EQUAL
DISAPPOINTMENT
OPPORTUNITY?
EQUAL DISAPPOINTMENT OPPORTUNITY?

A REPORT TO THE DEPARTMENT OF COMMUNITY SERVICES ON PROGRAMS FOR IMMIGRANTS AND THEIR CHILDREN.

Helen Meekosha
Andrew Jakubowicz
Karen Cummings
Beth Gibbings

WOLLONGONG 1987
PREFACE AND ACKNOWLEDGEMENTS
EXECUTIVE SUMMARY
SUMMARY OF RECOMMENDATIONS

PART ONE: CONTEXT

1. INTRODUCTION
1.1 OVERVIEW
1.2 THE ROLES OF THE DEPARTMENT OF COMMUNITY SERVICES
1.3 WHOSE RESPONSIBILITY ARE IMMIGRANT SERVICES?
1.4 METHODOLOGY
   1.4.1 RESEARCH AND ETHICAL ISSUES
   1.4.2 THE LOCAL SCENE - NSW CASE STUDY
   1.4.3 THE GROUPS
1.5 CONSULTATIONS WITH THE FEDERATION OF ETHNIC COMMUNITIES COUNCILS OF AUSTRALIA.
1.6 THE DIRECTION OF THE REPORT

2. THE SOCIAL CONTEXT
2.1 IMMIGRATION AND AUSTRALIAN SOCIETY
2.2 THE SOCIO-ECONOMIC POSITION OF IMMIGRANTS
2.3 POVERTY
2.4 SEXISM
2.5 RACISM
2.6 AGEISM
2.7 ABLEISM
2.8 ISSUES AND STRATEGIES

3. POLICY CONTEXT.
3.1 INTRODUCTION - THE CRISIS OF THE STATE.
3.2 COMMUNITY CARE, DEINSTITUTIONALISATION AND THE VOLUNTARY SECTOR.
3.3 GENDER RELATIONS AND FAMILY POLICY.
3.4 NORMALISATION AND "PASSING".
3.5 MULTICULTURALISM, MAINSTREAMING AND ETHNOSPECIFICITY.
3.6 ACCESS AND EQUITY.
3.7 EQUAL EMPLOYMENT OPPORTUNITY IN THE DEPARTMENT.
3.8 CONSULTATION.
3.9 USER RIGHTS.
3.10 NEEDS-BASED PLANNING.
3.11 CORPORATE MANAGEMENT.
3.12 TRAINING.
3.13 INFORMATION.

4. DCS AND ITS RESPONSIBILITIES TO PEOPLE OF NON-ENGLISH SPEAKING BACKGROUND.

4.1 COMMON ISSUES FOR IMMIGRANT MINORITIES
   4.1.1 ECONOMIC CONSTRAINTS AND THE NEW RACISM.
   4.1.2 DEPARTMENT STRUCTURES AND PRACTICES.
   4.1.3 INFORMATION.
   4.1.4 THE NON GOVERNMENT SECTOR.

4.2 COMMON PROBLEMS FOR THE DEPARTMENT.
   4.2.1 KNOWLEDGE OF THE IMMIGRANT EXPERIENCE.
   4.2.2 A DEPARTMENT POLICY?
   4.2.3 STAFF RECRUITMENT
   4.2.4 PUBLICITY AND COMMUNICATION.
   4.2.5 STRUCTURAL CONSTRAINTS
   4.2.6 NON GOVERNMENT ORGANISATIONS AND VOLUNTARISM.
   4.2.7 DATA AND MONITORING.
   4.2.8 CONSULTATION.

4.3 CURRENT STRATEGIES OF THE DEPARTMENT.
   4.3.1 STAFF RECRUITMENT AND TRAINING.
   4.3.2 PUBLICITY AND COMMUNICATION.
   4.3.3 STRUCTURAL REFORMS.
   4.3.4 DATA
   4.3.5 RELATIONS WITH FUNDED ORGANISATIONS.
   4.3.6 CONSULTATION.
   4.3.7 POLICY - MAINSTREAMING, ETHNOSPECIFICITY - WHOSE RESPONSIBILITY?
PART TWO: PROGRAMS

5. RESIDENTIAL PROGRAMS
5.1 INTRODUCTION
5.2 DEPARTMENTAL PERCEPTIONS OF THE ISSUES
5.3 ETHNIC ORGANISATIONS
5.4 SERVICE PROVIDERS
5.6 CONCLUSIONS
5.7 RECOMMENDATIONS

6. COMMUNITY PROGRAMS
6.1 INTRODUCTION
6.2 HOME AND COMMUNITY CARE
   6.2.1 INTRODUCTION
   6.2.2 DEPARTMENTAL PERCEPTION OF THE ISSUES
   6.2.3 ETHNIC ORGANISATIONS
   6.2.4 SERVICE PROVIDERS
   6.2.5 CONSUMERS
   6.2.6 CONCLUSIONS

6.3 SUPPORTED ACCOMMODATION ASSISTANCE PROGRAM
   6.3.1 WOMEN'S EMERGENCY SUPPORT PROGRAM (WESP)
      6.3.1.1 INTRODUCTION
      6.3.1.2 PROGRAM OUTLINE
      6.3.1.3 DEPARTMENT PERSPECTIVES
      6.3.1.4 ETHNIC ORGANISATIONS
      6.3.1.5 SERVICE PROVIDERS
      6.3.1.6 CONSUMER PERSPECTIVES
      6.3.1.7 CONCLUSIONS
   6.3.2 YOUTH SUPPORTED ACCOMMODATION ASSISTANCE PROGRAM
      6.3.2.1 THE PROGRAM
      6.3.2.2 THE DEPARTMENT
      6.3.2.3 MAINSTREAM ORGANISATIONS
      6.3.2.4 ETHNIC ORGANISATIONS
      6.3.2.5 POTENTIAL SERVICE USERS

6.4 CHILDREN'S SERVICES
   6.4.1 INTRODUCTION
   6.4.2 DEPARTMENTAL PERCEPTIONS OF THE ISSUES
   6.4.3 ETHNIC ORGANISATIONS
   6.4.4 MAINSTREAM SERVICE PROVIDERS
   6.4.5 CONSUMERS

6.5 RECOMMENDATIONS
6.5.2 HOME AND COMMUNITY CARE PROGRAM (HACC)
6.5.3.1 THE WOMEN'S EMERGENCY SUPPORT PROGRAM
6.5.3.2 YOUTH SUPPORTED ACCOMMODATION ASSISTANCE PROGRAM
6.5.4 CHILDREN'S SERVICES

7. DISABILITY AND REHABILITATION SERVICES
7.1 INTRODUCTION
7.2 PROGRAM OUTLINE AND INITIATIVES FOR IMMIGRANTS
7.3 DEPARTMENTAL PERCEPTION OF THE ISSUES
7.4 ETHNIC ORGANISATIONS
7.5 SERVICE PROVIDERS
7.6 CONSUMERS
7.7 CONCLUSION
7.8 RECOMMENDATIONS

8. IMMIGRANT WOMEN AND COMMUNITY SERVICES
8.1 INTRODUCTION
8.2 THE COMMONWEALTH DEPARTMENT OF COMMUNITY SERVICES
  8.2.1 COMMUNITY PROGRAMS
  8.2.2 HOME AND COMMUNITY CARE
  8.2.3 DISABILITY SERVICES
  8.2.4 RESIDENTIAL SERVICES
8.3. CONCLUSION

9. TOWARDS A NON-RACIST DEPARTMENT: CONCLUSIONS AND RECOMMENDATIONS.
9.1 HOW CHANGE OCCURS
9.2 CORPORATE STRATEGY
9.3 INTERNAL INFORMATION
9.4 COMMUNICATION
9.5 RECRUITMENT AND TRAINING OF DCS STAFF
9.6 FUNDING POLICY
9.7 QUALITY OF CARE/ QUALITY OF LIFE/ USER RIGHTS.
9.8 CONTRACT COMPLIANCE
9.9 DATA BASE
9.10 TRAINING AND SUPPORT FOR FUNDED ORGANISATIONS.
9.11 PROGRAMS FOR IMMIGRANT WOMEN
9.12 STRUCTURAL MODIFICATIONS TO THE DEPARTMENT
9.13 RESEARCH
PREFACE AND ACKNOWLEDGEMENTS

The Commonwealth Department of Community Services admits it faces major challenges in overcoming the decades of exclusion from programs and services experienced by immigrants to Australia from non English speaking backgrounds (NESB). This report represents one element in a larger strategy of change. The report is designed for three broad readerships - senior policy staff in the Department of Community Services, program and project staff in government and voluntary sector agencies, and consumers and their representatives and advocates. It therefore canvasses the issues at a number of levels. Each program area has recommendations drawn from the analysis, listed at the end of the chapter. There are also a corporate overview of the issues and Department wide recommendations in Chapter Nine.

It has only been possible for us to prepare this report because of the co-operation of Department staff in numerous settings across Australia. They have been open in sharing with us their perception of the issues, the problems and the solutions as they see them. Yet the Department is only one term in the equation - service delivery agencies, advocacy organisations, ethnic community groups, and peak industry and consumer organisations all play a role. We have been heartened by the co-operation and interest shown by many of the organisations we have approached for discussions and interviews, even though they have often expressed their exasperation at yet another government review and its visitation upon them.

