improved.

In this audit I have looked at how effectively the Department of Education and Early Childhood, Department of Health, Department of Human Services, Victorian Multicultural Commission and Office of Multicultural Affairs and Citizenship are meeting the needs of migrants, refugees and asylum seekers in the areas of health, education and human services.

The departments I looked at have strategic frameworks that are underpinned by the principles of multiculturalism, including recognition of cultural diversity. However, two of the three departments incorporate migrants, refugees and asylum seekers into a broad pool of vulnerable and disadvantaged people, which may lead to the specific needs of these cohorts not being identified and addressed appropriately. It was difficult for my office to gain assurance that these needs were well understood and clearly linked to plans that would make a difference.

The audit identified a number of weaknesses in the available demographic data that have made service planning difficult for departments and local governments. More systematic collection and analysis of feedback from clients, and public reporting of this information annually by departments, would assist in improving the accessibility, responsiveness and effectiveness of services.

Perhaps the issue of greatest concern is the lack of regular collaboration among departments working to address the needs of the same cohort, and the lack of authoritative leadership and oversight to monitor and report on whether services are meeting the needs of migrants, refugees and asylum seekers. I found a similar issue in my *Accessibility of Mainstream Services for Aboriginal Victorians* report, which was also tabled today.

My office found examples of good practice by departments and service providers but these are not sufficiently embedded within or shared across departments. Migrants with low proficiency in English, refugees and asylum seekers continue to face barriers to access.

## Audit team

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It is not enough for whole-of-government agencies to coordinate isolated activities or support departments in developing their cultural diversity plans. There needs to be genuine accountability for performance in this area, with public monitoring and reporting of how department initiatives are leading to improved access for migrants, refugees and asylum seekers.

The report contains six recommendations which, if implemented, will help address the gap in monitoring, reporting and accountability that currently exists in Victoria's whole-of-government approach to multicultural affairs.

I intend to revisit the issues raised in this report to ensure they are being appropriately addressed.

I also want to thank the staff in the Department of Health, Department of Human Services, Department of Education and Early Childhood Development, Office of Multicultural Affairs and Citizenship and Victorian Multicultural Commission who assisted with this audit and for their constructive engagement with the audit team throughout.

A handwritten signature in black ink, appearing to read 'John Doyle', with a stylized, cursive script.

John Doyle  
*Auditor-General*

May 2014

# Audit summary

Victoria has benefited economically, socially and culturally from successive waves of immigration. Each group of migrants has had its own challenges, with low English proficiency often being a key barrier to accessing services effectively. However, the diversity and composition of these immigrants has changed in recent years.

Many recent newcomers to Victoria have significant and complex needs. In addition to language difficulties and the need for substantial interpreter support, refugees and asylum seekers are more likely to have physical and mental health conditions arising from their experiences in their country of origin and during their journey to Australia. They may face significant barriers to accessing services, including isolation, transport barriers, financial barriers, lack of familiarity with service systems and lack of social networks that could help them understand their rights to services or the practicalities of arranging the help they need.

Inability to access services in a timely and effective manner can lead to increased disadvantage and disengagement for individuals who are already highly vulnerable in our community. This has flow-on costs to the health system, public housing, criminal justice system and other government services.

There are multiple agencies and tiers of government involved in providing services to migrants, refugees and asylum seekers. The Commonwealth Government has an overarching policy role in this area. It determines the numbers, composition and distribution of people entering Australia—including asylum seekers.



Victoria has adopted a whole-of-government approach to delivering multicultural services. Local government also plays a role in service access and responsiveness.

The objective of the audit was to assess the accessibility of government services for migrants, refugees and asylum seekers. To meet this objective we examined whether:

- government departments understand the needs of migrants, refugees and asylum seekers
- departments have appropriate strategies and actions in place to support access to services
- departments can demonstrate that services are accessible to migrants, refugees and asylum seekers
- whole-of-government structures and processes are leading to informed and coordinated service planning and delivery.

In the report, reference is made to culturally and linguistically diverse (CALD) communities as an umbrella term that includes migrants, refugees and asylum seekers as this is the term that is often used by departments and agencies.

The audit looked at effective access to mainstream services and at targeted programs designed to support access to these services, including three key programs:

- Maternal and Child Health service, which is universal and free—Department of Education and Early Childhood Development
- Refugee Health Nurse Program, which is a targeted service delivered through community health centres—Department of Health
- family violence services, which are mainstream services that link to other services—Department of Human Services.

## Conclusions

While all service delivery departments—the Department of Education and Early Childhood Development, Department of Health, and Department of Human Services—can demonstrate understanding of multicultural principles, including the need to cater for diversity, only the Department of Health can demonstrate at a strategic level that it understands the complex and multiple needs of migrants, refugees and asylum seekers.

While Victorian Government departments must work within the constraints of Commonwealth immigration and asylum seeker policies, they could be doing more to provide a consistent, coordinated and efficient approach to service planning and provision. This includes:

- developing current, comprehensive and evaluated cultural diversity plans
- basing the design and delivery of services on systematic data collection and analysis
- coordinating stakeholder consultation to maximise usefulness and minimise duplication of effort
- explicitly recognising in strategic planning frameworks the particular and significant needs of these groups beyond simply their diversity.

All departments are required to report annually to the Office of Multicultural Affairs and Citizenship (OMAC) on their cultural diversity planning, use of interpreters and translators, and multilingual publications. However, this reporting is limited to outputs rather than outcomes, and departments cannot give assurance that their services are meeting client needs.

Lack of regular and accurate Commonwealth settlement data on newly arrived refugees and asylum seekers makes service planning difficult for departments. This lack of warning can lead to departments being reactive to new arrivals who have been given insufficient support from Commonwealth-funded programs. Regardless, service delivery departments and service providers could be doing more to collect and analyse client feedback and other relevant data for planning and evaluation purposes.

The new Victorian multicultural policy, *Victoria's Advantage: Unity, Diversity, Opportunity*, introduces key performance indicators for the first time—a significant step—but these are based on existing datasets and will not enable departments, OMAC or the Victorian Multicultural Commission (VMC) to determine if services are being effectively accessed.

Service delivery departments have a range of strategies and programs in place but these vary in the degree to which they can demonstrate how service design and delivery for migrants, refugees and asylum seekers has been informed by a sound and systematic assessment of client need.

Whole-of-government structures and processes are not resulting in informed and coordinated service planning and delivery. Despite some examples of departments working together effectively, these collaborative activities are not consistent, embedded or systemic. The two public sector entities tasked with whole-of-government roles and responsibilities—OMAC and VMC—are not being used to their full potential. As a unit within the Department of Premier and Cabinet, OMAC cannot hold other departments to account. As an independent advisory body, VMC lacks the statutory mandate to do so. This leaves a significant gap in the monitoring and reporting of whole-of-government service accessibility, responsiveness and effectiveness.

## Findings

### Understanding of effective access

Service delivery departments can demonstrate understanding of multicultural principles, including diversity, but, apart from the Department of Health, cannot demonstrate at a strategic level understanding of effective access as this applies to the complex needs of migrants, refugees and asylum seekers. This is because these groups are generally incorporated into a broader group of vulnerable or disadvantaged people. Absorbing them in this way means that their particular needs may not be appropriately identified or addressed to support improved service access.

Department understanding of service needs is based mainly on stakeholder consultation rather than systematic data collection and analysis. Lack of supporting data means that there is little assurance that this understanding is sufficiently comprehensive, accurate and soundly based. Stakeholder consultations are not coordinated within or across departments, leading to duplication of effort and reduced usefulness of the information being gathered.

### Strategies and programs

There is little assurance that departmental staff are sufficiently aware of and sensitive to the particular needs of CALD communities due to a lack of transparency and clarity around how embedded cultural competency training is in departments. At the service provider level, lack of culturally aware staff was a common issue raised in stakeholder consultations during the audit. While there is evidence in the form of accreditation standards and processes to show that cultural competency is required of service providers, this competency is often described in generic terms relating to tolerance and diversity rather than in terms of staff being required to understand the particular and multiple needs of migrants, refugees and asylum seekers.

Most service delivery departments do not have current, comprehensive and evaluated cultural diversity plans. Without these plans, or their equivalent, their capacity to provide a consistent and efficient approach to service planning and provision is reduced.

Departments do not undertake systematic analysis of needs, and their service provision to CALD communities and achievement of related policy outcomes are not monitored, reported or held to account. This means departments are not able to demonstrate that their strategies and programs are designed in response to the needs of those communities. There are some limited exceptions to this in the form of individual programs—both mainstream and targeted.

The government is the largest purchaser—80 per cent—of Victorian translation and interpreting services, and their availability and accessibility is critical to providing responsive services to migrants, refugees and asylum seekers. However, a key factor in effective service delivery is the availability and sustainability of the workforce.

Longstanding factors in the industry, such as low remuneration and inadequate job security, make it difficult to attract and retain interpreters. There are also gaps in availability, such as in regional and rural areas, and in the languages of emerging communities.

## Monitoring and reporting

A key barrier to effective service planning and monitoring is the lack of accurate new settler data. It is difficult for the state to access Commonwealth data in a timely manner. The number of people undertaking secondary migration—that is, movement from one location to another in Victoria or from outside the state to a location in Victoria—is not known. Data collected by service providers and departments does not always capture whether clients are from a CALD background or their year of arrival. Notwithstanding these difficulties, there is limited evidence of service providers and departments generating their own data from clients and using this to improve service design and delivery. This means that departments cannot always be assured that their services are being effectively accessed by newly arrived migrants, refugees and asylum seekers.

In the annual *Victorian Government Initiatives and Reporting in Multicultural Affairs* report, departments report on activity levels but not on whether these activities have been effective. For the first time, Victoria's new whole-of-government multicultural policy includes performance indicators. However, these indicators are based on existing data sets and cannot show whether client need is being effectively met. There are limited mechanisms to assure government more broadly that departments' efforts to provide appropriate services to the people who most need them are effective.

## A whole-of-government approach

Victoria's new multicultural policy recognises the importance of a whole-of-government approach to multicultural affairs, including the provision of accessible and responsive services to CALD communities. However, departments work largely on their own in the area of multicultural affairs, with coordinated activities more likely to occur at a local rather than strategic level.

Since the release of the new multicultural policy in March 2014, OMAC has shown its commitment to working closely with departments on the development of their cultural diversity plans. However, under the current governance structure, neither OMAC nor VMC can hold departments to account. This means there is no mechanism or agency for requiring departments to implement Victoria's whole-of-government multicultural policy or to develop and report on progress against their cultural diversity plans.



There are some cross-agency mechanisms in place to support collaboration, including OMAC's secretariat role on the Multicultural Services Delivery Senior Officers Inter Departmental Group, but there is no overarching monitoring of:

- how much funding is going to CALD communities, whether this is being effectively used, whether it is going to those most in need and where the gaps might be
- how data is being collected, analysed and used to improve service access and effectiveness.

There is no whole-of-government mapping of the full range of CALD-related services and initiatives being provided by departments and agencies in Victoria, such as who is delivering these programs, where, to which groups, with what impact and what the service gaps might be.

There is lack of clarity around the roles and responsibilities of VMC and OMAC. There is some overlap in activities, such as grants management. This reduces opportunities for these two key multicultural bodies to be more coordinated and strategic in planning how to address the diverse and changing needs of migrants, refugees and asylum seekers. VMC has little leverage with service delivery departments, which do their own consultations about programs. It is not currently fulfilling its role as advocate to the government on behalf of CALD communities because the information it collects about issues and challenges facing these groups is not being used to inform service delivery.

## Recommendations

Number	Recommendation	Page
	That the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development:	
1.	develop and report annually on their cultural diversity plans—or equivalent—in consultation with the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission	22
2.	include in their reporting of progress on cultural diversity plans explicit reference to: <ul style="list-style-type: none"> <li>• how culturally appropriate training for staff has been incorporated into the delivery of services for culturally and linguistically diverse communities</li> <li>• how information/data has been used to increase accessibility of services for culturally and linguistically diverse communities</li> <li>• the effectiveness of service delivery to culturally and linguistically diverse communities as an integral part of program evaluation.</li> </ul>	22



## Recommendations – *continued*

Number	Recommendation	Page
	That the Office of Multicultural Affairs and Citizenship within the Department of Premier and Cabinet:	
3.	monitors and reports on departmental compliance with the reporting requirements of section 26 of the <i>Multicultural Victoria Act 2011</i> .	31
	That the Department of Premier and Cabinet:	
4.	defines more clearly the roles and responsibilities of the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission	42
5.	develops appropriate governance arrangements for the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission with robust and effective reporting and accountability mechanisms.	42
	That the Victorian Multicultural Commission and Office of Multicultural Affairs and Citizenship:	
6.	work closely together to monitor and report on overall departmental performance in relation to the provision of accessible, responsive and effective services.	42

## Submissions and comments received

In addition to progressive engagement during the course of the audit, in accordance with section 16(3) of the *Audit Act 1994* a copy of this report was provided to the Department of Premier and Cabinet via the Office of Multicultural Affairs and Citizenship, the Victorian Multicultural Commission, the Department of Education and Early Childhood Development, the Department of Health and the Department of Human Services with a request for submissions or comments.

Agency views have been considered in reaching our audit conclusions and are represented to the extent relevant and warranted in preparing this report. Their full section 16(3) submissions and comments are included in Appendix A.



# 1 Background

## 1.1 Introduction

Providing accessible and responsive services to migrants, refugees and asylum seekers is critical if they are to settle effectively into a new country, rebuild their lives and contribute socially, economically, intellectually and culturally to the Victorian community. The economic, social and personal costs of not being able to access relevant services to meet basic health, education and other needs are high for both individuals and the community.

This audit assessed the accessibility of government services for migrants, refugees and asylum seekers. In the audit, reference is made to culturally and linguistically diverse (CALD) communities as an umbrella term that includes migrants, refugees and asylum seekers as this is the term that is often used by departments and agencies.

## 1.2 Cultural diversity in Victoria

Victoria is one of the most culturally diverse communities in the world and accounts for around one-third of migrant settlement in Australia. In the past 10 years the proportion of the Victorian population born overseas has remained consistent—around 26 per cent. However, as Victoria's population has grown over the past 10 years, so too has the level of diversity. The number of Victorians born overseas as a percentage of the Victorian population has increased by 29 per cent from 2001 to 2011—from just below 1.1 million people to 1.4 million.



### 1.2.1 Migrants, refugees and asylum seekers

Between January 2007 and December 2013, 400 773 migrants settled in Victoria, including:

- 242 596 skilled migrants
- 126 374 people coming through the family reunion stream
- 31 735 humanitarian entrants.

A migrant is a person who makes a conscious choice to leave their country to seek a better life elsewhere. Not all migrants will have the same level of need for access to government services. For example, not all newly arrived migrants will have low levels of English proficiency. Others may have low English proficiency as well as low literacy in their own language.

Humanitarian entrants are refugees or people who have been subjected to refugee-like experiences in their country of origin. Under the 1951 United Nations *Convention Relating to the Status of Refugees*, a refugee is a person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of their nationality and is unable or, owing to such fear, is unwilling, to avail themselves of the protection of that country or return to it.

Asylum seekers are people who have come to Australia seeking protection as refugees, but whose claim for refugee status has not yet been assessed. Asylum seekers include those who arrive by boat through unauthorised channels without travel documents—known as 'irregular maritime arrivals'—and those who arrive by plane, with or without valid travel documents.

There is no complete or reliable data on the number of asylum seekers in Victoria. At 3 March 2014, there were 24 000 asylum seekers on a Bridging Visa E in Australia. Of these, 8 680—36 per cent—were living in Victoria. This type of visa allows the holder to stay in Australia while they finalise their immigration matters or make arrangements to leave Australia.

At 3 March 2014, there were around 1 300 asylum seekers in community detention arrangements in Victoria, comprising vulnerable families, vulnerable adults and unaccompanied minors. There is no data currently available to capture the number of irregular maritime arrivals making secondary moves to Victoria from other states and territories or secondary migration within Victoria from metropolitan to rural and regional areas.

### 1.2.2 Distribution across Victoria

Figure 1A shows the six local government areas with the largest number and highest proportion of overseas-born residents, the largest number and highest proportion of Language other than English (LOTE) speakers, and the largest number of LOTE speakers with low English proficiency.

While the majority of local government settlement areas are in metropolitan Melbourne, at least 10 per cent of the population in Greater Shepparton (13.2 per cent), Swan Hill (12.4 per cent) and Greater Geelong (10 per cent) have a LOTE background.

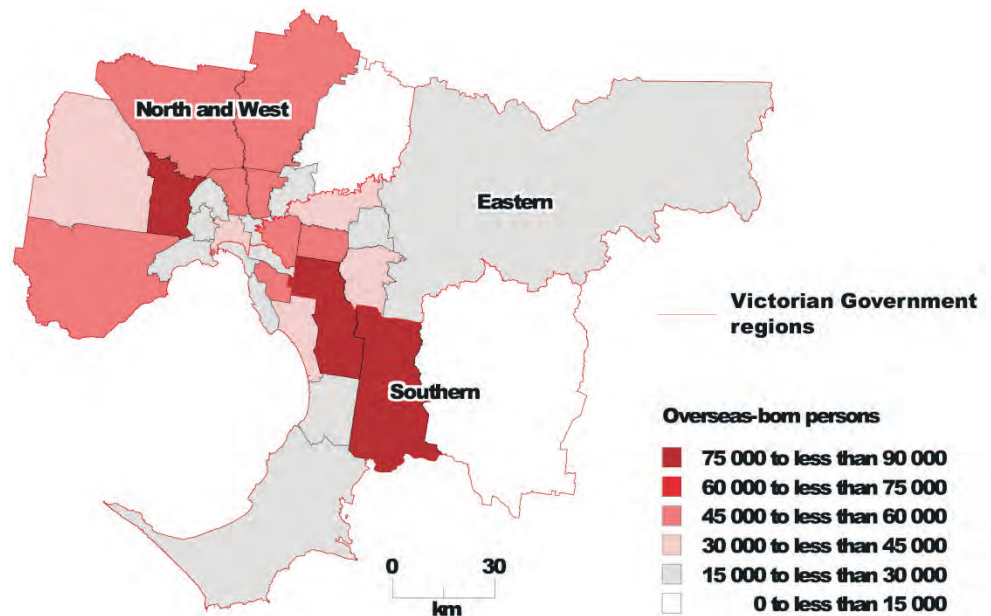
**Figure 1A**  
**Population diversity by local government area, 2011**

Population diversity	Local government area
Largest number of overseas born	Casey, Brimbank, Greater Dandenong, Monash, Wyndham, Hume
Highest proportion of overseas born	Greater Dandenong, Melbourne, Brimbank, Monash, Hume, Whittlesea
Largest number of LOTE speakers	Brimbank, Greater Dandenong, Casey, Monash, Hume, Whittlesea
Highest proportion of LOTE speakers	Greater Dandenong, Brimbank, Maribyrnong, Monash, Whittlesea, Hume
Largest number of LOTE speakers with low English proficiency	Brimbank, Greater Dandenong, Hume, Monash, Whittlesea, Casey

Source: Victorian Auditor-General's Office from the Office of Multicultural Affairs and Citizenship report, *Population Diversity in Victoria: 2011 Census Local Government Areas*.

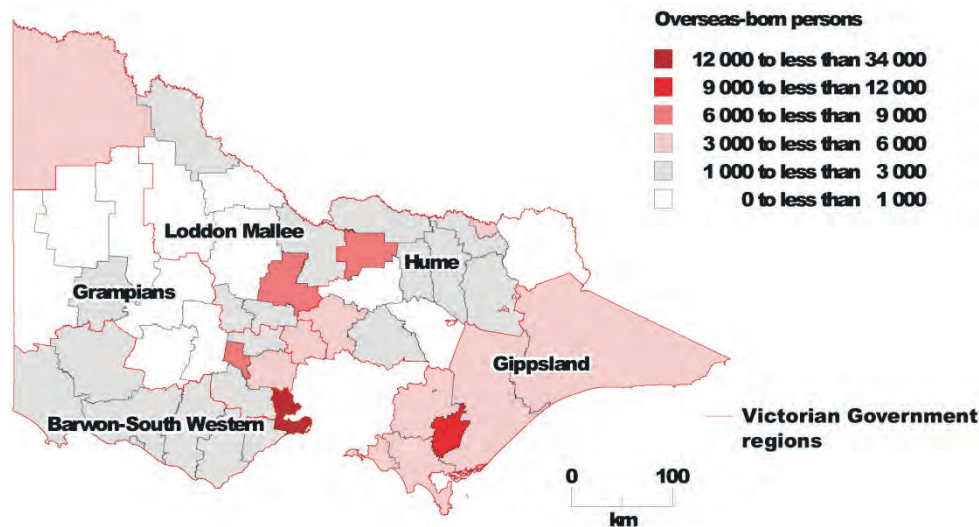
The largest numbers of humanitarian settlers in Victoria are from Afghanistan, Iran and Sri Lanka. Figures 1B and 1C show where different groups of people from CALD communities are concentrated.

**Figure 1B**  
**Number of persons born overseas by local government area, metropolitan Melbourne, 2011 Census**



Source: Office of Multicultural Affairs and Citizenship.

**Figure 1C**  
**Number of persons born overseas by local government area,**  
**regional Victoria, 2011 Census**



Source: Office of Multicultural Affairs and Citizenship.

### 1.3 Service needs

Migrants are typically less disadvantaged than refugees or asylum seekers because they have planned their entry to Australia and generally have better economic and social resources. However, any new arrival is likely to experience some challenges in understanding and accessing unfamiliar service systems.

Newly arrived migrants may have some service needs in common with refugees and asylum seekers, such as English language services, including substantial interpreter support, and services that are delivered in culturally appropriate ways. However, the service needs of refugees and asylum seekers are compounded by pre-settlement experiences, including during their journey to Australia. The demographic profile of refugees and asylum seekers has changed significantly in recent years, driven by changes to international circumstances and to Australian immigration policy. Many refugees and asylum seekers are arriving in Victoria with complex and chronic health conditions and higher levels of vulnerability.

For example, prior to their arrival, refugees and asylum seekers may have experienced some or all of the following:

- forced displacement
- prolonged periods in refugee camps or marginalisation in urban settings
- exposure to violence and abuse of human rights, including physical torture and gender and sexual-based violence
- loss and separation from family members
- deprivation of cultural and religious institutions and practices
- periods of extreme poverty, including limited access to safe drinking water, shelter and food
- severe constraints on access to health, education, employment and income support
- prolonged uncertainty about the future.

As a result, settlement needs for refugees and asylum seekers are significant and complex.

## 1.4 Roles and responsibilities

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The Commonwealth Government has an overarching policy role relating to the services provided to migrants, refugees and asylum seekers, including determining the numbers and composition of people entering Australia through the permanent immigration program and asylum seeker policy. The Victorian Government must work within these policies and constitutional and administrative parameters.

### 1.4.1 Commonwealth responsibility

Settlement services funded by the Commonwealth include:

- The Humanitarian Settlement Services (HSS) program, which provides initial support for refugees and humanitarian entrants for six to 12 months after entry into the program. In Victoria, the Red Cross and Adult Multicultural Education Services deliver the HSS program. The program includes reception and assistance on arrival, case coordination and cultural orientation, accommodation services and complex case support services.
- The Adult Migrant English Language Program, which provides 510 hours of free English language tuition to eligible migrants and humanitarian entrants in their first five years of settlement.
- The Settlement Grants Program, which provides funding to organisations to help refugees and newly arrived migrants with low English proficiency in their first five years of settlement.





The Commonwealth Government provides some health care to asylum seekers—for example, through Medicare—but does not guarantee the same level of health care as what is provided to refugees, who have the same entitlements to health care services as all other permanent residents of Australia. Thus, there are a number of Commonwealth-funded health programs and services that asylum seeker populations are unable to access. There are also a number of services where access is limited for both refugee and asylum seeker populations due to lack of interpreting services for those with low English proficiency.

### 1.4.2 State responsibility

State government departments deliver a broad range of mainstream and specialised services for migrants, refugees and asylum seekers living in Victoria, including language services and cultural diversity planning. Victoria is the only jurisdiction to establish a Settlement Coordination Unit to proactively engage with the Commonwealth on immigration and humanitarian policy matters.

## 1.5 Legislative and policy frameworks

A range of Commonwealth and state legislation requires the provision of equal access to government services and for these services to be delivered in accordance with human rights obligations.



### 1.5.1 Legislation

The *Multicultural Victoria Act 2011* (the Act) is the framework for a whole-of-government approach to building a cohesive, culturally diverse community. The Act establishes the principles of multiculturalism, including that:

- all individuals in Victoria are equally entitled to access opportunities and participate in and contribute to the social, cultural, economic and political life of the state
- Victoria's diversity should be reflected in a whole-of-government approach to policy development, implementation and evaluation.

The Act established the Victorian Multicultural Commission (VMC) as a statutory body to provide independent advice to the Victorian Government on multicultural affairs and citizenship matters. It also established reporting requirements for the VMC and government departments in relation to multicultural affairs.

The *Equal Opportunity Act 2010*, the *Charter of Human Rights and Responsibilities Act 2006* and the *Racial and Religious Tolerance Act 2001* form the framework of laws in Victoria that protect people from discrimination and vilification.

### 1.5.2 Policy

The Office of Multicultural Affairs and Citizenship (OMAC), situated in the Department of Premier and Cabinet, was established in 2011. OMAC drives Victorian Government multicultural policy and program implementation. It has responsibility for managing programs and projects such as the:

- Language Services Strategy
- Cultural Precincts Enhancement Fund
- Promoting Harmony and Multifaith/Interfaith initiatives
- Settlement Coordination Unit.