The most important participants in the community services system are its consumers and potential consumers. We believe that their experiences and perceptions provide the most appropriate perspective from which to assess the quality of services, the managerial effectiveness of the Department, and the approaches adopted by service delivery agencies. We are therefore extremely grateful to the one hundred or so people who fitted the Department's "need categories" and who agreed to share their often painful experiences with us. Our access to them was made possible by the energetic commitment of the eleven people who undertook the role of discussion group leaders. We wish to note the crucial input to the report made by the leaders, not only in organising, running, and translating the record of the groups, but also in their personal assessments of the issues raised in their discussion groups. We would therefore like to thank Salika Bektas, Freda Economides, Franca Facci, Ann Farah, Maria Manuela Luckey, Lilia McKinnon, Maria Kopiejka, Ngoc Bui,

EQUAL DISAPPOINTMENT OPPORTUNITY?  PREFACE AND ACKNOWLEDGMENTS  i
Anica Petkovski, Monica Pozo, and Tania Schembri, for their role in making this report possible.

The report was carried out under a research consultancy to the Department of Community Services. The budget for the project was just over $40,000 - of this over $30,000 was spent on the employment of a project officer, Karen Cummings, and an Administration worker, Beth Gibbings, on the group discussions, and travel and material costs. In retrospect it is unfortunate that such a limited budget was provided for a project which was required to review the totality of the Department's services and their relationship to the needs of immigrants. A concurrent "mainstream" review of the Supported Accommodation Assistance Program required over $230,000. However, we continued with the task, as we were committed to the issues being placed before the Department. This was ultimately only possible due to the facilities of the University of Wollongong, and the agreement of the project consultant, Helen Meekosha, to make a very much greater contribution than that for which she had originally been contracted, and to do so for no additional remuneration.

We would like to thank our Departmental "minder" Kay Berry, our liaison point Clarita Norman, and the many and changing members of the Department steering committee for their help. For part of the project we were based in the Library at the Department's Sydney office - our thanks go to the Sydney DCS staff who provided the administrative problem solving support so necessary for the nomadic research team.

Helen Meekosha was senior researcher on the project, responsible for project design, data collection, data processing and selection, report preparation and construction, and the overview and form of the final report. Andrew Jakubowicz was involved in the project design, data collection, and the preparation of the final report. Karen Cummings was the field researcher, involved in organising the groups, carrying out interviews, and drafting some sections of the report. Beth Gibbings prepared the data, undertook the bulk of the typing of the draft report, contributed to a number of the chapters, and was involved in editing the draft. Jenny Braid provided the final spurt of typing and preparation of references.

Our proposals incorporate goals towards which the Department will need to work and methods which it might be use to achieve them, if immigrants are to gain the "appropriate" services to which the government is committed. The decisions will be made by politicians and public servants within their own terms. We would simply say that many of the ethnic organisational activists...
with whom we spoke are no longer prepared to listen to words which have nice sounds. They are looking for the commitment of energy, money and people to bring about the changes they see as vital - and now, not in some distant future which they have been promised over and over in the past fifteen years and yet which seems forever to recede.

Helen Meekosha
Wollongong May 1987.

Andrew Jakubowicz
"Equal Disappointment Opportunity?", the report to the Department of Community Services, identifies the major problems facing the Department in the development and implementation of programs for non-English speaking immigrants and their children. It also includes programs for refugees and their children. The report offers an integrated set of actions which can overcome many of these problems and begin to ensure that access and equity for immigrants becomes a reality. The acceptance by the Commonwealth Government of the principles of Access and Equity now requires a detailed implementation strategy - often demanding rather more creative and sustained action than the Commonwealth has been able or willing to undertake in the past.

Chapter One offers an overview of the project and its methodology. It indicates that the Department has a major credibility problem in its relations with ethnic communities. As a service funder rather than provider, its major role should be the stimulation of and support for direct providers - the States, local government, the voluntary and private sectors - to be more sensitive and responsive to immigrant needs. A qualitative methodology was adopted which has allowed an exploration of the issues in ways which reflect the experience of a diverse group of consumers and potential consumers of services.

The social context of service provision is canvassed in Chapter Two. Basic data on immigration and settlement point up the increasing incidence of immigrants in major "needs" priority groups - people with disabilities and those in need of rehabilitation, the aged and particularly the isolated frail aged, parents needing child care, and women in fear of domestic violence. Society make it particularly difficult for immigrants to have their special needs recognised, particularly where prejudices already exist - e.g. sexism, ageism and ableism. The resurgence of racism in Australia has also complicated a situation that many thought had been eased by an apparent broad social commitment to multiculturalism. The way in which community services have developed in Australia - an unclear federal role with often ad hoc and erratic
State and local services, depending on the happenstance of voluntary organisation activity.

The policy context (Chapter Three) has also become complicated by the tension between rising community needs and expectations, and declining financial commitments by governments to meet those needs. Policies which have particular implications for non English speaking immigrants include

- the expanding demands made on volunteers to deliver direct services
- the commitment by governments at all levels to policies of de-institutionalisation, often limited in their effectiveness by constraints on resources
- associated with de-institutionalisation, philosophies of normalisation and the least restrictive alternative
- changing perceptions of the social roles for women, including demands by women for equality and independence, and demands by conservative forces that women remain in the home
- access and equity commitments by the federal government, and the associated discussions on operationalisation of multiculturalism through "mainstreaming" strategies
- needs-based planning, with some attempt to quantify the "ethnic" factor
- program budgeting based on quantified goals and specified target groups
- the recognition of the training needs of community services staff and the skills required to operate effectively in the delivery of services.
- information strategies which reflect a concern for user rights and access.

The Department of Community Services thus faces increasing responsibilities to people of non English speaking background (Chapter Four). The common issues for immigrant communities are defined as the economic constraints imposed on and by government, the spreading of a "new" racism within the bureaucracies and society at large, rigid and inflexible Departmental program boundaries, confusion over the roles of the Commonwealth and the States, the poor quality of information produced on Department programs, and the haphazard quality of services in the non-government sector.
There are also problems which appear across the Department. Few officers have any direct knowledge of the immigrant experience and the processes of settlement. The Department lacks a policy on services for immigrants - some programs encourage ethno-specific projects, others exclude them. Senior management has not developed its own philosophy in this area. While Equal Employment Opportunity plans exist, staff recruitment processes have not identified experience of working with immigrants as generally desirable, while publicity and communication has assigned contact with immigrants low priority. Inter- and intra-departmental disputes over responsibilities (between program areas and between portfolios, for instance in relation to refugees) have consumed staff time with a generally confusing outcome for field staff in DCS. Ambivalent attitudes and strategies exist in relation to non-government organisations, and the use of volunteers in welfare services. Some programs advocate volunteers, others oppose them. Data collection is poor, with a number of consultants' reports on crucial policy and program areas failing to collect useful data on immigrants. The voluntary sector has also had major problems in providing data to the Department, as they lack the time and resources to do so. There is a lack of a Department central policy and plan of action on immigrant and refugee needs. Consultation is also haphazard and underresourced, though there is a general willingness across the Department to draw on ethnic community experiences to help resolve Department dilemmas. Current Department strategies have not incorporated the principles of Access and Equity, though some program areas are rather more advanced than others. Staff training has not addressed these issues.

Residential Programs (Chapter Five) have recently been modified in the light of the report of the Ethnic Aged Working Party and the Hostels and Nursing Homes review. However it is argued that the EAWP proposals seriously underestimate the magnitude of the task facing the Department in the light of the bed numbers planned as a result of the Hostels and Nursing Homes Review. A strategy is outlined which will help to overcome these problems. The steps required are:

- reassess the level of need for various types of residential care in the light of the effective reallocation of all general care beds as acute care beds by 2001;

- use the updated data now available on likely levels of need affected by differential mortality and differential disability rates and types among different ethnic groups (e.g. the likelihood of a high proportion of elderly Greek
women living into very old age; the high proportion of occupationallly-disabled elderly southern and eastern European male labourers);

- improve and apply quality of care criteria in nursing homes and hostels to take account of needs of immigrant elderly;
- establish regional Immigrant Geriatric Assessment Planning Groups in conjunction with the Geriatric Assessment Teams;
- modify residential, SAAP and HACC guidelines to allow funding of ethno-specific small-group hostels and homes with support services where necessary;
- develop EEO, affirmative action and training programs with funded services and require action as a condition of funding;
- increase the proportion of respite care beds available in each region;
- improve Domiciliary Nursing Care Benefit to $15 per day to allow the preference for community rather than institutional care to be realised for poorer immigrant families, particularly immigrant women, looking after an aged person at home;
- State based Immigrant Elderly Strategic Plans should be developed encompassing all relevant programs.

Community programs (Chapter Six) have brought together a diverse group of Department activities. The Home and Community Care Program has non English speaking immigrants as one of its target groups. However only limited action has been taken to date to ensure that all services are capable of meeting the needs of immigrants in the localities they serve. HACC should be extended to ensure that the general community work, investigation and advocacy needed by many communities can occur. HACC-funded project local personnel should also have access to effective training on issues affecting immigrants with disabilities and those who are ageing.

The Supported Accommodation Assistance Program faces particular problems in relation to immigrants. The women's sub-program has developed the most advanced response to the needs of immigrants of any DCS funded program. However funding of women's refuge workers is very poor; additional support is needed through the provision of specialist organisers to support immigrant women workers in refuges. In addition the moves towards effective EEO in centres (rather than sole dependence on occasional workers in a "pool" situation) should be supported. In the youth area, the two main issues are those affecting refugee youth and second generation youth. For the former, the
existing funding criteria are complicated and there is no framework for longer term support with traumatised Indo Chinese refugee youth. For the latter, the assumption (that there is "no specific problem") often made by refugees and government requires review. Evidence suggests insensitivity by refugees to the particular experience of second generation youth, denigration of their familial background and lack of other communal resources. The need exists at the very least for refugee worker training, if not also the active recruitment of second generation workers.