In March 2014, OMAC released a new multicultural affairs policy—*Victoria's Advantage: Unity, Diversity, Opportunity*—which is organised around three themes:

- maximising the benefits of our diversity
- citizenship, participation and social cohesion
- accessible and responsive services.

The policy commits to a whole-of-government approach to the delivery of responsive, culturally appropriate and accessible services and programs, and provides a set of performance indicators to track progress.

The Victorian Government guidelines on policy and procedures, *Using Interpreting Services* and *Effective Translations*, require departments and funded agencies to provide information to communities in their language and use interpreters and translators in delivering services. Updated policies and procedures for providing effective translations and using interpreting services were released on 8 April 2014.

A critical cross-department governance mechanism is the Multicultural Services Delivery Senior Officers Inter Departmental Group (IDG). The IDG reports to the Minister for Multicultural Affairs and Citizenship via OMAC. OMAC acts as the secretariat of the IDG, and the VMC also has a representative on the IDG.

The IDG meets four times a year, and its members are generally representatives at senior executive level from a wide range of departments and Victoria Police.

Other mechanisms supporting a whole-of-government approach are the Regional Management Forums (RMF). Departmental secretaries act as regional champions for allocated RMFs. There is also representation from departmental regional office directors. Regional strategy coordinators provide secretariat support for RMF meetings. These entities and mechanisms are explored further in Part 4 of this report.

## 1.6 Audit objectives and scope

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The audit assessed the accessibility of government services for migrants, refugees and asylum seekers. In particular, it examined whether:

- departments have a comprehensive understanding or definition of ‘effective access’
- departments have appropriate priorities, strategies and actions to facilitate effective access to services
- departments can demonstrate that services are accessible to migrants, refugees and asylum seekers
- whole-of-government structures and processes result in informed and coordinated service planning and delivery.

The following departments and agencies were included in the audit:

- Department of Education and Early Childhood Development
- Department of Health
- Department of Human Services
- Department of Premier and Cabinet
- Victorian Multicultural Commission.

Specific services within education, health and human services were selected for examination following an initial analysis of departmental policies, plans and reporting on service access, including three key programs:

- the Maternal and Child Health service, which is a universal and free service—Department of Education and Early Childhood Development
- Refugee Health Nurse Program, which is a targeted service delivered through community health centres—Department of Health
- family violence services, which are mainstream services that link to other services—Department of Human Services.

The audit focused on services which the general population is entitled to but also included targeted programs or strategies designed to support better access to services, and the responsiveness of those services in meeting the needs of migrants with low English proficiency, refugees and asylum seekers.



Access to government services was assessed in the Greater Dandenong and Greater Shepparton local government areas. These areas were selected because they have among the highest numbers of humanitarian arrivals in the metropolitan and non-metropolitan areas, and reflect different location and refugee population characteristics. Figure 1D shows the diversity of the population in these areas. Greater Dandenong also ranked as the local government area with the highest proportion of overseas-born residents in the 2011 census.

**Figure 1D**  
**Diversity of Greater Dandenong and Greater Shepparton**

Local government area	Number of overseas-born residents	Percentage of overseas-born residents
Greater Dandenong	76 127	56.1 per cent
Greater Shepparton	7 951	13.2 per cent

Source: Victorian Auditor-General's Office from Office of Multicultural Affairs and Citizenship, *Population Diversity in Victoria: 2011 Census Local Government Areas*, 2013.

## 1.7 Audit method and cost

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To assess the accessibility of government services for migrants, refugees and asylum seekers the audit team:

- reviewed government policies, plans, strategies, program guidelines and reporting on access to services for migrants, refugees and asylum seekers
- analysed available data on service usage by migrants, refugees and asylum seekers, including the use of interpreters in service delivery
- interviewed departmental staff and key stakeholders, including consulting with service providers and peak bodies representing migrants, refugees and asylum seekers in metropolitan Melbourne and regional Victoria
- conducted two discussion groups with Community Guides who were former refugees.

The audit was performed in accordance with the Australian Auditing and Assurance Standards. Pursuant to section 20(3) of the *Audit Act 1994*, unless otherwise indicated, any persons named in this report are not the subject of adverse comment or opinion.

The total cost of the audit was \$420 000.

## 1.8 Structure of the report

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The report is structured as follows:

- Part 2 examines departmental understanding of and responsiveness to the service needs of migrants, refugees and asylum seekers.
  - Part 3 examines the adequacy of departmental monitoring and review.
  - Part 4 examines the whole-of-government approach to the delivery of services for these groups.
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## 2 Planning for effective and accessible services

### At a glance

#### Background

A comprehensive understanding of the barriers to—and enablers of—effective access is needed if departments are to develop strategies and programs that meet the needs of migrants, refugees and asylum seekers.

#### Conclusion

While all service delivery departments can demonstrate some understanding of multicultural principles, including the need to cater for diversity, only the Department of Health can demonstrate at a strategic level that it understands the multiple and significant needs of migrants, refugees and asylum seekers. The lack of current, comprehensive and evaluated cultural diversity plans, or their equivalent, reduces the capacity of departments to provide a consistent and efficient approach to service planning and provision.

#### Findings

- Departments engage with stakeholders to identify and address the service needs of culturally and linguistically diverse communities but this is not coordinated within or across departments.
- Departments are not required to report on cultural competency training even though this would give greater assurance that their staff have a sound understanding of the particular needs of migrants, refugees and asylum seekers.
- Departmental service agreements require cultural competency, but this is often limited to understanding of diversity rather than explicit requirements around understanding of migrant, refugee and asylum seeker needs.

#### Recommendations

That the Department of Health, Department of Human Services and Department of Education and Early Childhood Development develop and report annually on cultural diversity plans, or equivalent, and include in them explicit reference to:

- how culturally appropriate training for staff has been incorporated into the delivery of services for culturally and linguistically diverse communities
- how information has been used to increase accessibility of services
- the effectiveness of service delivery.

## 2.1 Introduction

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To be effectively accessed by migrants, refugees and asylum seekers, services need to be physically accessible, have clear referral and registration processes, be affordable, be consistent with the beliefs and expectations of service users, and provide interpreters and translations as needed. In addition, users need to be aware of the existence and relevance of the services and these services need to be responsive to the diverse needs of users, which are likely to change over time.

## 2.2 Conclusion

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While all departments can demonstrate understanding of multicultural principles, including the need to cater for diversity, only the Department of Health (DH) can demonstrate at a strategic level that it understands the particular needs of migrants, refugees and asylum seekers.

There is limited evidence to show that service design and delivery for migrants, refugees and asylum seekers has been informed by a sound and systematic assessment of client need. The lack of current, comprehensive and evaluated cultural diversity plans, or their equivalent, reduces the capacity of departments to provide a consistent and efficient approach to service planning and provision. Departments have a reasonable understanding of service need based mainly on stakeholder consultation rather than on systematic data collection and analysis.

## 2.3 Departmental understanding of client needs

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In considering service access for migrants, refugees and asylum seekers in Victoria, it should be noted that the Commonwealth Government has constitutional and administrative responsibility for immigration and humanitarian policy.

All audited departments advised that a lack of information from the Commonwealth on new settlers makes planning and allocation of adequate resources difficult. As a consequence of this lack of warning, departmental responses can be reactive to people arriving suddenly without adequate support from Commonwealth-funded programs. However, there is limited evidence of service delivery departments or service providers generating their own data from their current users and using this data to improve service design and delivery. This means that departments cannot always be assured that their services are being effectively accessed by newly arrived migrants, refugees and asylum seekers or that they are meeting client need.

### 2.3.1 Understanding of effective access and service needs

Except for DH, the service delivery departments do not explicitly refer to the service needs of migrants, refugees and asylum seekers in whole-of-department strategies. Instead, these groups are absorbed into a broader category of vulnerable communities, which means that the significant and complex needs of these groups may not be appropriately identified or addressed to support improved service access.



The Department of Human Services (DHS) has a clearly articulated, department-wide understanding of the components of effective access to mainstream services for vulnerable groups more broadly, as shown in its recently released *Delivering for All—the Department of Human Services Access and Equity Framework 2013–17*. While this framework does not explicitly refer to the complex needs of refugees and asylum seekers, there is evidence that the needs of culturally and linguistically diverse (CALD) communities are understood at a programmatic level, with specific identification of this cohort in the areas of family violence, homelessness and child protection.

Like DHS, the Department of Education and Early Childhood (DEECD) does not have department-wide strategic documents that refer explicitly to the needs of migrants, refugees and asylum seekers but its understanding of the language needs of CALD communities—a significant barrier to service access—is reflected in the *Victorian Government's vision for English as an additional language in education and development settings*. This policy recognises the complex learning and settlement needs of refugees and asylum seekers who have experienced trauma or settlement issues. A dedicated English as an additional language unit focuses on services in schools, and this unit will soon also have responsibility for early childhood.



DH demonstrates a comprehensive understanding of effective access through its overarching *Victorian Health Priorities Framework 2012–22* metropolitan and rural health plans. These plans include a commitment to increase the capacity of the health care system to design, implement and evaluate culturally and linguistically competent services for CALD communities. DH has also developed specific responses to make services more culturally appropriate and to improve access for refugees and asylum seekers because of the significant and ongoing physical health and mental health needs of these groups—particularly early in settlement.

DH's Refugee Health Nurse Program, which is targeted, and DEECD's Maternal and Child Health program and DHS's family violence services, which are mainstream services, were examined to identify whether departmental understanding of service need is demonstrated in local service delivery. While the principles of effective access are not stated explicitly, all three programs recognise the importance of:

- **timeliness**—in the form of early intervention
- **coordinated services**—links to other services as needed
- **responsiveness**—the ability to adapt to the identified needs of clients.

However, there is a need for ongoing, systematic data collection and analysis of client feedback to determine how accessible services are, how effective they are at meeting needs, and how planning and delivery could be improved.

### 2.3.2 Stakeholder consultation to identify needs

Stakeholder engagement occurs at whole-of-government, departmental, regional and local levels and is targeted at specific services, ethnic communities, issues and geographic locations. It includes formal planned consultation, ongoing engagement through membership of networks, and capacity building activities which are particularly important for migrant, refugee and asylum seeker communities.

Each of the audited departments consults with stakeholders to identify and address the service needs of CALD communities for particular programs. However, this consultation is not coordinated within or across departments to maximise usefulness. Efforts are duplicated and there is limited evidence of the collected information being shared where possible and appropriate across departments, or used to inform services or improve access.

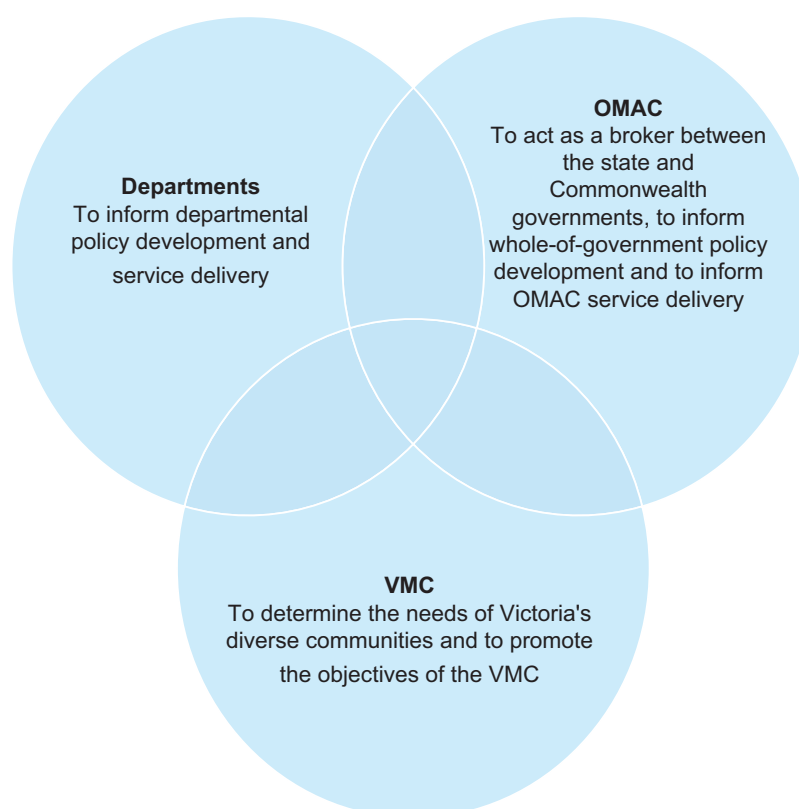
For example, in one regional location several different agencies sought feedback from the same communities in a relatively short period. At least two of these consultations were about access to services. However, these consultations were not coordinated to minimise the burden on the communities or subsequently shared to maximise the usefulness of the information collected.

A coordinated stakeholder engagement strategy across government would enable a more strategic approach to information collection and analysis, better information sharing and a reduced 'consultation' load on some communities and their leaders.

Figure 2A demonstrates the different purposes of the stakeholder consultation undertaken across government.