The Children's services program has the longest track record of identifying immigrant issues and implementing multicultural projects. There is an ambivalent attitude expressed to ethno-specific services by the Department - acceptance of the principle but rejection of the practice. More recently the shift to family day care approaches may be quite harmful to immigrant children; this form of child care is not the preference of parents. There is also conflict between state and Commonwealth roles in pre-school education and child care provision - parents want child care to provide educational support; the child care program does not facilitate this goal. Recent consultants to the Department have proposed the extensive use of volunteers in centres to help reduce costs. Such an approach is particularly deleterious for immigrant families and their children. The converse is proposed - more professional and trained staff and a requirement for funding to be that multicultural programs are developed and implemented.

The recent coalescence of disability and rehabilitation programs has left many areas in a state of flux, a situation exacerbated by the contemporary regionalisation of rehabilitation services and the closure of large rehabilitation institutions (Chapter Seven). In addition the 1986 Disability Services legislation has introduced principles of the least restrictive alternative for clients and de-institutionalisation of services. There is no evidence that any sustained national consideration has been given to the implications of these changes for immigrants with injuries and disabilities. It was therefore proposed that a national task force on immigrants and disability be established to advise the Department on appropriate action. In addition all new staff should be sought and selected on the basis of their sensitivity to immigrant needs, as well as the other dimensions of their professional competence. Funded organisations should be encouraged and resourced to provide information in languages other than English, and their staff should be trained on issues
affecting immigrants. Rehabilitation guidelines which effectively discriminate against immigrants (e.g. on the English language prerequisites for substantial gain) should be reviewed. Detailed changes to rehabilitation policies and practices were also proposed within the context of regionalisation, to ensure that the practice of Department staff becomes more sensitive and effective. It is imperative that these changes be implemented as part of the regionalisation process, rather than left to a later date as proposed by some officers. The Department should ensure that the earlier Meekosha report, Breaking In and Breaking Out, is released in full to the public to enable informed debate on the rehabilitation needs of immigrant women.

In keeping with the Access and Equity guidelines of the government, Chapter Eight draws together the issues affecting immigrant women and community services. The interaction of racism and sexism is discussed, with problems raised for immigrant women by Department policies and service provider practice. Immigrant women are the main consumers, care givers, parental contacts, employees and volunteers from immigrant communities in the community services area. Yet immigrant women are rarely the client spokespeople for their own communities. They are the survivors of domestic violence, the mothers of children, the daughters and daughters-in-law of the elderly, the wives of injured workers, injured workers in their own right, the vast majority of the elderly, and a significant proportion of those with disabilities. It is important for Community Service personnel to be aware of and sensitive to the gender dynamics within immigrant communities, and the impact of services on the needs of immigrant women. Too often an undifferentiated and ungendered mass of immigrants is allowed to mask a gendered reality - in such cases the assumptions made about immigrant needs are often those of male immigrants and male senior bureaucrats, which may seriously distort the experience and needs of women.

The final Chapter (Nine) focuses on the main problem of the Department - how to bring about change in attitudes and practices and ensure their long term implementation. Political commitment from the top is necessary - so too is bureaucratic commitment. Training is needed, and sufficient emphasis on the importance of immigrant issues to ensure they do not get lost in the rush, or allowed to remain on the sidelines and be kept marginalised. In order to achieve these changes there will need to be an addition to the Department Mission statement, offered over the names of the Secretary and Minister,
committing the Department more clearly to equitable access. Divisional Heads would be required to develop and implement Three Year management plans on the policy. This corporate strategy needs to be widely communicated and workshoped with staff. Program outlines should be advertised in languages other than English. Publicity expenditure should ensure that 30% is aimed at non English speaking people. A multicultural services radio unit should be established to develop and produce material for ethnic and public radio, and on audio cassettes.

All DCS positions should specify the understanding of issues of importance to a multicultural population, and a variety of affirmative action strategies should be adopted to increase the proportion of immigrant and multilingual staff. Training should be developed and required of all personnel. All community organisations should be required to demonstrate how they will make themselves available and appropriate to immigrants. Funds should be made available for the training of service provider personnel on these issues. Special flexible funding should be made available to improve the quality of services available to immigrants. Contract compliance to ensure EEO etc. by service providers should be instituted as Department policy.

Data collection needs to be modified to provide useful information on immigrants, while a longer term examination of computer based multilingual service information should be explored. Training support to the non-government sector should be extended. Joint action research projects on innovative services and identification of needs should be supported, at levels of funding necessary to attract experienced staff. Projects should allow for the secondment from the public service to the voluntary sector. Welfare careers for immigrant women should be examined and appropriate action taken under EEO.

To ensure co-ordination and effective action an Immigrant Access Action Unit should be established in Head Office, with a range of identified functions. Advisory structures should be reviewed to ensure they include people experienced and skilled in working with immigrant communities. Joint committee structures with Department of Immigration and Ethnic Affairs should be created to ensure the early resolution of boundary disputes. A national research program with a publications series should be established to develop and disseminate information on issues affecting immigrants - e.g. disability
and rehabilitation; disabling conditions; respite care needs; child care patterns; community development and action research strategies.

This report, Equal Disappointment Opportunity?, should be published as a training and program development resource. A Plain English synopsis should be translated into community languages, placed on cassette tape, and offered in Braille. In recognition of the value the Department places on consultation and the importance of providing feedback to people who have freely provided the Department with information, free copies of the report should be made available to all the groups who participated in the consultations and research.
SUMMARY OF RECOMMENDATIONS

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

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

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

R 5.4 The Department should investigate the level, type and range of disabilities, and the projected changes among the immigrant elderly as a matter of priority, and do so in liaison with major consumer and service provider "mainstream" organisations. The data from this investigation should be fed into the projections in R 5.1.

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

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

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

R 5.8 The Department should amend current guidelines to allow the establishment of hostel type services in single shared houses or groups of houses, which are not required to have on-site wardens etc. This will require liaison with the Commonwealth Department of Housing and the states.

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

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

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

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

R 5.13 Training manuals and programs for Inspectors of Nursing Homes should include workshop based exploration of Quality of Care, Quality of Life, and User Rights Issues for elderly immigrants.

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

R 5.15 Quality of Care criteria, including User Rights and Grievance mechanisms, should be enforced in assessments of "ethnospecific" services.

R 5.16 The proportion of respite care beds available on a regional basis should be increased, to a figure determined in consultation with the regional Immigrant Planning Group (under R 5.6); the availability of this service should be widely advertised within immigrant communities and among ethnic organisations.
R 5.17 The Domiciliary Nursing Care Benefit should be increased to $15 per day free of income tax ($210 per fortnight), while carers in receipt of DNCB should be entitled to at least 12 hours per week respite relief care through HACC.

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

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

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

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

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

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

R 6.2.4 Issues which specifically affect immigrants with disabilities and aged immigrants, as investigated by other Program areas should be included in training sessions developed for HACC personnel.

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

R 6.3.2 DCS review the operation of ethnic workers' pools in order to establish the criteria for success.
R 6.3.3 SAAP funding guidelines be reviewed in order to incorporate the funding of preventative, follow-up, outreach and community work on issues concerning domestic violence for immigrant women.

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

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

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

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

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

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

R 6.3.10 All Youth Refuges should develop Equal Employment Opportunity Plans as a condition of funding.

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

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

R 6.3.13 The Department should develop "community" strategies for working with parents of second generation youth to address intercultural conflict issues which may lead to later need for refuge accommodation if left unresolved.
R 6.3.14 The Department should modify guidelines for youth refuges to allow SAAP funding to be used in conjunction with other program funding to meet the accommodation and broader needs of refugee minors, youth and young adults.

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

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

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

R 6.4.4 That the Department Investigate methods of extending centre child care hours and providing the necessary funding.

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

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

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

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

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

R 6.4.10 That the Department should accept the proposal of the Peer Review of High Cost Centres that new centres could be co-sited with other relevant community services.
R 7.1 That a taskforce/working party on immigrants and disability be immediately established within the Department, drawing on outside experts, with a brief to recommend priority action in both Rehabilitation Services and Disability Services. The external experts on the Task Force should be remunerated where necessary. In the first instance the Taskforce should report progress to the Minister and Secretary within 12 months. It should look in particular at:

1. The low rate of referral and high rate of rejection in Rehabilitation Services.
2. The implementation of the recommendations in the Three Year Plan of Rehabilitation Services (further reiterated in the Access and Equity Statements).
3. How the new philosophies of normalisation, the least restrictive alternative and deinstitutionalisation apply to people of non-English speaking backgrounds.
4. Initiatives taken within Rehabilitation Services for immigrants; it should critically assess these initiatives and disseminate the findings to all the states.
5. Barriers to ethnic organisations applying for funding for disability services.
6. Barriers within the guidelines for Rehabilitation Services which discriminate against immigrants
7. Contract compliance measures for funded organisations to ensure access by immigrants.