**Figure 2A**  
**Purpose of stakeholder consultations**



Source: Victorian Auditor-General's Office.

## Office of Multicultural Affairs and Citizenship

The Office of Multicultural Affairs and Citizenship (OMAC) consulted with departments, communities and key sector stakeholders on the development of the new multicultural policy *Victoria's Advantage: Unity, Diversity, Opportunity*. To support implementation, OMAC recently developed a strategic engagement action plan which sharpens efforts to work with those departments that deliver policy, programs or services for CALD communities. However, OMAC has yet to develop the processes to assure effective cross-agency coordination and implementation.

OMAC's engagement with the Commonwealth, and its advocacy role, is valued by departments. OMAC acts as a broker between departments and the Commonwealth, which includes facilitating dialogue on refugee and asylum seeker matters through the Settlement Coordination Unit.

## Victorian Multicultural Commission

Under the *Multicultural Victoria Act 2011*, the Victorian Multicultural Commission (VMC) is required to undertake systematic and wide-ranging community consultations which are to be reported back to the Minister for Multicultural Affairs and Citizenship. VMC's 2011 and 2012 Community Consultation Summary reports provide an overview of key issues and priority areas. The need for service providers and government departments to be more coordinated and strategic in planning to address the growing needs of CALD communities was a key theme in these reports.

However, the usefulness of the report findings are limited as issues raised are not subject to further investigation or analysis by the VMC to verify the underlying issues. The VMC advises that it does not have the resources to undertake such analysis. Consequently, departments have not taken any action in response to any department-specific issues identified as they continue to do their own consultations on service delivery. This is a missed opportunity for VMC to provide a comprehensive rather than issue-specific perspective on the communities' needs, which in turn could enable a more coordinated whole-of-government approach to multicultural affairs where the issues have broader implications.

## Department of Education and Early Childhood Development

DEECD has a department-wide Stakeholder Engagement Framework designed to integrate its policies, strategies and day-to-day operations. The framework refers specifically to engaging CALD communities and recognises the need for services to be more culturally responsive and competent. DEECD's Refugee Education Support Program has demonstrated the use of effective stakeholder consultation to identify service need and enhance service accessibility.

## Department of Health

DH has demonstrated extensive consultation in the development of key documents, specifically the *Victorian refugee health and wellbeing action plan*. Over 100 agencies were consulted, including eight community groups, and a consultation summary was produced. This consultation process has been promoted by the health sector as a good practice model that government should be using with refugee and asylum seeker communities.

DH has advised that it is prioritising a more strategic approach to stakeholder consultation in 2014, which will be undertaken through the Victorian Refugee Health Network. DH also has portfolio-specific strategies and principles for working in partnership with diverse community groups. DH's targeted stakeholder engagement at the local level has allowed for quick escalation of issues and responsiveness to client need. DH participation in the Victorian Refugee Health Network has allowed service delivery issues to be identified and good practice to be shared.

## Department of Human Services

DHS has demonstrated effective stakeholder consultation to inform policies and programs for CALD communities. For example, in 2012, DHS provided translating and interpreting services so that CALD tenants could provide it with feedback on public housing. As part of Delivering for All, DHS has committed to holding stakeholder forums to assess whether it is meeting the needs of vulnerable communities and to identify new actions to deal with emerging issues.

## 2.4 Departmental planning and initiatives

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### 2.4.1 Cultural diversity plans

Under the *Multicultural Victoria Act 2011*, departments are required to develop cultural diversity plans—or their equivalent—for the services and supports they provide for CALD communities. Departments are also required to report annually on progress being made against those plans but are not required to report on the effectiveness of initiatives undertaken.

There is also no central oversight of the plans. While OMAC's recent engagement with departments shows intent to provide input and guidance in the development of the plans, there are no opportunities currently for VMC to provide input, and even if there were, VMC advises that it is not resourced to take up such opportunities.

In the absence of a coordinated approach, the plans lack consistency:

- DEECD has no current cultural diversity plan following from its previous comprehensive plan for 2008–10. There are language policies but no whole-of-department cultural diversity plan or equivalent strategic approach. Instead, there is evidence of portfolio-specific planning to address the needs of CALD communities in the early childhood service and schools sectors.
- DH has several CALD strategies and plans to cater for its different health service sectors. However, there is no overarching framework or strategy that identifies consistent elements or expected minimum obligations that need to be addressed.
- DHS's Delivering for All framework incorporates cultural diversity as a key component of service delivery. DHS does not have a current cultural diversity plan but is reviewing its equivalent, the DHS *Cultural Diversity Guide*, in consultation with OMAC. DHS advises that this will contain strategies for service planning and highlight good practice models for use by both DHS and service providers.

One example of a department-wide approach to cultural diversity planning is DH's draft Victorian Refugee and Asylum Seeker Health Action Plan, which is scheduled for release in 2014. This document highlights accessibility as the first of six priority areas and identifies actions to increase the cultural responsiveness of the Victorian health care system. DH has advised that it will set priorities to ensure that refugees and asylum seekers achieve health outcomes comparable to the broader population. There is no equivalent department-wide plan for DEECD or DHS.

## Cultural competency training

‘Cultural competency is more than just training. It’s about responding in a timely way to complaints, ensuring information is available—it’s how people are held accountable to make sure there’s universal competency and safety’.

—Worker, refugee health services, 2013.

Departments are not explicitly required to report annually on cultural competency training, although this is within the scope of annual reporting against progress of the cultural diversity plans.

Department service agreements with funded agencies identify relevant policies, service standards and guidelines that these agencies are expected to comply with in delivering services. Assurance for this occurs through various accreditation, review and reporting processes. However, these accreditation standards generally refer to multicultural principles of tolerance and diversity rather than referring explicitly to cultural competence as it relates to the particular needs of migrants, refugees and asylum seekers. This means that service delivery departments have limited assurance that the staff of funded agencies have sufficient cultural sensitivity to be effectively meeting the needs of migrants, refugees and asylum seekers.

Because there is no requirement to report on cultural competency there is a lack of clarity and transparency about whether and how frequently departmental staff at all levels—including those in leadership positions, and in central and regional offices—are receiving any kind of training. The audit did not assess the specific gaps in departmental staff training or, in the case of DH, the requirements of health service boards for a culturally competent workforce. Requiring departments to report annually on their cultural competency training would help embed multicultural awareness and increase accountability regarding this important component of effective access.

### *Department of Education and Early Childhood*

DEECD has various sector-specific accreditation standards that require service providers to provide cultural competency training to staff. The 2009 revised *Maternal and Child Health Program Standards* require culturally competent service delivery. In 2009, DEECD engaged the VMC to design and deliver a series of training and communication resources to increase cultural awareness among professionals who deliver early childhood services.

The training was delivered to 255—which is 28.3 per cent—Maternal and Child Health nurses across Victoria in 2010 and 2011. The sessions, which were subsequently taken over by OMAC after VMC was restructured, provided information on the use of language services, improving cultural awareness, and cross-cultural communication. Subsequent evaluations highlighted the need for a more comprehensive strategy to address cultural practice issues, include more information about ethno-cultural groups and provide further opportunities for cross-cultural training.

### *Department of Health*

There are various accreditation standards service providers are required to comply with in order to obtain funding, as well as reporting mechanisms that provide DH with assurance that service providers are culturally competent.

DH's Refugee Health Nurse Program is a good example of how training has been used to improve service accessibility. Training has evolved in response to participant needs and feedback. The Victorian Foundation for Survivors of Torture (Foundation House) provides training to Refugee Health Nurses in coordination with the Refugee Health Nurse Facilitator. Both Foundation House and the Refugee Health Nurse Facilitator are required to report annually to DH on activities to promote the professional development of Refugee Health Nurses.

The training began in 2006 with a two-day introductory training course and seminars throughout the year. This has since been expanded to include sessions on responding to the psychosocial impacts of torture and trauma, paediatrics, youth and adolescent needs, health and wellbeing, and supporting families. There is regular evaluation, including feedback on whether participants have gained confidence in:

- understanding the traumatic experiences of refugees
- identifying possible survivors of torture and trauma
- outlining relevant services for refugee survivors and referral processes
- using interpreters and effectively communicating with people from CALD backgrounds
- working cross-culturally.

This training is also available to nurses working with refugees and asylum seekers who are not Refugee Health Nurses—i.e. Maternal and Child Health nurses and community health nurses—which contributes to capacity building for mainstream providers as well.

### *Department of Human Services*

In 2012, DHS implemented the *Department of Human Services Standards evidence guide*, streamlining departmental accreditation requirements by replacing former program-specific standards. Cultural competency requirements are set out in Figure 2B.

**Figure 2B**  
**Department of Human Services Standard 3—Wellbeing**

Criteria	Common evidence indicators
3.2—People actively participate in assessment of their strengths, risks, wants and needs	<ul style="list-style-type: none"> <li>• People are supported during assessments by an appropriate person who is sensitive to and understands their cultural needs</li> <li>• People's language and communication needs are identified and responded to</li> <li>• People receive a copy of their assessment in a format that facilitates their understanding.</li> </ul>

Source: Victorian Auditor-General's Office from the *Department of Human Services Standards evidence guide*, December 2011.

DHS-funded family violence services are required to deliver their services in line with the Common Risk Assessment Framework and the Domestic Violence Code of Practice for Specialist Family Violence Services for Women and Children, both of which provide practical information for working with women and children from CALD communities.

DHS funds the InTouch Multicultural Centre against Family Violence to provide secondary consultations to other family violence and mainstream services. InTouch provides free, culturally sensitive services to women and children from CALD communities who are experiencing family/domestic violence. InTouch case managers speak 23 different languages and almost all are migrants or refugees themselves.

### Building local cultural awareness

Building cultural awareness is not only about staff training. Figure 2C provides an example of how community members have been supported to increase their understanding of people from CALD backgrounds.

**Figure 2C**  
**Breaking down cultural barriers**

In Shepparton, the ethnic council offers regular bus tours to community leaders of new and emerging communities to break down cultural barriers. The bus tours take community leaders to visit police stations, hospitals, and the local council. People from agencies and government are also taken on a cultural tour.

Each bus takes around 50 people. On one tour, for example, participants were taken to an Aboriginal property, a football club, mosques, and a Sikh temple. Most people on the bus had never been to such places before or met with people from CALD backgrounds on a one-to-one basis. At an Iraqi mosque, a couple of men from the community talked about the importance of the building, how the community is operating and issues they experience. The bus tours have been very popular, and there are plans to continue this service.

*Source:* Victorian Auditor-General's Office from the Ethnic Council of Shepparton and District Goulburn Valley Settlement Planning Committee, 2013.

### Culturally appropriate information

The government is the largest purchaser—80 per cent— of Victorian translation and interpreting services. The availability and accessibility of these services is critical to providing responsive services. However, a key driver of delivering a responsive service is the availability and sustainability of the workforce. There is a growing need for professional interpreters in new and emerging languages, as well as in established languages—studies show there is limited access to interpreters in rural and regional areas and in specialised areas such as legal and health interpreting.

To meet growing demand, the Multicultural Language Services program received \$2 million over four years in the 2011–12 Budget to increase the supply and quality of interpreters in Victoria. A 2013 review of the program identified several issues:

- longstanding factors in the industry, such as low remuneration and inadequate job security, make it difficult to attract and retain interpreters
- insufficient focus on improving the supply of interpreters and translators in established languages
- the need for a compliance component in the new policy and guidelines to increase accountability for the use of interpreters and translators.

In 2011–12, the total identified expenditure by departments on interpreting and translating services, including expenditure through funded agencies, was \$27 263 484—a 4.26 per cent increase on the 2010–11 total expenditure of \$26 149 230. However, because reporting is based on the cost of service provision, it does not identify whether the services provided are being used by those clients who need them or whether services are accessible, available, or meeting demand. For example, stakeholders have noted the difficulties in understanding an interpreter over the phone in the absence of facial expression, tone and gestures and body language. For some cultures this can mean that the provision of telephone services is not an effective method of delivery.

### *Department of Education and Early Childhood Development*

DEECD has guidelines for use of interpreting and translation services in Victorian government schools and department-funded early childhood and support services. All Maternal and Child Health services have access to interpreter services through a DEECD-funded statewide interpreter service for families who require this.

In addition, DEECD's employment of Multicultural Education Aides (MEA) plays a critical role in improving accessibility to schooling. Schools can employ part-time MEAs to enable a broader range of languages to be covered locally. In 2014, around 357 equivalent full-time (EFT) positions are being funded statewide. DEECD does not formally monitor the effectiveness of the MEAs but relies on anecdotal evidence from schools about their contribution to effective access.

### *Department of Health*

DH has prioritised improving the health literacy of refugees and asylum seekers. A key issue is the need to translate information for people who are not literate in their own language. Additional funding for language services in health has been provided in the last two State Budgets. This has included:

- attaching language services to each new EFT position for Refugee Health Nurses, allied health professionals and mental health counselling positions through a 2013–14 Budget measure
- additional funding to meet the increased demand for interpreting services
- funding for the redevelopment of the Health Translations Directory website which provides translated health information for health professionals and consumers.