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

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

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

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

R 7.6 That where regionalisation of Rehabilitation Services requires the recruitment of new staff, sensitivity to issues of access and equity be identified in advertisements, particularly in those areas with high immigrant populations.
R 7.7 That funded organisations should be encouraged and resourced appropriately to provide multilingual information on various disabilities, in particular, those aimed at parents with children with developmental disabilities.

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

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

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

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

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

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

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

R 7.15 That specific recommendations referring to immigrant women made in the report Breaking in and Breaking Out be referred to the taskforce for implementing the Three Year Plan.
R 7.16 That the Department sponsors research into experiences of disability and rehabilitation overseas. In particular, it should explore what might constitute culturally appropriate rehabilitation programs in Australia, culturally appropriate medical rehabilitation assessment and culturally appropriate services in the disability area in general.

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

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

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

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

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

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

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

R 7.24 That handbooks produced by DCS for service providers should always incorporate a discussion of the needs of immigrants. Resource books relating to the implementation of the Disability Services legislation should also be geared to the needs of immigrants.
R 7.25 That Disability Services meet with DIEA in order to ascertain which department is responsible for funding disability peak organisations which have applied for staff to work with immigrants.

R 7.26 That Rehabilitation Services should initiate courses for immigrants with disabilities in areas to do with rights, such as the Workers' Compensation System, Social Security System, Anti-discrimination legislation. Where appropriate, material should be made available in community languages on audio cassette (including Individual Program Plans).

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

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

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

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

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

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

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

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

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

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

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

R 9.7: Existing projects to publicise programs and services which are awaiting translation, should be funded immediately. These include the DACA handbook, women's refuge leaflets etc.

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

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

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

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

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

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

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

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

R 9.16: All staff should be offered the opportunity to participate in Access and Equity Implementation Workshops. In Program areas all staff in public contact, all supervisors and senior managers, should be expected to participate in such a workshop. Staff seeking promotion should be counselled by their supervisors to participate in such workshops. All staff should be informed of progress in their Division on achieving Access and Equity goals.
R 9.17: Senior staff in central office and in state offices should attend Access and Equity Implementation Workshops. The focus of the workshops should be case-study based problem solving. Program staff from the states and ethnic welfare workers could act as resource persons for this process.

R 9.18: The training section should be requested by senior management to develop a Department wide Access and Equity training program in co-operation with state offices. The Program should employ external consultants and include realistic resource material.

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

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

R 9.21: If the Department accepts the proposals for the funding of services developed by the Arthur Andersen and Co. consultancy, to the effect that the 15% additional funding for salaries under the Disability Services legislation be earmarked for innovation support, then all innovation project proposals should include consideration of the needs of non-English speaking background immigrants and their children (as detailed in R 7.?).

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

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

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

R 9.23: The Department prepare (in Plain English) a statement on Quality of Life Goals, which is translated into community languages. The statement should indicate the roles of the Department in aiding individuals to achieve these goals. The implications for people of non-English speaking background should be specified. For instance, people with visual impairment in community or residential care need information and communication in their own languages, on tape or radio, or in person. The process of second language loss needs to be recognised. The constraints on independence which limit the quality of life for elderly immigrants need to be addressed. Each broad program area should develop its own statement for translation and wide circulation.

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

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

R9.26: All contracts with funded organisations specify requirements for quality of services for immigrants. The criteria for access and quality are to be itemised and organisations should be required to report annually on progress.
R9.27: All organisations providing services to or funded by the Department should be required to implement an Equal Employment Opportunity program as part of their contracts for services. Effective progress towards achievement of EEO goals should be one criterion for consideration in renewal of contracts.

R9.28: Each service provider be requested, in its reporting on client usage, to identify:

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

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

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

R 9.30: The Department should extend its current long-term planning on data (in WELSTAT and the Victorian Pilot Project on joint data gathering) to include an examination of service information data in languages other than English. The research currently underway at R.M.I.T. on computer-based multilingual information on the recognition of overseas qualification could provide an entry point to this issue.

R9.31: The Department allocate funds in each state for training support to the non-government sector. These funds could be used to:
(a) establish training units within tertiary institutions, with the task of developing training programs for workers in non-government funded organisations, focusing on the issues involved with meeting the needs of people of non-English speaking background;

(b) provide locum cover for staff going on such training programs;

(c) support staff exchanges between government, non-government and tertiary education sector personnel;

(d) provide studentships within tertiary education institutions for staff with language skills and/or overseas qualifications not recognised in Australia:

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

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

(b) the development of information, advocacy, innovative service delivery and community development projects in the geographical/policy areas involved;

(c) the documentation, evaluation and dissemination of results of the projects.

R 9.33: The Department should sponsor a series of state workshops on normalisation, PASSING, and their implications for immigrants (particularly women).

R9.34: All DCS program and sub-program managers, and the Offices of the Aged and Disability, prepare an information paper which documents the situation for immigrant women in their areas of concern, and identifies the steps taken which reflect this situation. In particular, the difference between male and female situations should be specified where these have program amplifications.

These papers should be released as a composite report of Department priorities.

R9.35: All training programs for Department staff and service providers should pay particular attention to the needs of immigrant women.

R9.36: The Department's public information strategy should be planned to take account of the situation of immigrant women, and a significant part should be focussed on "targetting" women. (e.g. in the ethnic press, ethnic radio, pamphlets etc.).
R9.37: A review of childcare services should be undertaken to ensure that the particular concerns of immigrant women are addressed; in particular, the review should assess:

(a) the appropriateness of current arrangements for family day care;
(b) the implications for working immigrant women of action arising from the "Peer Review of High Cost Centres";
(c) the potential for work-linked childcare centres being developed by the Department in areas where employers of immigrant women are reluctant to initiate such centres.

R9.38: The Department should prepare an impact statement on the Government's Textile Clothing and Footwear Policy and its regional effects on immigrant women. The statement should delineate proposed Departmental action.

R9.39: Special attention should be paid to welfare careers for immigrant women. Funded employers should be required to develop affirmative action programs, while short courses and studentships should be made available for further staff development.

R9.40: That an Immigrant Access Action Unit of three officers (initially) be established in Central Office, in parallel to the EEO unit. The IAAU would have a Central Office/Department wide role, and serve as an avenue to improve information flow between the states and across programs. The functions of the Unit would be:

(a) provide advice and support to Program and Sub-program Heads in the development of the plans identified in R9.2;
(b) monitor progress on the plans;
(c) liaise with Training in the development of training programs to ensure Immigrant Access goals are included;
(d) liaise with Publicity in the development and dissemination of information;
(e) act as clearing house on innovation, and publicise issues through the supplement to the Community Services newsletter;
(f) liaise with all divisions on research and other consultancies to ensure all studies include appropriate data on immigrants;
(g) liaise with national peak organisations of service providers, consumers etc. to ensure issues affecting immigrants are given priority;
(h) liaise with the three Ministerial advisory units (Policy Co-ordination Unit, Office for the Aged, Office of Disability) to ensure policy considerations relevant to immigrants are sustained;
(i) liaise with the Office of Multicultural Affairs to ensure free flow of information and policy development;

(j) participate in the stimulus to research and debate on policy related issues relevant to immigrants, e.g. normalisation, community care;

(k) co-ordinate the national network of designated state-based program Immigrant Access Action officers, convene conferences, maintain communication;

(l) provide an avenue for contact with the Human Services Radio Unit proposed in R9.10.

R 9.41: The Department, its review of "advisory structures", ensures that all committees which remain with deliberative powers (e.g. Aged Care Advisory Committees etc.) include people skilled and experienced in working with people of non-English speaking background. These people cannot "represent" an "ethnic interest", but should be selected for their expertise and capacity to contribute to informed debate on the issues. They should be neither "token" nor "professional ethnics". Where these structures are established under legislation, it should be amended to ensure such representation.

R 9.42: In order to ensure a rationalisation of overlapping responsibilities between the Department of Community Services and the Department of Immigration and Ethnic Affairs, and to prevent confusion and hostility within the community, a medium term Community Funding Liaison Committee should be established to report to both Ministers. The Committee should comprise officers from both Departments and staff attached to both Ministers.

R 9.43: Corporate Services Division, in consultation with the Office of Multicultural Affairs, Program areas and the states, develops a national research agenda on community services and immigrants, which is funded appropriately. The agenda should be publicised and both external consultants and internal researchers engaged to carry out the projects. This scheme should work in tandem with the Action Research Innovations Program proposed in R9.32, where appropriate. Results should be published in a Research Series, under the advice of an external series editor or editorial board (compare with Department of Social Security Research Reports, Department of Immigration and Ethnic Affairs and Adult Migrant Education Program Research Reports). Topics of immediate importance include:

(a) Disability and Rehabilitation: an international comparison of countries programs and outcomes;

(b) Disabling conditions and Ageing Immigrants in Australia;

(c) Respite Care needs of Immigrant Carers;

(d) International patterns of childcare;

(e) Community Development Strategies and Immigrant Communities.
R 9.44: The Department publish the report "EQUAL DISAPPOINTMENT OPPORTUNITY?", as a resource for training and program development. A Plain English synopsis should be translated into community languages and circulated through ethnic organisations and other service providers. The synopsis should also be made available on cassette tape in community languages and in Braille in English. Free copies of the report should be made available as a matter of urgency to all the groups which participated in the consultations and research.
1.1 OVERVIEW

Most of the childcare centres are full to overflowing and most of the waiting lists are very long. I don't think that should mean that you don't try to develop a service that meets the cultural needs of that total community - in the same way that some English speaking parents will be disappointed, some parents from NESB are also going to be disappointed. (Senior Officer, DCS, Central Office).