The 2013–14 State Budget flexible language services funding attached to each funded service provider position—for mental health counselling, allied health and Refugee Health Nurse positions—is in recognition of the high use of interpreting services by newly arrived populations with limited or no English.

This is a positive and responsive investment as a 2013 report by Foundation House into promoting the engagement of interpreters in Victorian health services recommended providing a budget allocation for interpreting services with all new funding for health services, similar to the model used for the Refugee Health Nurse Program.

DH is currently conducting a statewide public consultation on the development of a Health Literacy and Consumer Health Information policy statement which will be part of a new statewide consumer, carer and consumer participation policy in 2015.

### *Department of Human Services*

DHS standards require service providers to provide information in a format that helps people understand their rights and responsibilities; to be aware of different language, cultural and communication needs; and to use a range of alternative information and communication methods to enhance their understanding.

DHS has developed an online training resource 'Making the Connection' to assist staff to work with interpreters. DHS is also participating in the OMAC-led and funded Multilingual Government Information Online Pilot Project. As part of the OMAC initiative, DHS sought input from the InTouch Multicultural Centre Against Family Violence to advise on suitable material for translation into 12 community languages. A pilot website and best practice guide are currently being developed and this good practice model is to be shared with other departments.

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## Recommendations

That the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development:

1. develop and report annually on their cultural diversity plans—or equivalent—in consultation with the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission
  2. include in their reporting of progress on cultural diversity plans explicit reference to:
    - how culturally appropriate training for staff has been incorporated into the delivery of services for culturally and linguistically diverse communities
    - how information/data has been used to increase accessibility of services for culturally and linguistically diverse communities
    - the effectiveness of service delivery to culturally and linguistically diverse communities as an integral part of program evaluation.
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# 3 Monitoring and reporting of service accessibility

## At a glance

### Background

Effective data collection enables departments and funded agencies to improve their understanding of the needs of their client groups. Monitoring service accessibility enables issues affecting access to be addressed in a timely and effective way. Reporting on service accessibility holds government departments and service providers accountable for their performance.

### Conclusion

Poor data collection and analysis of service delivery means that departments and service providers do not always know if their services are being effectively accessed by migrants, refugees and asylum seekers. Current reporting requirements do not hold service delivery departments sufficiently accountable for their performance with culturally and linguistically diverse (CALD) communities.

### Findings

- A key issue for agencies is the lack of accurate new settler data to inform service planning.
- Background CALD information and year of arrival are not always captured by departments and service providers.
- Departments and service providers do not systematically collect and analyse data from clients to assess accessibility and effectiveness of service provision.

### Recommendation

That the Office of Multicultural Affairs and Citizenship within the Department of Premier and Cabinet monitors and reports on departmental compliance with the reporting requirements of section 26 of the *Multicultural Victoria Act 2011*.

### 3.1 Introduction

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In order to know if a service is accessible and responsive to need, relevant data needs to be collected, analysed and used to improve planning and delivery. Poor data collection and analysis of service delivery makes service planning difficult. Reporting on outcomes holds government departments and funded agencies accountable for their performance. Without this, it is difficult to be assured that those most in need are being appropriately supported.

### 3.2 Conclusion

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Limited settlement data is made available by the Commonwealth, which affects the capacity of local government areas to plan adequately for new arrivals. However, departments and funded agencies could be making better use of their service interactions to collect feedback from clients on service accessibility and responsiveness. Such data is not collected systematically or routinely. This means that departments do not know if services are accessible and effective for migrants, refugees and asylum seekers. For universal services, monitoring accessibility for these cohorts helps to identify if there is a need for targeted programs to support access.

### 3.3 Departmental monitoring and evaluation of outcomes

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Departments typically measure service utilisation and/or expenditure. They report annually on activity levels but not on whether these activities have been effective. There are some examples of departments identifying and addressing a level of unmet need or barriers to accessibility. However, there are limited mechanisms for regular reporting to assure government more broadly that appropriate services are being effectively delivered to the people who most need them.

A key issue is the lack of regular or accurate settlement data on newly arrived refugees and asylum seekers to inform service planning. Departments and service providers all commented on the challenges this presents. Yet they also have a responsibility to collect information from service users from culturally and linguistically diverse (CALD) communities to make sure their significant needs are being met.

Effective data collection enables departments and funded agencies to improve their understanding of the needs of their client group and monitor the accessibility of the services they provide. Yet there are currently gaps in the kind of data collection and analysis that would enable departments and the Office of Multicultural Affairs and Citizenship (OMAC) and the Victorian Multicultural Commission (VMC) to better understand whether client groups are effectively accessing services.

### 3.3.1 Data limitations

There are several issues affecting the ability of departments and service providers to collect and analyse data for the purposes of service planning and delivery.

#### Unavailability of Commonwealth data for state planning purposes

This is a key issue raised by agencies during the audit. Data from the Commonwealth on refugee and asylum seeker arrivals and settlement locations is very limited. The Commonwealth does not routinely provide states and territories with accurate or timely data on settlement cohorts, including 'irregular maritime arrivals', refugee arrivals offshore, skilled and student visa holders and unauthorised plane arrivals. Commonwealth datasets are not integrated across systems, including the following datasets:

- immigration—Department of Immigration and Border Protection
- humanitarian settlement—Department of Social Services
- Asylum Seeker Assistance Scheme and Community Assistance Support—Centrelink
- Medicare health—Department of Health.

This makes it difficult for local government areas to adequately plan and prepare for new arrivals. While Commonwealth data is critical for effective local service planning, service providers and departments could also be collecting information from service users to identify whether services are being accessed effectively and meeting need.



#### Lack of data about secondary migration within Victoria

It is difficult to estimate the numbers of people who relocate in Victoria. This includes people from outside and inside Victoria who move to new locations within the state. While the Department of Immigration and Border Protection has access to the systems that could provide the most accurate and comprehensive data about secondary migration of asylum seekers, and the Department of Social Services has access to information about refugees, this information is not currently provided by the Commonwealth to states and territories.

### Reliance on outdated census data

The most recent Australian Bureau of Statistics (ABS) census data is from 2011. This is now outdated, particularly for locations that have experienced rapid growth in new settler arrivals. Despite this, with no readily-available Commonwealth data, departments and OMAC rely mainly on ABS census data. This is useful for longer-term planning, however, there is limited readily-available data to manage and plan for migrant and humanitarian arrivals in the short to medium term.

### Inadequate identification of CALD background

Data collected by service providers and departments does not always capture whether clients are from a CALD background. For example, CALD information has not been systematically collected and analysed on children and families in Victoria's child protection system. This means that families from a CALD background may not always gain access to the services that would benefit them. In general, the disclosure of CALD background by a service user is voluntary—this means systematic collection of CALD data will be limited.

### Lack of data regarding country of origin and year of arrival

To accurately capture service access and utilisation by asylum seekers and refugees, service providers need to record both country of origin and year of arrival. This information is currently difficult to access and record—service provider access depends on the capacity of the service user to disclose accurate information. Asylum seeker service users may have lost the information provided by the Commonwealth, or they may choose not to disclose this information, be unaware of it or have difficulties communicating it clearly or accurately. These limitations could be equally true for refugee arrivals. Also, service provider data systems may not have the data fields available to enter and/or report on visa type and year of arrival.

Visa type is not as critical as country of birth and year of arrival. Visa type can change, and it would be difficult for service providers to obtain this information accurately and sensitively, so this is not recommended by clinicians.

## 3.3.2 Implications of data limitations

The lack of current, readily available and accessible data limits the extent to which resources can be invested in early intervention and upfront services. In practical terms, this means that local governments and service providers are more likely to react to arrivals in their area, rather than being able to plan ahead effectively and coordinate and integrate services for individuals settling in the area.

Data collection is not simply about capturing service utilisation numbers, but about capturing information on types of services needed to address the high complexity of health conditions.

There is growing pressure on the relatively small number of local government areas (LGA) with the highest proportion and largest number of overseas-born residents and the highest proportion and largest number of Language other than English (LOTE) speakers, including LOTE speakers with low English proficiency. These LGAs need to have in place appropriate planning infrastructure, sufficient resources and data on client needs to aid integrated service provision. Small settlement LGAs that are unprepared for refugee and asylum seeker new arrivals are also finding it difficult to respond to the level of need.

### 3.3.3 Good practice in addressing data limitations

Using available data, OMAC has analysed census CALD indicators, including country of birth, language spoken at home, and religion to develop community fact sheets and profiles for the top 100 overseas birthplace groups in Victoria, comparing ethnicity with socio-demographic characteristics derived from the 2011 Census.

Other service needs affected by inadequate datasets include the provision of resource-intensive support services for asylum seekers, including children, released from detention centres or community detention into the Victorian community on Bridging Visa E (BVE). OMAC, through the Settlement Coordination Unit, has sought to improve the capacity of Victorian services to respond to these new arrivals by negotiating the provision of data about the number and demographics of BVE arrivals to Victoria. This has assisted the Department of Education and Early Childhood Development (DEECD) to develop and implement responsive school enrolment processes for children on a BVE and assisted other departments with service planning activities.

Service providers at the local level have also sought to address the data deficits. In Greater Shepparton, for example, local organisations have developed their own community profiles for the four most prevalent new arrival communities—Congolese, Iraqi, Sudanese and Afghani. When the ABS census data was released, local organisations knew that the figures were understated. For example, since the late 1990s, a strong Iraqi community of about 3 500 to 4 000 has lived in Greater Shepparton. However, ABS data indicates only around 1 000 Iraqis in this location. Primary Care Connect—a local service provider in Shepparton—is working with local Victorian police to identify the background of victims in reported family violence situations to enable Primary Care Connect staff to provide culturally responsive support to these families.

Elsewhere, VMC is working with the Department of Human Services (DHS) and other agencies to better identify children and families from CALD backgrounds in the child protection system. This is in response to a recommendation from the *Report of the Protecting Victoria's Vulnerable Children Inquiry* that this be improved 'so that the appropriateness of current service provision can be considered'. The research project is due to begin in mid-2014.

Much of this work is around improving the quality of demographic information that can assist service planning. However, there is little evidence of systematic and ongoing collection and analysis of client feedback being used to inform service design and delivery, or of such information being made available at a whole-of-government level. The VMC feedback from community consultations, for example, is not currently being used to inform services. There is evidence of feedback and complaints mechanisms with some individual programs but if and how this information is used to improve practice is not clear.

### 3.3.4 Office for Multicultural Affairs and Citizenship

In the annual *Victorian Government Initiatives and Reporting in Multicultural Affairs* report, departments are not required to report on whether migrants, refugees and asylum seekers are effectively accessing their services. Instead they report on:

- expenditure on interpreting and translating services
- multilingual publications and resources
- progress and forward initiatives under cultural diversity plans
- CALD representation on government boards, authorities and committees
- percentage of total expenditure on CALD advertising campaigns
- measures to promote human rights.

Departments report on advertising campaigns but not on whether these campaigns led to improved access. For example, in 2011–12, DEECD promoted Children's Week activities in five CALD newspapers, but it is not known if this contributed to more CALD families attending the activities compared to previous years or other geographical locations where this promotion was not undertaken.

For the first time, Victoria's multicultural affairs policy provides performance indicators. However, the majority of indicators are based on existing datasets—such as ABS census data, National Assessment Program Literacy and Numeracy national reports, the ABS Labour Force Survey and the Victorian Population Health Survey—and will not enable service delivery departments to demonstrate whether services are being effectively accessed.



### 3.3.5 Department of Education and Early Childhood Development

While DEECD's 2013–17 Strategic Plan sets out an initial set of outcome indicators for measuring aspects of disadvantage and vulnerability, these indicators do not currently include identification by CALD, refugee or asylum seeker background.

The extent of monitoring and reporting of service accessibility varies within DEECD. There is no collection of—or requirement to collect—data on CALD or refugee status at a departmental level for the universal Maternal and Child Health program. DEECD collects data at a local government level, but different councils operate different databases. As there is no automatic way for DEECD to aggregate the data from these databases, councils provide Excel spread sheets to DEECD on a number of service outputs and client outcomes, including participation in the 10 Key Ages and Stages visits provided to parents and children by the Maternal and Child Health program. DEECD then amalgamates the data and reports this annually.

DEECD is now working with the Municipal Association of Victoria on a project that will inform the development of a new statewide operational and data management system for Maternal and Child Health services, including a minimum dataset to be provided by these services to DEECD. This will likely include mandatory fields for migrant, refugee and asylum seeker status.

DEECD currently funds local program and planning advisors to liaise with local councils to share information and issues on a quarterly basis. However, there is no quantitative data collection or analysis of utilisation of the service by CALD or refugee families.





### 3.3.6 Department of Health

Department of Health (DH) receives six-monthly reports from the Refugee Health Nurse Facilitator and an annual report from Foundation House which provides information on access to health services.