The Department of Community Services was formed by the Federal Government late in 1984. It combined many of the disparate functions of the former Departments of Health and Social Security. The new Department would be able to rationalise many of these activities and develop a more streamlined, effective, and responsive pattern of programs and services. The major client groups of the new Department were to be the aged, particularly those with frailty or disability, people with disabilities, parents and children seeking childcare services, and people in crisis need of emergency short term accommodation. The Department is a vast human services funding agency, with a budget of in excess of 1.5 billion dollars per annum, and a range of programs and services which have evolved, many in an ad hoc manner, over a period of 40 years or more.

The "foundation" Minister, Senator Don Grimes, and Department senior officers recognised early on that the Department was not responding effectively to the needs of many of its potential clientele. It had inherited programs which were heavily institutional in their orientation, whereas the philosophy of the Government was one which stressed de-institutionalisation and as much autonomy and independence as possible for clients. It had inherited many programs and services which were dominated by medical models of intervention and definitions of need; however many of the clients required not medical intervention but social support. It inherited programs which had grown up in the post-war period on assumptions of human needs which were white, Anglo-Saxon and predominantly based on male perceptions of society. Its clientele however are increasingly culturally diverse, and in most program areas overwhelmingly female.
The Department began to try to come to terms with all of these many problems during 1985. One of the most important areas it recognised had not been adequately managed in the past was that of the needs of ethnic minorities in Australia. The post-war immigration program had brought hundreds of thousands of people to Australia whose first language was not English and whose cultural and social experience was significantly different from that of the native born population. Perhaps only one of the programs that made up the new Department, the children's services program, had begun to address the implications of this experience. The reason for this lies in the nature of the migration program - one which was primarily perceived by Government as a program to recruit workers for Australian industry. As large numbers of women entered the workforce in the 1960's and early 1970's so the demand by the women's movement for adequate childcare prompted a response by Government. With large numbers of immigrant women of non-English speaking background participating in the labour market there were immediate pressures for their children also to be provided with childcare services. Thus the first priority was given to young adult workers and their young children.

Other areas of concern - for immigrant workers who had become injured or old, or those who were unable to work due to disabilities - had not impinged as a priority issue on the Departments that handled the programs before 1985. The new Department recognised that there were many areas it did not understand, did not have the data to act on effectively, and did not have the contacts or expertise to pursue on its own.

In 1986 the Department issued a brief for a research project on ethnic needs. This brief, which paralleled but was distinct from with a grant to the Federation of Ethnic Communities Councils of Australia to hold nation wide consultations on ethnic community needs in relationship to the Department, formed the first broad organisational initiatives to come to terms with these issues. The brief for this project was to:

aid the Department in identifying major obstacles to access and in developing strategies to make the programs available, accessible and appropriate to ethnic groups and individuals in the community

The aims were therefore:
To examine ways to evaluate and improve the availability, accessibility and appropriateness of DCS programs for ethnic clients and to provide information on:
* the knowledge and perception of services by prospective clientele;
* accessibility and usage of services;
* the major barriers to assisting ethnic clientele faced by service providers;
* the appropriateness of services.

In responding to this brief we noted that:

the delivery of community services can be understood as part of a broad system of social provision. While this provision is often seen as 'meeting needs' to a greater or lesser extent, the underlying and hidden power relations between groups determine how these needs are identified and what practices are developed to meet them. The crucial issue facing the Department is thus to develop strategies which will modify and extend these relations to allow cultural groups hitherto excluded from the system, to participate in it and affect its priorities and directions.

A terminological note. We use the term IMMIGRANTS to refer to people and communities, in most cases deriving from countries in which English was not the first language, and ETHNIC to refer to organisations and services. Ethnicity is a fluctuating feature of the presentation and experience of immigrants - and as this report shows, is confusing when imposed on individuals as a personal characteristic rather than a definition of them created by the wider society they enter.

1.2 THE ROLES OF THE DEPARTMENT OF COMMUNITY SERVICES

The annual budget of the Department of Community Services exceeded $1,689 million dollars in 1985-86. The vast majority of this went in grants or funding to organisations, in joint programs with the states or in other payment arrangements outside the Department. Its direct services are limited to the
provision of rehabilitation services through what used to be called the Commonwealth Rehabilitation Service.

The direct grants operated by the Department to organisations include:
- Capital grants for aged persons homes or hostels
- Recurrent grants for hostels
- Recurrent grants for nursing homes- The Handicapped Person's Assistance Act (now superseded in part through the Disability Services Act 1986)
- Grants for Children's Services
- Emergency relief payments to community welfare agencies.

The Department also provides significant resources through the states to voluntary organisations and directly to state-run services. These include:
- The Home and Community Care Program (HACC)
- The Supported Accommodation Assistance Program (SAAP).

Direct services are provided through the Rehabilitation Services Program, which provides direct services itself (in the past through rehabilitation centres, many of which are now in the process of being closed) and through payments to the states and private rehabilitation units to undertake rehabilitation services on behalf of the Commonwealth.

Any single policy position on "meeting the needs of ethnic groups" must take the range of circumstances into account. Indeed for many consumers of services ultimately funded by the Commonwealth, the Commonwealth's role is either unknown or simply not seen to have any relevance. On the other hand, it is our contention in this report that the Commonwealth commitment to ACCESS AND EQUITY as an overall Government strategy and its reiterated commitment to MULTICULTURALISM, require it to act in ways which in the past it may have seen as being outside its role and responsibility.

1.3 WHOSE RESPONSIBILITY ARE IMMIGRANT SERVICES?
Multiculturalism has developed as a social policy which significantly affects all Australians. It is predicated on the notion of equality of opportunity for all, not isolated privilege for some. ... Multiculturalism is more than mere rhetoric. All Australians, irrespective of background, have the right to participate fully in national life and it is incumbent on government to identify and remove barriers to that process, and to make the resources of the community fairly available to all Australians. The Government must, further, ensure equitable access to its own services. (Hawke 1987).

The experience of immigrants, despite this commitment to a mainstreaming philosophy (which will be explored at length later in this report), still leaves unresolved many bureaucratic demarcation problems, between Federal Government Departments, and between the states and the Commonwealth. For instance while immigrants may have many different personal cultural histories, in Australia they turn to the broad range of services available in the community to meet their needs. In so far as they do this the Department of Community Services has a clear mandate to respond to these needs. On the other hand, many of their experiences are specific to their immigrant or refugee status (which is not the same as their ethnicity). Resolving the issues that emerge from immigrant and refugee status is correctly the responsibility of the Department of Immigration and Ethnic Affairs - but for how long does this continue and what differences impinge when the people concerned are refugees rather than immigrants?

I think the worst source of resistance to a flexible sort of program that accepts people as different is in fact the Department of Immigration and Ethnic Affairs...because they believe that their role is to get new migrants and to somehow mould them into integrated Australian citizens and churn them out the other end with a stamp on them...I think in many ways [DCS] has a better reputation with ...many migrant communities than DIEA. (Former Minister for Community Services).

In recent times some needs have fallen uncomfortably between guidelines developed by the two Departments, neither of which adequately respond to the reality of the immigrant experience in Australia. For example the Department of Immigration and Ethnic Affairs has for a number of years funded ethnic and community organisations to provide both general and specific
services to immigrants. These services often range across programs offered by many Federal and State government Departments - e.g. refugee youth accommodation, ethnic aged community workers, ethnic welfare organisation core long term funding, women's refuge workers.

In the early 1980's large ethnic organisations were provided with resources to employ core staff (rather than particular project staff) in order to maintain the broad range of services for their clientele. Responsibility for funding these programs was carried by the Department of Immigration and Ethnic Affairs. However in the more recent past the Department's concentration on the newer and more vulnerable immigrant and refugee communities has led it to withdraw some core funding from these larger, older and better established organisations; the Department argues that these organisations were now capable of making claims against the 'mainstream' community services for support.

The Department of Community Services on the other hand has direct responsibilities under particular programs to meet the needs of specified client groups. It does not provide general grants-in-aid to local or state based organisations; for such organisations it provides fairly carefully structured grants based on very clear criteria. The large organisations which thus lost Department of Immigration and Ethnic Affairs support also found themselves rejected by the Department of Community Services. They were both unable and unwilling to specify particular service delivery programs' that the Department was prepared to fund. A fairly terse correspondence developed between the Minister for Immigration and Ethnic Affairs, at the time, and the Minister for Community Services at the time over who should be responsible for funding these organisations. The matter was finally resolved when the then Minister for Immigration and Ethnic Affairs was appointed Minister for Community Services and approved HACC funding for aged care workers to the main organisation concerned.

The matter is further compounded at the state level, where state government Departments have the carriage of many of the Federally funded programs. The range and extent of Commonwealth influence varies, though there appears to be a constant tug-of-war between Commonwealth and state priorities for the use of Federal funds. One example is the Home and Community Care Program where the states seek to use the funds to cover problems in the general palliative care area, while the Commonwealth has reiterated its
concern for the funds to be directed to the community care of priority groups - who may or may not be the hospital discharges creating pressures on state services. The situation has been further complicated by the increasing role of local government in community service delivery - particularly where local community organisations do not exist or are too fragile to utilise Commonwealth funds.