Accessibility to these CALD services could be better supported by collecting information on whether someone is a refugee or asylum seeker, their country of birth—this is often a field but is not asked for or filled in—first language and year of arrival. Year of arrival is a good proxy for 'refugee' or 'asylum seeker'. The Refugee Health Network of Australia supports the inclusion of this kind of data in datasets across Commonwealth and state departments. The 2011–12 Victorian Refugee Health Network report notes the difficulty it has in identifying refugee background populations in order to be able to understand the health inequalities they face.

DH advises that while datasets may include country of birth, this is not meaningful without visa class or year of arrival. There are also sensitivities around asking about refugee status. Any change to the dataset requires an internal approval process and has time and cost implications for departments and providers collecting the data.

DH's recent priorities have been around ensuring data collections meet requirements under the new national health reforms. This has focused on reducing the number of data items rather than including new items. However, DH is currently working with the Victorian Refugee Health Network on its proposal to the national Independent Hospital Pricing Authority to gather evidence for including a low English proficiency adjustment in the Pricing Framework for Australian Public Hospital Services.

While community health services use various data systems, they are all required to report against a single dataset—the Community Health Minimum Data Set. Community health services providing for refugee and asylum seeker populations are required to report consistently on the following data elements:

- refugee status
- need for an interpreter
- country of birth
- preferred language
- service from the Refugee Health Nurse.

Data is provided on the number of refugees accessing community health services and on the appropriateness of service provision—for example, on the use of interpreters.

DH acknowledges there is further work to do on improving data quality in the community health sector and is leading the Victorian Community Health Indicators project. Indicators have been developed in consultation with consumers and carers. The views and preferences of refugees and asylum seekers were informed by a broader consultation undertaken by DH. The indicators include 'access to assessment and service'.

There is also an indicator measuring the percentage of clients who have indicated they need an interpreter who actually receive one on their first contact with a service/program area. While these clients will not initially be identified by country of birth and how long they have been in Australia, trends will be able to be analysed.

In 2013, in response to increased numbers of refugees and asylum seekers settling in Victoria, the Victorian Government provided one-off funding of \$670 000 to enable critical on-arrival health care to people from these backgrounds. Recipients of the funding were required to report on how it was used to respond to immediate primary health needs.

### 3.3.7 Department of Human Services

As part of its cultural diversity planning, DHS has identified reviewing and considering 'options for improving the source of data available relating to client outcomes for clients from CALD backgrounds' as a 2013–14 priority.

The Centre for Human Services Research and Evaluation is currently working with the VMC to better identify how DHS services are being accessed by migrants, refugees and asylum seekers.

DHS-funded family violence service providers are required to:

- collect information on the cultural identity of clients, including country of birth, preferred language and if an interpreter is required
- analyse stakeholder feedback to create a service environment which encourages children, young people and families to take up the service and participate in the longer term.

Reporting by InTouch Multicultural Centre against Family Violence fulfils this requirement through data collection and reporting on:

- the five most common countries of birth of clients accessing services
- year of arrival in Australia of clients
- 'immigration department or asylum seeker/refugee support service' as an option for 'source of formal referral'
- 'interpreter services', 'assistance with immigration services', 'culturally specific services' and 'assistance to connect culturally' as options for types of support needed, provided and referred to clients.

InTouch's Strategic Plan also clearly identified performance measures for achievement against objectives.

### Recommendation

3. That the Office of Multicultural Affairs and Citizenship within the Department of Premier and Cabinet monitors and reports on departmental compliance with the reporting requirements of section 26 of the *Multicultural Victoria Act 2011*.



# 4 Whole-of-government approach

## At a glance

### Background

A whole-of-government approach is needed in the provision of services to migrants, refugees and asylum seekers to ensure that services are accessible, well-coordinated and meeting need.

### Conclusion

Whole-of-government structures and processes are not resulting in informed and coordinated service planning and delivery. While there are examples of service delivery departments working effectively together, this is not consistent, embedded or systemic. Under the current governance arrangements neither the Office of Multicultural Affairs and Citizenship (OMAC) nor the Victorian Multicultural Commission (VMC) is being used to its full potential.

### Findings

- There is overlap and ambiguity between the roles and responsibilities of OMAC and the VMC.
- There is no overall monitoring of and reporting on whole-of-government expenditure on services for culturally and linguistically diverse communities.
- There is no mechanism to require departments to comply with the new multicultural policy.
- There is no overarching mapping of services to identify areas of overlap or service gaps.
- At the service provider level there is evidence of a more integrated approach.

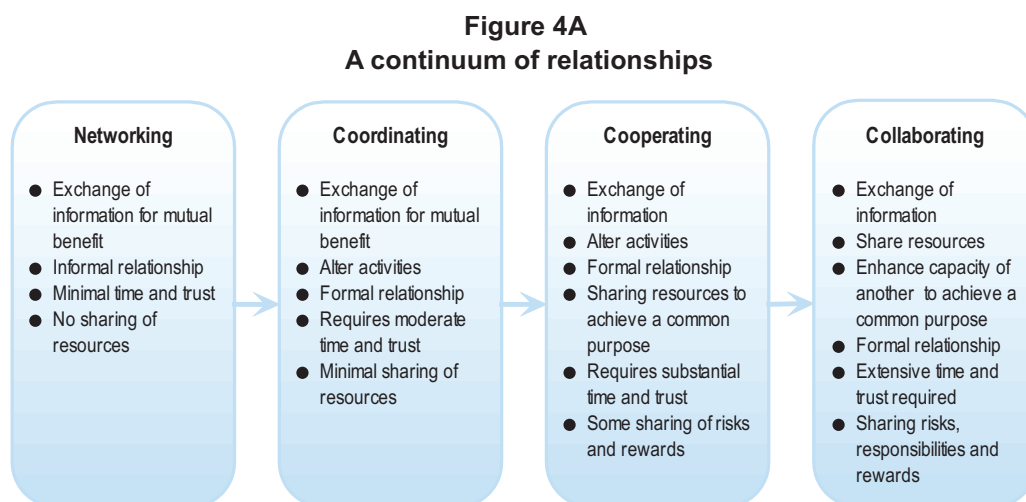
### Recommendations

- That the Department of Premier and Cabinet develops clear roles and responsibilities and appropriate governance arrangements for OMAC and VMC with robust and effective reporting and accountability mechanisms.
- That VMC and OMAC work closely together to monitor and report on overall departmental performance in relation to the provision of accessible, responsive and effective services.

## 4.1 Introduction

The focus of a whole-of-government approach is to better integrate and coordinate government policy and service delivery to achieve common goals and respond to an identified high-priority issue or need within the community.

Figure 4A describes the continuum of relationships that can exist between departments.



Source: State Services Authority, *Victorian approaches to joined-up government: an overview*, 2007.

A whole-of-government approach enables:

- gaps in services to be identified
- inefficiencies arising from duplication to be addressed
- comparative assessment of departmental implementation of multicultural policies and programs
- monitoring of departmental compliance with legislative requirements
- monitoring of and reporting on whole-of-government expenditure on multicultural services, including on the most vulnerable culturally and linguistically diverse (CALD) communities
- assessment of the effectiveness of service delivery in meeting the needs of people requiring them.

It is also more likely to enable stronger and coordinated advocacy by the state to the Commonwealth when this is required.

Departments do not routinely collaborate. There is evidence of networking, coordination and cooperating, but there is limited evidence of consistent, systematic cross-department collaboration leading to improved outcomes for CALD communities. The advantages of a whole-of-government government approach, as listed above, are not being realised.

## 4.2 Conclusion

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Whole-of-government structures and processes are not resulting in informed and coordinated service planning and delivery. While there are examples of departments working effectively together, this is not consistent, embedded or systemic. One of the Office of Multicultural Affairs and Citizenship's (OMAC) key deliverables in 2013–14 is to promote an informed and coordinated whole-of-government approach to multicultural affairs and citizenship in Victoria, yet it lacks the authority to hold departments accountable for their performance in multicultural affairs. A new whole-of-government multicultural policy was released in March 2014. While the policy is significantly expanded and makes explicit its objectives and commitments, there is no clear authority and structure identified to ensure it is implemented as intended. Under the current governance structure neither OMAC nor the Victorian Multicultural Commission (VMC) is being used to its full potential.

## 4.3 Coordination across departments

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Despite the existence of several cross-agency mechanisms to promote whole-of-government coordination, departments still largely work on their own in the area of multicultural affairs.

OMAC has implemented a range of programs designed to improve service access for CALD communities and, via the Settlement Coordination Unit (SCU), has led Victoria's advocacy with the Commonwealth in matters affecting refugee and asylum seeker service access. However, more active strategic leadership is needed by OMAC if there are to be better coordinated, more integrated, cost-effective and targeted services that are accessible and responsive to client need.

The VMC's expertise and knowledge of CALD communities' needs is not being well utilised by departments, partly because departments appear to be unclear about its role. This means the VMC is not currently fulfilling one of its key roles as advocate to the government on behalf of CALD communities because the information it collects about issues and challenges facing these groups is not being used to inform service delivery. The VMC advises that it does not have the resources to verify the information it collects or to undertake further research.

OMAC and the VMC are the two key bodies in Victoria with multicultural responsibilities. However, the ambiguity and uncertainty regarding their respective roles and responsibilities means the two organisations are not working together as effectively as they could be in the interests of those they represent.

Figure 4B shows the roles, responsibilities, staffing and funding of the two organisations.

**Figure 4B**  
**Roles and responsibilities**

	<b>Roles and responsibilities</b>	<b>2013–14 operational budget (\$mil)</b>	<b>Staffing (EFT)</b>
OMAC	Whole-of-government advice, policy and performance measurement, events, refugee settlement, program delivery, Commonwealth-state relations	22.7	23.8
VMC	Community consultation, investigation and research, strategic advice to government on service delivery issues, providing support for grant-making processes	3.2	9.6

Note: 'EFT' refers to equivalent full-time positions.

Source: Victorian Auditor-General's Office.

### 4.3.1 Role of the Office of Multicultural Affairs and Citizenship

OMAC is situated in the Department of Premier and Cabinet (DPC). It is responsible for coordinating Victoria's multicultural policy and program implementation.

OMAC led the development of the recently released multicultural policy *Victoria's Advantage: Unity, Diversity, Opportunity*. This policy recognises a whole-of-government approach to multicultural affairs as being critical to achieving effective service delivery and outcomes. OMAC consulted widely with departments in the development of the policy and is now consulting with them about its implementation, but it lacks the executive tools to require compliance by departments—under current governance arrangements, as part of DPC, OMAC cannot hold departments to account.

The SCU in OMAC was set up in 2011 and was the first of its kind established by a state government in Australia. It facilitates a coordinated and integrated approach across state, local and Commonwealth governments. It also supports a range of programs to support new arrivals, including refugees and asylum seekers. The SCU was allocated \$580 000 in the 2013–14 State Budget. However, there is doubt about the future of this unit as the funding is due to end in 2014–15. Given the critical functions that the SCU fulfils, the uncertainty of future funding remains an issue.

SCU's functions include:

- The Refugee Action Program works with refugee communities and asylum seekers to identify and respond to issues, including service access.
- The Rights and Responsibilities Seminar Program provides information to migrant, refugee and asylum seeker communities about the legal system, multiculturalism and citizenship.
- The Peak Multicultural Organisations Support Fund supports peak organisations, particularly those in rural and regional locations, to work with and on behalf of their multicultural communities.



OMAC has played a key strategic leadership role in advocating to the Commonwealth government on behalf of departments. OMAC, via the SCU and in collaboration with the Department of Education and Early Childhood Development (DEECD), successfully negotiated fair cost recovery arrangements with the Commonwealth for the enrolment of asylum seeker children on a Bridging Visa E in Victorian schools. The SCU is continuing to work with the Department of Health (DH), the Department of Human Services (DHS) and Victoria Police in negotiations with the Commonwealth to recover costs for provision of relevant services. The SCU also communicates policy changes and settlement data to departments.

### 4.3.2 Role of the Victorian Multicultural Commission

VMC is a statutory body established under the *Multicultural Victoria Act 2011* (the Act). It functions as a link between the government and CALD communities and is an independent advocate on behalf of those communities. VMC provides independent advice to the Victorian Government to inform the development of legislative and policy frameworks and the delivery of multicultural services. However, its role and responsibilities are not clear, particularly where these intersect with OMAC.

VMC holds statewide consultations with communities and Regional Advisory Councils (RAC) to gain a better understanding of the needs of diverse communities. However, little is done with this information. The VMC Community Consultation Summary reports from 2011 and 2012 note that further investigation is needed to verify the issues raised. VMC has advised that it does not have the resources to investigate further. The information collected by VMC is not being used by service delivery departments to inform their programs and services. In its current form this consultation has little value.