A recent study by the Advisory Study for Inter-Governmental Relations sought to untangle the various levels of government and their involvement in responding to the settlement experience and longer term needs of immigrants and refugees. It concluded that:

At present there are major deficiencies within all three spheres of government in the methods of recording direct and indirect expenditures related to the provision of services to immigrants. The absence of reliable financial data in a comparative format hampers a better understanding of the contributions rendered by each sphere of government in the overall settlement process... Research also failed to discover any attempts by governments to develop a methodology for estimating the expenditures associated with providing direct and indirect services to immigrants... [ACIR's enquiry] has shown the need for the three spheres of government - and the voluntary sectors where appropriate - to clarify their respective roles and responsibilities in order to

- ensure services meet the needs of the target families and households;
- minimise the likelihood of needed services omitted;
- reduce as far as possible the incidence of unwarranted duplication of service provision.


The project required a methodology which could accommodate the subtleties and the range of issues involved. It had to produce that data that could respond to the concerns of a range of readers - senior Department officers, program staff, state and local government workers, service providers and consumers and their representatives and advocates.
1.4 METHODOLOGY

1.4.1 RESEARCH AND ETHICAL ISSUES

I assured them all that something would come out of this meeting, if not soon in the near future (Group Discussion Leader, Developmental Disability Group).

I hope that this research project will be implemented so that the services will be improved, so that the Filipina women with problems will be helped (Group Discussion Leader, Domestic Violence Group).

The research methodology was based on a qualitative assessment of the interaction between those delivering services and those in receipt of them, or potentially in receipt of them. We designed a grid which would allow us to select urban centres and a provincial centre, cover most of the major program responsibilities of the Department, and include a range of immigrant communities who in toto would represent a cross-section of the immigrant population in Australia. Thus the project was set in the inner, inner-west and outer west of Sydney, and in Wollongong and Port Kembla. It covered the needs of the aged, people with disabilities, carers of adults and children with disabilities (developmental and physical disabilities), parents of children in need of childcare, and people who had or might potentially use the supported accommodation program services.

We agreed to undertake this research knowing full well that government Departments are fairly protective of the data and information they gather. We made it clear that in our view we were being asked to take from people in the community, who were extremely busy, under-resourced and in many cases unpaid, information based on their experience. For many this was to become a very painful experience. One group ended with the participants in tears, while members of another group reiterated, almost plaintively, their concern that their problems were genuine and that they "truly needed help".

The approach to the project we took was therefore to make an undertaking with all those with whom we spoke that we would deliver feedback to them. This report our findings and the proposals that came out of them would be provided so that they would be aware that they had not wasted their time with
us. They would thus be provided with a resource which they could use if they saw fit and if it was appropriate in their terms, to advance their particular needs more effectively. This report however "belongs to" the Department of Community Services. Our methodology commits us to making its findings available, back to those whose provided the information. We have been given a commitment by the Department that should the report not be released we would be given full and detailed reasons for the decision. However, the experience on a previous report by one of us - Helen Meekosha (who was contracted by the Department to provide a report on women, disability and rehabilitation, entitled "Breaking In and Breaking Out") is salutory. Despite the request of her Steering Committee and the Disability Advisory Council of Australia that the Department release the report in full, it has refused to do so. No reasons have been given for the refusal, except one allegation that the report is inaccurate. No evidence has been produced as to the inaccuracies. The detailed experience of women fighting to survive through their disabling conditions and the problems the Department has had in meeting their needs thus remains hidden from the women themselves and the wider world. This is a travesty of Access and Equity for a Department supposedly committed to the "empowerment" of its clients. We thus still await concrete proof of the Department's undertakings to us.

1.4.2 THE LOCAL SCENE - NSW CASE STUDY

While it had been the intention of the Department of Community Services to gain a research report which would cover the Australia-wide situation, the Department's research budget was limited; in such circumstances the resources were not available for a study utilising empirical field data from across the country. It was thus agreed that a New South Wales case study would be developed in which detailed assessments would be made of the experience of particular immigrant groups with particular sorts of needs in particular localities. The results of this would be indicative rather than conclusive. We feel as researchers that the most important outcome of this report is not the provision of cut and dried answers, which we do not believe exist, but rather explorations of types of situations from which readers of this report might be able to gain some insight and understanding as to what is required to respond in particular situations.

The matrix that we developed (see diagram below) covers a range of groups, localities and experiences. The provision of community services in any
particular locality in response to the needs of particular groups is rarely the result of carefully planned bureaucratic decisions. Rather it will reflect the particular balance of interests, skills and resources in the local area. The existence or the non-existence of community agencies, the pattern of experience and attitudes of key community service providers, and the institutional histories in the area are relevant. The practice of the Commonwealth Government, the State Government, Local Government, and the various voluntary community organisations that might exist there also play a part.

RESEARCH MATRIX:

<table>
<thead>
<tr>
<th>Residential</th>
<th>Community Care</th>
<th>Disability</th>
<th>Childcare</th>
<th>Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long</td>
<td>Polish</td>
<td>Polish</td>
<td>Greek</td>
<td>Turkish</td>
</tr>
<tr>
<td></td>
<td>Macedonian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>established</td>
<td>Italian</td>
<td>Italian</td>
<td>Maltese</td>
<td></td>
</tr>
<tr>
<td>Recently</td>
<td>Arabic</td>
<td>Portuguese</td>
<td>Sth American</td>
<td>Filipina</td>
</tr>
<tr>
<td>arrived</td>
<td></td>
<td>Vietnamese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inner metropol.</td>
<td>Arabic</td>
<td>Greek</td>
<td>Portuguese</td>
<td></td>
</tr>
<tr>
<td>Outer metropol.</td>
<td>Vietnamese</td>
<td>Turkish</td>
<td>Maltese</td>
<td>Sth American</td>
</tr>
<tr>
<td>Provincial</td>
<td>Polish</td>
<td>Polish</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Macedonian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Italian</td>
<td>Italian</td>
<td>Filipina</td>
<td></td>
</tr>
</tbody>
</table>

The sample was drawn to try to reflect the possibilities that such a fairly haphazard scene might generate. We were particularly concerned to not simply concentrate on those areas where ethnic community organisations existed and were able to respond to the needs of people from their language communities. We were also interested in areas where there might have been fairly recent though extensive settlement by immigrant groups and in which ethnic organisations had not established themselves. We do not deal in this project with the experience of immigrant communities or families living in remote or rural areas. These people have additional constraints affecting their access to services which need to be recognised and examined.
The criteria used to develop the sample was that it had to contain recently arrived groups and groups which had been here for an extended period. It had to include a variety of personal situations to which the Department was seeking to develop responses. Recognising that community services depends heavily on the unpaid work of women in the community, we were particularly concerned that a significant proportion of all the interviews took place with women. The metropolitan and provincial experience was also important. We therefore chose Wollongong, an industrial city south of Sydney in New South Wales, and the western sector of the Sydney metropolis, in an arc extending some thirty miles out from the city centre to the west and south. The final sample was:

In Wollongong
- older Polish people using day care, focussing on residential needs, and alternative care in the community;
- older Italian people using day care, focussing on residential needs and alternative care in the community;
- young Macedonian women, potential clients of youth refuges;
- Filipina women who had used or were possibly likely to need emergency accommodation.

The Sydney Metropolitan groups were:
- Portuguese men with various disabilities, focussing on community support services.
- older Arabic women, focussing on community support services.
- Greek workers with industrial or other injuries, focussing on their rehabilitation experience.
- Vietnamese parents of children with developmental disabilities.
- Maltese carers of adults with developmental and other disabilities, (this group also included some Maltese people with significant disabilities such as total visual impairment)
- South American Spanish speaking parents of children needing childcare.
- Turkish parents of children needing childcare.

We then selected a number of organisations operating in each of the areas from which the discussion groups or potential consumers was drawn. These included the appropriate local government agency or service, the appropriate 'needs group' service provider (such as a centre for people with disabilities, a
childcare centre, a nursing home etc) and local ethnic service delivery or advocacy organisations. These 'on the ground' organisations were then matched to the Department of Community Service field officers either responsible for or involved in activities in those particular geographical areas.

This gave us a map as it were, of local institutional and consumer links in outline, and provided the linkage to the funding or the service delivery Department, depending on the particular role that DCS played in that situation.

We also interviewed a cross-section of all the senior DCS program managers in NSW, focussing on their understanding and initiatives in relationship to the needs of ethnic consumers of their services. We also interviewed peak service delivery organisations from 'the mainstream' and peak ethnic organisations which were active in policy development, advice and lobbying.

Finally we undertook a systematic set of interviews with all senior DCS officials in Central Office, Canberra. We also interviewed national peak organisations that might be involved in the provision of policy advice to government at the national level on these issues. In each case we looked at the experience of the individuals in organisations, in relationship to working with people from non-English speaking origin, their assessment of how change came about in government (vis-a-vis advocacy and lobbying by ethnic organisations), and their assessment of a number of the key issues that our preliminary research indicated were likely to be a focus for contention and had shown to be of some difficulty for the Department in the past.

1.4.3 THE GROUPS

The process involved in bringing together groups of people for whom the discussion process would be one of pain and discomfort, raising problems for which there were often no solutions, and for which the Department was unlikely to be able to provide much support for some time to come, opens up those ethical research questions we have discussed above. The group leaders were recruited from welfare and research workers who had a detailed knowledge of their communities. However the implementation of a focussed group discussion was not necessarily part of their previous experience, and they were provided with training by us on how to run a group and how to direct the discussion towards the sorts of issues we wished them to pursue.
A number of the groups were based on existing informal groups which had been meeting for some time on issues which were of concern to them. In other cases the groups were formed specifically for the purpose of the research, though in a number of cases here, the groups have continued to meet. Again and again the group leaders reported to us their frustration at being unable to provide rapid feedback and support to the group members on the topics that they were asked to discuss. Group leaders had been in most cases the recruiters of the group participants. In one case, radio station 2EA had provided the opportunity through its language broadcasts to invite people to participate in the group.

In each case the participants had been asked to become part of the group in order to help the government come up with solutions to their problems. This motivation must be recognised by readers of this report, as the process of consultation (covered in more detail below) is a two way process. If the results of such research are uncomfortable for government or reveal flaws or inadequacies in contemporary practice, this cannot be the basis for refusing to allow the findings to be widely disseminated. For any attempt to conceal critical perspectives on the Department must necessarily undermine the confidence of community organisations and individuals in the whole process of consultation with the Department. In the light of the willingness of community members to open themselves to what can become a very painful endeavour, there is no rationale available to government within the framework of protecting itself that can justify that experience being denied, or buried.

The group discussions (except for the young, second generation Macedonian girls) were run in the community language of the group, and then translated into English by the group leader. Often this was done with the help of a friend or family member. In one case, group members asked that their direct words not be quoted, and in this case the group leader paraphrased their discussion and summarised the key points. Group leaders were debriefed at the end of the translation period about what they saw as the main points raised in the discussion and any other insights or comments that they felt might be useful to make about the whole experience. Group leaders were paid (but in retrospect, insufficient for the time and energy required of them), and group participants were provided where necessary with transport, refreshments and so forth. These represent the minimum legitimate costs associated with consultation with people in the community.
Readers should recognise that there was an eagerness to participate by people in many of the groups. This was particularly so for those who had lived an isolated and cut-off life in which the disability, the violence, the loneliness, or the fears and anxieties, had never been recognised or discussed with anybody else. Our experience of this type of consultation, where we were met time and again by community workers with eyes cast skywards in disbelief at yet another government research project, suggests that consultation has to become rather more than a symbolic exercise if the shrinking good-will shown to the Department does not entirely evaporate.

1.5 CONSULTATIONS WITH THE FEDERATION OF ETHNIC COMMUNITIES COUNCILS OF AUSTRALIA.

Soon after the new Department was established the Federation of Ethnic Communities Councils of Australia approached the then minister, Senator Grimes, to request support for a detailed nationwide consultation with ethnic organisations on how the new Department should respond to their needs. FECCA was provided with $50,000 to run state-by-state consultations culminating in a national consultation in Canberra in November 1986.

The format for each consultation was basically similar. Program areas were identified, Department officers made a presentation, ostensibly concerned with the relationships between their programs and the needs of ethnic minorities, and there was a detailed presentation on the issue from 'an ethnic expert'. A group discussion then took place in which questions and comments developed. Finally each working group on a program area developed a set of priority recommendations for action by the Department.

The national consultation in Canberra brought together the state inputs following a day of similar addresses by Department officers. The FECCA representatives then met for two days to finalise their proposals. The report on this process (Nicolaou 1987) was submitted to the Minister for Community Services, Mr Hurford, on April 2nd, 1987.

It appears that the consultation process has now become endemic in policy development in Australia. This can be an exhausting process for all involved: whether they are unpaid activists in community organisations, employed workers in those organisations, or public servants representing their Departments.
The Federation made 16 general recommendations for action by the Department as well as a large number of specific proposals. In summary these recommendations were:

(a) **Access and information**

A proposal that the Department should actively publicise their services in community languages and the strategies used should depend on the program area and be arrived at in close co-operation with ethnic organisations. In addition there should be pools of bi-lingual and bi-cultural workers for small dispersed and isolated groups and training programs for all DCS regional staff.

(b) **Policy and Implementation**

The Department should itself develop its own clear policies and ensure that these policies are implemented in co-operation with the states, local government and voluntary organisations. These policies should be developed in consultation with ethnic communities and should be required by all organisations that the Department funds.

(c) **Generalist and ethnospecific services**

FECCA also supported the increased provision of ethno-specific units in geographically suitable agencies.

(d) **Participation, consultation and representation**

Its concern for these matters (reflected in the title of the report THANK YOU FOR ASKING US; PLEASE DO IT AGAIN) led it to recommend that the Department should develop effective consultative mechanism and advisory committees all of which include Non English Speaking Background communities, including those from small and dispersed groups.

(e) **Staffing and Training**

The Department should give preference in recruitment to bi-lingual and bi-cultural staff and move to up-grade and supplement the qualification of bi-lingual overseas trained professionals who should be employed by DCS during the period they are undergoing training.
(f) **Research and Evaluation strategy**

There should also be a research and evaluation strategy to improve the database and to formulate pilot action research projects in co-operation with Non English Speaking Background immigrant organisations.

(g) **Structures**

Finally FECCA recommended that the structures of DCS should be amended to establish a multicultural and ethnic affairs co-ordinating unit at Central Office with similar units in each state office and advisory committees to these units wherever they are formed.

Perhaps more important than the recommendations on policy (which are canvassed in more detail in the program areas) was the feedback we received on the process of consultation. This is perhaps best summarised by a group of employees from a harrassed and over-worked ethnic community project who commented that they had been 'consulted' time and again and the consultations had tended to be of two sorts. In the first, governments told them what they intended to do, and asked them what contribution they could make to achieving their ends. The second type of consultation involved in making inputs, either through prepared submissions or participation in seminars etc, and never hearing again from the government Department as to what had happened with the inputs they were making. They reiterated the position that we heard many times in the course of this research that consultation had to be a two way process of interaction - of giving as well as taking by government.

At the FECCA consultations we attended, one of the characteristics was the hostility by some people from ethnic organisations to public servants who refused to engage in a free and open discussion about the problems and issues involved. The problematic nature of this relationship was particularly evident in those situations where fairly junior public servants were sent in to bat, having neither the authority nor necessarily the knowledge to respond effectively on behalf of the Department. This situation was compounded by the absence (in New South Wales at least) from the consultations of the State Government Department officers with responsibility for the implementation of Commonwealth funded programs (Youth and Community Services, Health).
There was also another side to this problem. One senior Departmental officer for instance commented that the whole consultation process had taken up an extraordinarily large amount of very scarce senior management time, with few valuable outcomes in terms of changes to practice. We heard time and again from Departmental officers that the cry by ethnic organisations about the needs of immigrants was rarely followed through with detailed argument and detailed proposals for change. Now it might well be said that it is not the role of the voluntary organisations to do the job of the Commonwealth - however the insistence by organisations such as FECCA that they be consulted lays upon them certain responsibilities to be able to participate effectively in the processes that they seek to create.

This problem was most acute in areas associated with disability and rehabilitation, where the occasionally technical nature of the issues required a fair amount of concrete knowledge and sophistication on the part of all participants. Often representatives of immigrant communities simply did not have the experience of the disability or rehabilitation environments sufficient to enable them to participate as professional equals with the Departmental officers involved.

This general issue points up some of the problems with consultations as they have run in the past. In the light of the FECCA consultation experience, while elements of the process were valuable, the successful segments of the consultations depended on a small number of people. These included some Departmental officers, and a small number of activists among the FECCA participants, who had done a great deal of preliminary homework. Significantly it was the employed professional workers of Ethnic Communities Councils or ethnic service agencies who made the most detailed and sustained input.

Departmental officers need to learn more about the processes of communication and information gathering, so that as part of their everyday experience of doing the job with which they are charged, they are in contact with people with the expertise in ethnic organisations. Too often both senior and program officers told us that the FECCA consultations were the first occasion at which they had ever met for a sustained discussion with people involved in ethnic organisations.
The responsibility for decision making lies ultimately with the Department and the Minister. It is unfortunate that the Department has put off developing a detailed access and equity policy for its own activities until it receives both the FECCA report and this report. There are always likely to be highly demanding priorities in policy making and implementation, competing with one another for the time and attention of staff. The consultation process at such times can become a means of offloading the whole question of committing resources, time, energy and effort to meeting the needs of people of non-English speaking background.

1.6 THE DIRECTION OF THE REPORT

The report is divided into two main sections. The first encompasses the general issues and environment within which the Department is working. The second explores program areas in detail. An early caveat. Not all subprograms have been researched - exclusions include the General Supported Accommodation Program, Emergency Relief, Management Support, Family Support, and Peak Organisation Grants in Aid. We would stress that the principles which this report puts forward are directly relevant to these areas, and if accepted by the Department, should be applied to them through coherent and careful planning.

Chapter Two outlines the social context within which the Department is operating. The patterns of immigration and the demographic and socioeconomic impact of these processes mean that the social environment will significantly differ from the traditional world of Australia in the 1960s and 1970s. The concept of the "voluntary" sector will come under increasing pressure as groups which lack the community organisation make increasing claims on services. Comfortable myths that have allowed "mainstream" services to consign the immigrant issue to some one-else's realm of concern will be increasingly be shown as masquerades, through which major unmet needs claw to light. Ideologies of welfare practice which are currently sustained by racist, sexist, ageist and ableist assumptions are shown to be antithetical to key goals of governments and the priorities of the important social movements which influence them.