OMAC is responsible for advocating to the Commonwealth on behalf of the state, VMC is responsible for advocating to the minister on behalf of multicultural communities. However, there is overlap between them and uncertainty around roles and responsibilities, with both having responsibility for grants administration and program management. Currently, the relationship between the two bodies is not functioning as efficiently and effectively as it could be. Leaving aside the issue of capacity, there is no operational framework currently in place that would support VMC taking on a more authoritative role in terms of collecting data from departments, providing input into cultural diversity plans or reporting on whole-of-government service provision and outcomes for CALD communities.

DPC recently conducted an internal review to identify whether 'the current structures, roles, activities and working relationships' of OMAC and VMC are achieving the government's objectives in this portfolio. The report has not yet been made public and its findings are currently being considered by the new Minister for Multicultural Affairs and Citizenship.

## 4.4 Expenditure on multicultural initiatives

Services to CALD communities generally occur through mainstream programs. This makes it difficult to identify the full range of services across the state that are being funded to provide support to migrants, refugees and asylum seekers. It also makes it difficult to separate out and therefore calculate the investment being made for CALD communities. Where departments have identified specific gaps or needs within their sphere of responsibility, submissions for specific initiatives are made and, if approved, established.

Refugees and asylum seekers tend to have more targeted programs than migrants. Figure 4C shows a sample of targeted services for migrants, refugees and asylum seekers in Victoria that are currently funded by the audited departments and agencies.

**Figure 4C**  
**Funding for migrants, refugees and asylum seekers**

Department	Initiative	Funding (if known)
DH	Refugee Health Nurse Program	\$1.91 million in 2012–13 \$4.6 million in 2013–14
	Refugee Health Fellows Program	\$258 000 in 2012–13 \$562 860 in 2013–14
	Victorian Refugee Health Network	\$90 000 recurrent in 2013–14 \$189 000 ongoing from 2014–15
DHS	Refugee Minor Program	Victoria jointly funds delivery with the Commonwealth \$5.98 million in 2012–13 Victorian Budget
	Refugee Minor Employment Program	\$1.32 million over three years
DEECD	Multicultural Education Aides	\$17 million each year \$0.5 million sunsets in 2014–15
	English as an Additional Language	\$102.5 million in 2013–14
DPC–OMAC	Multicultural Language Services Program	\$1.31 million in 2013–14 \$0.5 million sunsets in 2014–15
	Refugee Action Program	\$1.3 million for refugee and asylum seeker support in 2013–14
	Asylum Seeker Support Program	
	Rights and Responsibilities Seminars	\$400 000 in 2013–14 \$200 000 sunsets in 2014–15
	African Leadership Program	\$50 000 in 2013–14 Sunsets in 2013–14
	Peak Multicultural Organisation Support Fund	\$1.5 million from 2013–14 to 2014–15 Sunsets in 2014–15

*Note:* The Department of Health initiatives are part of additional funding provided through the 2013–14 State Budget of \$22.2 million over four years (ongoing) for refugee and asylum seeker health.

*Source:* Victorian Auditor-General's Office.

There is no whole-of-government monitoring and reporting of how much funding is going towards CALD communities in general or whether funding is meeting the service needs of these communities. This makes it difficult to identify the full range of services across the state that are being funded to provide support to migrants, refugees and asylum seekers.

#### 4.4.1 Need for a more integrated approach

A new multicultural policy has recently been approved by government. If implemented in full, it has the potential to drive more accessible and responsive services for migrants, refugees and asylum seekers. OMAC has developed an implementation plan in consultation with departments and has begun consultations as part of the implementation. However, OMAC does not have the authority to allocate responsibilities and ensure compliance.

Under the Act, departments are required to report on their cultural diversity plans. However, departments are not held to account for these plans.

Central guidance through OMAC in the development of cultural diversity plans would enable better leverage of resources, and identification of opportunities to develop a more coordinated approach to training, initiatives, data collection and service delivery. The quality of the plans would also be strengthened by ensuring that the information gathered through the VMC community consultations is provided to departments to actively inform the development and review of their cultural diversity plans.

Additionally, information gained through OMAC's interactions with CALD communities should be used by departments to support and strengthen their own internal community consultation and feedback mechanisms.

Strengthening the feedback loop between departments, VMC and OMAC would enable stronger community consultation and better support the delivery of accessible and responsible services and programs to migrants, refugees and asylum seekers in Victoria.

While the new multicultural policy includes performance indicators for the first time, there are no measures proposed or in place to adequately track whether policy objectives are being met. The lack of reliable, accurate and timely data captured on CALD service users in existing datasets reduces the capacity to measure improvements.

At a local and regional level, there are examples of service providers working together effectively—such as making referrals to each other or relevant entities. Coordinated activities also occur across regional departments through Regional Management Forums (RMF) set up to bridge the gap between state and local government and identify local needs.

## New South Wales Community Relations Commission

In New South Wales, the Community Relations Commission (CRC), established in 2000, is responsible for assessing and assisting public authorities in the implementation of the principles of multiculturalism. CRC's structure, systems and cross-government processes appear to enable it to coordinate and integrate service planning and delivery. Figure 4D highlights some of the features of the CRC approach.

**Figure 4D**  
**NSW Community Relations Commission**

CRC reports on community relations and effectiveness of public authorities in observing the principles of multiculturalism in conducting their affairs. Reporting consists of:

- a report on compliance of all government agencies against multicultural requirements set out in the legislation
- comparative assessment of the implementation of the multicultural plans of key agencies against the Multicultural Planning Framework (the framework)
- a selection of highlights and good practice.

The framework has seven outcomes, clear criteria and an assessment scale that allows for comparative assessment of progress in achieving outcomes.

For example, outcome five, which relates to access and equity, states that: 'Barriers to the access of services for culturally, linguistically and religiously diverse backgrounds are identified and programs and services are developed to address them'.

Compliance is measured against three criteria: 'responsive mainstream and targeted programs', 'interpreter service use' and 'accountability of funded services'.

The report provides an analysis of how up to 20 designated key agencies have addressed the specific outcomes of the framework.

It is intended that government agencies can use this report to develop new initiatives influenced by the good practice of other agencies.

Source: Victorian Auditor-General's Office.

Key functions of the CRC that are not carried out by either OMAC or VMC, because they do not have the legislative mandate to do so, are:

- to provide a single coordination point for integrated responses to emerging issues associated with cultural diversity
- to assess the effectiveness of public authorities in observing the principles of multiculturalism in the conduct of their affairs, particularly in connection with the delivery of government services, so as to facilitate consistency across authorities on issues associated with cultural diversity
- to advise the minister on the most effective use of funds appropriated by Parliament for programs relating to its objectives
- the inclusion in its annual report of an assessment of the effectiveness of public authorities in observing the principles of multiculturalism in their work.

CRC's Multicultural Planning Framework and supporting resources for practitioners and chief executive officers are comprehensive, systematic and integrated. There is also greater expectation on agencies to plan for and demonstrate progress in implementing multiculturalism principles than in Victoria.

## 4.4.2 Other whole-of-government mechanisms

Several cross-agency groups have been set up to facilitate a whole-of-government approach to providing services for migrants, refugees and asylum seekers. However, this objective has not been achieved.

### Interdepartmental group

The Multicultural Services Delivery Senior Officers Inter Departmental Group (IDG) was established in 2012 to coordinate work by departments in relation to multicultural services and to advise the government as required. Membership comprises senior executives from all departments and Victoria Police. A recent review of the IDG found that while it was a source of information sharing, it did not often lead to clearly coordinated efforts on priority issues impacting multicultural communities.

### Regional management forums

RMFs were established in 2005 in each of Victoria's eight administrative regions. One of their functions is to coordinate senior officers across the three tiers of government at the regional level. RMFs have the authority, within existing budgets and policy frameworks, to initiate joint projects within their region. They have no formal responsibility to look at asylum seeker issues, but some of them have elected to do so.

However, as with the IDG review, a recent review of RMFs identified a need to move beyond information sharing and networking to deliver more tangible outcomes.

Reviews in late 2013 of both the IDG and RMFs independently recommended:

- strengthening the role and authority of both groups
- strengthening the cooperation between the two groups
- aligning the work that they do, including the development of priority areas of focus
- having clear work plans to guide the work
- identifying 'champions' to drive the work
- determining regular reporting requirements.

### Regional advisory councils

Under the Act, VMC established eight RACs to provide advice on multicultural, settlement and citizenship issues and to advocate on behalf of diverse communities. Information gathered through RACs and through VMC's community consultations is summarised and provided to the Minister for Multicultural Affairs and Citizenship and to department secretaries through the IDG. However, information gathered through the RACs is also not well utilised.

### 4.4.3 Improving the current whole-of-government approach

Strategic whole-of-government action to improve access to services for migrants, refugees and asylum seekers could be strengthened by:

- ensuring that the terms of reference for the IDG are strengthened to include an oversight role for the development of the cultural diversity plans, with scope to escalate matters of concern for appropriate departmental or inter-governmental consideration
- consistent with the 2013 review, strengthening the strategic focus of the RMFs and developing a framework that will assist in the identification and assessment of projects
- requiring each department to develop and review their annual cultural diversity plan and clearly articulate how outcomes, including service access outcomes, will be improved and measured over time
- having OMAC adopt a more strategic role in working with departments to develop and review cultural diversity plans, including assessing progress and outcomes
- having OMAC continue to work with departments to identify agreed responsibilities, actions and milestones for implementation of the new multicultural policy
- having VMC adopt a more strategic role in working with OMAC in the development of the cultural diversity plans and, through OMAC, monitoring departmental progress and performance
- having VMC, in its role as an independent advisor to the minister, report annually on departmental performance in relation to the provision of accessible and responsible services.

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## Recommendations

That the Department of Premier and Cabinet:

4. defines more clearly the roles and responsibilities of the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission
5. develops appropriate governance arrangements for the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission with robust and effective reporting and accountability mechanisms.

That the Victorian Multicultural Commission and Office of Multicultural Affairs and Citizenship:

6. work closely together to monitor and report on overall departmental performance in relation to the provision of accessible, responsive and effective services.
-

# Appendix A.

## *Audit Act 1994* section 16— submissions and comments

### Introduction

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In accordance with section 16(3) of the *Audit Act 1994*, a copy of this report was provided to the Department of Premier and Cabinet via the Office of Multicultural Affairs and Citizenship, the Victorian Multicultural Commission, the Department of Education and Early Childhood Development, the Department of Health and the Department of Human Services.

The submissions and comments provided are not subject to audit nor the evidentiary standards required to reach an audit conclusion. Responsibility for the accuracy, fairness and balance of those comments rests solely with the agency head.

Responses were received as follows:

Collaborative response provided by the departments of Premier and Cabinet, Education and Early Childhood Development, Health, and Human Services .....	44
Victorian Multicultural Commission .....	48



**COLLABORATIVE RESPONSE provided by the departments of Premier and Cabinet,  
Education and Early Childhood Development, Health, and Human Services**



**Department of Premier and Cabinet**

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22 MAY 2014



D14/69419

Mr John Doyle  
Auditor-General  
Victorian Auditor-General's Office  
Level 24, 35 Collins St  
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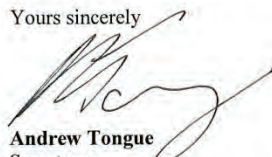
Dear Mr Doyle


**RESPONSE TO THE PROPOSED PERFORMANCE AUDIT REPORT ON ACCESS  
TO SERVICES FOR MIGRANTS, REFUGEES AND ASYLUM SEEKERS**

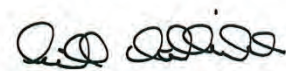
Thank you for the opportunity to respond to the proposed performance audit report on Access to Services for Migrants, Refugees and Asylum Seekers.

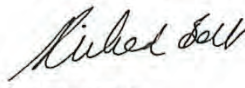
The Department of Premier and Cabinet, the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development have developed the joint response at [Attachment A](#).

Yours sincerely

  
**Andrew Tongue**  
Secretary  
Department of Premier and Cabinet

  
**Dr Pradeep Philip**  
Secretary  
Department of Health

  
**Gill Callister**  
Secretary  
Department of Human Services

  
**Richard Bolt**  
Secretary  
Department of Education and Early  
Childhood Development

Attachment A: Comments on the Proposed Performance Audit Report



Your details will be dealt with in accordance with the *Public Records Act 1973* and the *Information Privacy Act 2000*. Should you have any queries or wish to gain access to your personal information held by this Department please contact our Privacy Officer at the above address.

**COLLABORATIVE RESPONSE provided by the departments of Premier and Cabinet, Education and Early Childhood Development, Health, and Human Services – continued**

Recommendation number	Action(s)	Indicative timeframes
1	<p>That the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development:</p> <p>Develop and report annually on their cultural diversity plans (or equivalent) in consultation with the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission.</p>	<p>The Department of Health, the Department of Human Services, the Department of Education and Early Childhood Development and the Office of Multicultural Affairs and Citizenship, within the Department of Premier and Cabinet, <b>accept</b> this recommendation.</p> <p>To <b>progress</b> this recommendation, the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development will develop, finalise, and report annually on a cultural diversity plan (or equivalent), in consultation with the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission <b>by June 2015</b>. These Plans will complement existing strategies and policies supporting culturally and linguistically diverse communities.</p> <p>In addition, the Department of Education and Early Childhood Development (DEECD) will:</p> <ul style="list-style-type: none"> <li>Establish a Project Board to manage oversight of the development of the DEECD Cultural Diversity Plan. This Project Board will be established by September 2014, and the final plan will be published by June 2015.</li> </ul> <p>The Office of Multicultural Affairs and Citizenship, within the Department of Premier and Cabinet, will:</p> <ul style="list-style-type: none"> <li>Collaborate with departments to provide support and advice on the development of high quality cultural diversity plans (or equivalent); and</li> <li>Amend the Terms of Reference for the Multicultural Services Delivery Inter-departmental Group (IDG) to ensure that progress reports against cultural diversity plans (or equivalent) are tabled by departments annually for external feedback.</li> </ul> <p>The Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development <b>accept</b> this recommendation.</p> <p>The Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development will ensure that progress against diversity plans (or equivalent) will:</p> <ol style="list-style-type: none"> <li>Outline how culturally appropriate training for staff has been incorporated into the delivery of services for culturally and linguistically diverse communities;</li> <li>Ensure that information regarding culturally and linguistically diverse communities is collected, analysed and incorporated into services for culturally and linguistically diverse communities; and</li> <li>Ensure that measures to assess the effectiveness of service delivery to culturally and linguistically diverse communities are incorporated into program and service evaluations.</li> </ol> <p>To <b>progress</b> this recommendation, the Department of Health (DH) will:</p> <ul style="list-style-type: none"> <li>Encourage DH staff to access existing cultural competence training programs, and offer opportunities for staff to undertake cultural awareness training to inform policy and program development, implementation and evaluation.</li> <li>Establish a working group comprising of officers from key DH program areas to: <ul style="list-style-type: none"> <li>investigate gaps in data collection and develop strategies to improve how information regarding the service needs of culturally and linguistically diverse communities is collected, analysed and used to inform service program design and delivery; and</li> <li>investigate how existing reporting mechanisms can be improved to assess the effectiveness of service delivery to culturally and linguistically diverse communities. This will include working with the Office of Multicultural Affairs and Citizenship to investigate how whole of government reporting could be better utilised as a mechanism to consolidate Department of Health evaluations of program and service delivery.</li> </ul> </li> </ul> <p>To <b>progress</b> this recommendation, the Department of Human Services will:</p> <ul style="list-style-type: none"> <li>Strengthen cultural competence training for service delivery staff in consultation with OMAC;</li> <li>Review existing data and reporting mechanisms and identify how data and reporting can be improved to inform service delivery for culturally and linguistically diverse communities; and</li> <li>Investigate how existing reporting mechanisms can be improved to assess the effectiveness of services.</li> </ul> <p>To <b>progress</b> this recommendation, the Department of Education and Early Childhood Development will, through the DEECD Cultural Diversity Plan:</p> <ul style="list-style-type: none"> <li>Strengthen cultural competency training for both DEECD corporate staff and staff that provide DEECD services, in consultation with the Office of Multicultural Affairs and Citizenship;</li> <li>Record and monitor the number of staff undertaking cultural competency training, their role in the department and the outcomes of their training;</li> <li>Improve collection and analysis of information regarding the needs of culturally and linguistically diverse communities to inform service design and delivery; and</li> <li>Develop a plan to ensure program and service evaluations assess the effectiveness of service delivery to culturally and linguistically diverse communities.</li> </ul> <p>These actions will be overseen by the Project Board established to oversee the development and implementation of the DEECD Cultural Diversity Plan.</p>
2	<p>That the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development:</p> <p>Include in their reporting of progress on cultural diversity plans explicit reference to:</p> <ul style="list-style-type: none"> <li>How culturally appropriate training for staff has been incorporated into the delivery of services for culturally and linguistically diverse communities</li> <li>How information/data has been used to increase accessibility of services for culturally and linguistically diverse communities</li> <li>The effectiveness of service delivery to culturally and linguistically diverse communities as an integral part of program evaluation.</li> </ul>	<p>Project Board established – Sep 2014 DEECD Cultural Diversity Plan finalised – June 2015</p> <p>Ongoing collaboration with departments in consideration of their proposed timeframes IDG Terms of Reference revised – Dec 2014</p> <p>June 2015</p> <p>June 2015</p> <p>Project Board established – Sep 2014 DEECD Cultural Diversity Plan finalised – June 2015</p>



**COLLABORATIVE RESPONSE provided by the departments of Premier and Cabinet, Education and Early Childhood Development, Health, and Human Services – continued**

Recommendation number	Action(s)	Indicative timeframes
<p>3</p> <p>That the Office of Multicultural Affairs and Citizenship within the Department of Premier and Cabinet:</p> <p>Monitors and reports on departmental compliance with the reporting requirements of s.26 Multicultural Victoria Act 2011.</p>	<p>The Office of Multicultural Affairs and Citizenship within the Department of Premier and Cabinet <b>accepts</b> this recommendation.</p> <p>Noting that all departments are already required to report to the Minister for Multicultural Affairs and Citizenship under s.26 Multicultural Victoria Act 2011, the Office of Multicultural Affairs and Citizenship commits to strengthening the monitoring and reporting of all departments, including the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development.</p> <p>To <b>progress</b> this recommendation, the Office of Multicultural Affairs and Citizenship within the Department of Premier and Cabinet will:</p> <ul style="list-style-type: none"> <li>Develop, in consultation with the Victorian Multicultural Commission, an improved process for monitoring departmental compliance and reporting on departmental non-compliance within the reporting requirements of s.26 Multicultural Victoria Act 2011; and</li> <li>Amend the Terms of Reference for the Multicultural Services Delivery Inter-departmental Group (IDG) to ensure that progress reports against Cultural Diversity Plans (or equivalent) are tabled by departments annually for external feedback.</li> </ul>	<ul style="list-style-type: none"> <li>Revised monitoring and reporting processes developed – Dec 2014</li> <li>IDG Terms of Reference revised – Dec 2014</li> </ul>
<p>4</p> <p>That the Department of Premier and Cabinet:</p> <p>Defines more clearly the roles and responsibilities of the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission</p>	<p>The Department of Premier and Cabinet <b>accepts</b> this recommendation.</p> <p>To <b>progress</b> this recommendation, the Department of Premier and Cabinet:</p> <ul style="list-style-type: none"> <li>Commits to defining more clearly the roles and responsibilities of the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission.</li> <li>Will ensure that respective roles and responsibilities are communicated across government and to external stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Roles and responsibilities defined – Dec 2014</li> <li>Stakeholder communication plan developed – March 2015</li> </ul>
<p>5</p> <p>That the Department of Premier and Cabinet:</p> <p>Develops appropriate governance arrangements for the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission with robust and effective reporting and accountability mechanisms</p>	<p>The Department of Premier and Cabinet <b>accepts</b> this recommendation.</p> <p>To <b>progress</b> this recommendation the Department of Premier and Cabinet commits to:</p> <ul style="list-style-type: none"> <li>Reviewing and defining governance arrangements for the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission; and</li> <li>Developing an improved process for monitoring departmental compliance and reporting on departmental non-compliance within the reporting requirements of s.26 Multicultural Victoria Act 2011, in consultation with the Victorian Multicultural Commission.</li> </ul>	<ul style="list-style-type: none"> <li>Governance arrangements reviewed – Dec 2014</li> <li>Revised monitoring and reporting processes developed – Dec 2014</li> </ul>
<p>6</p> <p>That the Victorian Multicultural Commission and Office of Multicultural Affairs and Citizenship:</p> <p>Work closely together to monitor and report on overall departmental performance in relation to the provision of accessible, responsive and effective services</p>	<p>The Office of Multicultural Affairs and Citizenship within the Department of Premier and Cabinet <b>accepts</b> this recommendation.</p> <p>The Office of Multicultural Affairs and Citizenship within the Department of Premier and Cabinet commits to working closely with departments, including the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development, to monitor and report on overall departmental performance in relation to the provision of accessible, responsive and effective services.</p> <p>To <b>progress</b> this recommendation, the Office of Multicultural Affairs and Citizenship within the Department of Premier and Cabinet will:</p> <ul style="list-style-type: none"> <li>Continue to engage with departments, including the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development, through its strategic engagement model, to monitor cultural diversity plans (or equivalent), including tracking departmental performance against those plans;</li> <li>As part of the strategic engagement model, organise regular meetings with senior officials of the Victorian Multicultural Commission to review the quality of reports being presented to the Multicultural Services Delivery Inter-departmental Group; and</li> <li>Develop, in collaboration with the Victorian Multicultural Commission, an improved process for monitoring departmental compliance and reporting on departmental non-compliance within the reporting requirements of s.26 Multicultural Victoria Act 2011</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing collaboration with departments</li> <li>Revised monitoring and reporting processes developed – Dec 2014</li> </ul>

**COLLABORATIVE RESPONSE provided by the departments of Premier and Cabinet, Education and Early Childhood Development, Health, and Human Services – continued**

<b>Further Comments</b>	
All audited departments	All audited departments note the finding of the report that a key barrier to effective service planning and monitoring is the lack of accurate and timely Commonwealth settlement data on newly arrived refugees and asylum seekers.  The Victorian Government has raised these issues with the Commonwealth, via multiple channels, and will continue to work with the Commonwealth to improve the quality and timeliness of data exchange.
Department of Human Services	The Department of Human Services notes that the audit draws some conclusions on the effectiveness of the work of the Department as a whole based on an assessment of only one mainstream service provided by the Department – Family Violence.
Department of Education and Early Childhood Development	The Department of Education and Early Childhood Development notes that the audit draws some conclusions on the effectiveness of the work of the Department as a whole based on an assessment of only one mainstream service provided by the Department – Maternal and Child Health.
Department of Premier and Cabinet – Office of Multicultural Affairs and Citizenship	The Department of Premier and Cabinet notes that the report acknowledges the value and leadership of the Settlement Coordination Unit (SCU) in facilitating dialogue between departments and the Commonwealth on refugee and asylum seeker matters including those impacting service access. The report also highlights that the SCU, within the Office of Multicultural Affairs and Citizenship, was the first of its kind to be established by a state government in Australia.



**RESPONSE provided by the Chairperson, Victorian Multicultural Commission**



23 May 2014

Mr John Doyle  
Auditor General  
Victorian Auditor-General's Office  
Level 24, 35 Collins St  
MELBOURNE VIC 3000

Dear Mr Doyle

Thank you for your letter of 9 May 2014 providing the opportunity to comment on the proposed report for your audit titled Access to Services for Migrants, Refugees and Asylum Seekers.

The Victorian Multicultural Commission (the Commission) is mandated to provide independent advice to the Victorian Government to inform the development of legislative and policy frameworks, as well as, the delivery of services to our culturally, linguistically and religiously diverse communities. The Commission remains committed to ensuring that Victoria's culturally and linguistically diverse communities (CALD) are appropriately supported in order that they may fully access opportunities to participate in and, contribute to the social, cultural, economic and political life of the State.

The Commission supports and accepts the recommendations of your report and, in particular, acknowledges the finding that *"The two public sector entities tasked with whole-of-government roles and responsibilities—OMAC and the VMC- are not being used to their full potential"*.

The Commission has already commenced dialogue with the Office of Multicultural Affairs and Citizenship (OMAC) to establish operational protocols that will facilitate effective implementation of those recommendations which collectively effect both entities and, looks forward to extending this dialogue with the Department of Premier and Cabinet.

Yours sincerely

**Chin Tan**  
Chairperson

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Asset Confiscation Scheme (2013–14:3)	September 2013
Managing Telecommunications Usage and Expenditure (2013–14:4)	September 2013
Performance Reporting Systems in Education (2013–14:5)	September 2013
Prevention and Management of Drugs in Prisons (2013–14:6)	October 2013
Implementation of the Strengthening Community Organisations Action Plan (2013–14:7)	October 2013
Clinical ICT Systems in the Victorian Public Health Sector (2013–14:8)	October 2013
Implementation of the Government Risk Management Framework (2013–14:9)	October 2013
Auditor-General's Report on the Annual Financial Report of the State of Victoria, 2012–13 (2013–14:10)	November 2013
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Tourism Strategies (2013–14:19)	December 2013
Oversight and Accountability of Committees of Management (2013–14:20)	February 2014
Managing Emergency Services Volunteers (2013–14:21)	February 2014

Report title	Date tabled
Asset Management and Maintenance by Councils (2013–14:22)	February 2014
Apprenticeship and Traineeship Completion (2013–14:23)	March 2014
Residential Care Services for Children (2013–14:24)	March 2014
Access to Education for Rural Students (2013–14:25)	April 2014
Shared Services in Local Government (2013–14:26)	May 2014
Universities: Results of the 2013 Audits (2013–14:27)	May 2014
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