Chapter Three examines the policy context which these social changes have generated. The Department has committed itself to more "client centred" policies. What lies behind these moves and what are their implications for
immigrants? In many cases the policies make assumptions about the social environment which can create major difficulties for immigrant communities. These include issues such as:

* de-institutionalisation - but few immigrants or their children make it into institutions in the first place;

* independent living and the least restrictive alternative - but these strategies require the client developing a sense of personal efficacy, in turn dependent on professionals able to communicate subtle information. Yet with few trained interpreters or bi-lingual professionals, what can be done?;

* normalisation - but whose definition of normal is to rule ?;

* efficiency and effectiveness - but does giving a quality service to Non English Speaking Background immigrants cost more or less? Have the questions even been asked that would allow an answer?

* community care - but can traditional organisations or ethnic organisations cope with the diversity of needs and the "dumping" of the responsibilities onto immigrant women?;

* communication - to whom, by whom, about what ?;

* consultation - with whom, about what, for what ends ?;

* access and equity - in an environment of "resource constraint" who carries the costs ?;

* data - what is needed, for what purposes, collected by whom, and how is it to be communicated ?

Chapter Four examines the interaction of immigrant communities, ethnic organisations, the human services environment and the current methods of the Department to involve itself in these issues. The issues which cross program areas are analysed, the difficulties currently experienced are explored, and possible responses canvassed.

Chapter Five reviews residential programs, concentrating on the needs of the aged. Data is analysed which suggests that there is an unresolved tension between the goals of access and equity for ageing immigrants, and the growth control strategies adopted by the Department in relation to nursing homes and hostels.

Chapter Six discusses the range of community programs, including SAAP, HACC, and Children's Services. It is argued that major problems exist in each program area, all of which require a much clearer definition of goals in relation to the needs of immigrant communities.
Chapter Seven analyses the combined areas of Disability and Rehabilitation. These are identified as the most pressing problem areas in relation to immigrants, and the areas where the most difficult yet immediately demanding action is necessary. Problems are identified in structures, legislation, data, training, contracting and basic program concepts.

Chapter Eight provides a synthesis of all the issues as they affect immigrant women. As community services are primarily concerned with women as clients, carers and employees, this section focuses attention across program areas on the difficulties that exist and the constraints they place on the opportunities and life chances of immigrant women.

Chapter Nine provides a concluding overview on the Department, and proposes a broad strategy for action. The strategy encompasses management responsibilities, staff recruitment and training, internal information networks, communication plans, funding strategies, contract compliance, community training, Federal/state relations, consultative arrangements, research and data collection, and programs affecting immigrant women.

We turn firstly to the social context, and the implications it carries for the Department of Community Services moving to meet the needs of immigrant communities.
CHAPTER TWO THE SOCIAL CONTEXT

2.1 IMMIGRATION AND AUSTRALIAN SOCIETY

Migration takes place in an international environment, one in which the conditions in the countries of origin of immigrants play an important part in constituting the expectations they bring with them in the migration process. It is our contention that these expectation combine with the experience of settlement in Australia to establish the conditions under which immigrant needs for community services are articulated, recognised, and interpreted. It is thus not primarily the characteristics of immigrant individuals or groups, (what has been labelled as their "ethnicity"), that lies at the heart of the matter, but rather the relationships they enter in an Australian society that is many ways still racist, or at least Anglocentric, in its view of the world. Thus to understand these relationships, we need to know something about where immigrants come from, their experience of the Australian labour market and the wider society, the ideologies current in Australian society through which social institutions interpret their presence here, and the policies which have been developed by governments to manage community needs.

The Australian Labor Party had three basic motivations for its post-war migration program. Through the Department of Post-War Reconstruction the government had identified major problems in labour supply, problems which would have to be overcome if the bottleneck in the production of both capital and consumer goods was to be broken and Australia placed on a track which would allow it to become an industrial manufacturing society in the foreseeable future. The second major problem which complemented the first was a fairly small population base, skewed by low levels of childbirth during the depression, which resulted in low levels of domestic demand. These low levels of demand in turn meant that economies of scale necessary for profitable development in industrial manufacturing could not take place. Therefore a population building strategy which would increase domestic demand, in particular in the high consuming family formation groups (young adults) was also necessary. The third major issue, reflecting the experience of the second world war and the perception of threat that this had generated in the society, was the need for a large population on the basis on which the continent could be defended - or at least its ownership could be legitimated.
All these factors were integrated, either more or less consciously, into the immigrant recruitment strategies of the government in the period after 1946. The concern for a national manufacturing base and the concommitent increased independence from foreign control and ownership was dissipated after 1949 with the return of a conservative coalition government. Even so, the broad strategy of recruiting labour to build the industrial infrastructure, to take on tasks which Australian workers were loath to do, and to provide the 'industrial cannon fodder' for industry was continued. This had other ramifications for Australian society, not least of which is the fairly low level of investment in education. The immigration program was seen as a source of skill and expertise which could come into the Australian economy with minimal investment by government or society at large.

As it is well known the early commitment was to a socially cohesive society, the requirement for which was British immigrants. Thus the white Australia policy plus the British preference of the recruiters concentrated efforts on the British Isles in the post-war period. Indeed since that time the United Kingdom has always been the leading source of immigrants to Australia. However as international circumstances changed so to the source of immigrants began to move. Table 1 below (Sources of Migrants to Australia 1945-1985) demonstrates this changing pattern of migration. The implication for this report is that given the recruitment preference for young adults, different national groups were concentrated in cohorts during different periods of the migration program. Thus the internal demographic structure of particular immigrant communities differs substantially, with implications for the sorts of 'needs' they are likely to exhibit.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>United Kingdom</td>
<td>506,296</td>
<td>34.9</td>
<td>618,464</td>
<td>41.6</td>
<td>248,780</td>
<td>30.1</td>
</tr>
<tr>
<td>2</td>
<td>Italy</td>
<td>192,626</td>
<td>13.3</td>
<td>164,060</td>
<td>11.1</td>
<td>66,402</td>
<td>8.3</td>
</tr>
<tr>
<td>3</td>
<td>Netherlands</td>
<td>108,568</td>
<td>7.5</td>
<td>139,512</td>
<td>9.4</td>
<td>35,661</td>
<td>4.4</td>
</tr>
<tr>
<td>4</td>
<td>Poland</td>
<td>74,988</td>
<td>5.2</td>
<td>107,608</td>
<td>7.3</td>
<td>30,267</td>
<td>3.7</td>
</tr>
<tr>
<td>5</td>
<td>Germany</td>
<td>67,861</td>
<td>4.7</td>
<td>48,601</td>
<td>3.3</td>
<td>21,617</td>
<td>2.7</td>
</tr>
<tr>
<td>6</td>
<td>Greece</td>
<td>63,341</td>
<td>4.4</td>
<td>36,595</td>
<td>2.5</td>
<td>21,046</td>
<td>2.6</td>
</tr>
<tr>
<td>7</td>
<td>Malta</td>
<td>40,716</td>
<td>2.8</td>
<td>32,237</td>
<td>2.2</td>
<td>18,070</td>
<td>2.2</td>
</tr>
<tr>
<td>8</td>
<td>New Zealand</td>
<td>39,172</td>
<td>2.7</td>
<td>26,905</td>
<td>1.8</td>
<td>17,622</td>
<td>2.2</td>
</tr>
<tr>
<td>9</td>
<td>Yugoslavia</td>
<td>31,524</td>
<td>2.2</td>
<td>20,078</td>
<td>1.4</td>
<td>17,156</td>
<td>2.1</td>
</tr>
<tr>
<td>10</td>
<td>Hungary</td>
<td>26,829</td>
<td>1.9</td>
<td>19,939</td>
<td>1.4</td>
<td>16,356</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>1,448,754</td>
<td></td>
<td>1,478,839</td>
<td></td>
<td>809,096</td>
<td></td>
</tr>
</tbody>
</table>

EQUAL DISAPPOINTMENT OPPORTUNITY? SOCIAL CONTEXT CHAPTER 2
<table>
<thead>
<tr>
<th></th>
<th>1984#</th>
<th>%</th>
<th>1985#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>United King.</td>
<td>12,950</td>
<td>18.8</td>
<td>United King.</td>
</tr>
<tr>
<td>2.</td>
<td>Vietnam</td>
<td>9,510</td>
<td>11.8</td>
<td>New Zealand</td>
</tr>
<tr>
<td>3.</td>
<td>New Zealand</td>
<td>5,770</td>
<td>8.4</td>
<td>Vietnam</td>
</tr>
<tr>
<td>4.</td>
<td>Philippines</td>
<td>2,870</td>
<td>4.2</td>
<td>Hong Kong</td>
</tr>
<tr>
<td>5.</td>
<td>Hong Kong</td>
<td>2,010</td>
<td>2.9</td>
<td>Philippines</td>
</tr>
<tr>
<td>6.</td>
<td>Kampuchea</td>
<td>1,660</td>
<td>2.4</td>
<td>China</td>
</tr>
<tr>
<td>7.</td>
<td>Malaysia</td>
<td>1,650</td>
<td>2.4</td>
<td>Malaysia</td>
</tr>
<tr>
<td>8.</td>
<td>S.Africa</td>
<td>1,640</td>
<td>2.4</td>
<td>Lebanon</td>
</tr>
<tr>
<td>9=</td>
<td>Germany</td>
<td>1,610</td>
<td>2.3</td>
<td>India</td>
</tr>
<tr>
<td>9=</td>
<td>China</td>
<td>1,610</td>
<td>2.3</td>
<td>U.S.A.</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>68,810</td>
<td></td>
<td>77,510</td>
</tr>
</tbody>
</table>

* Citizenship of long term and permanent arrivals, except for U.K., S.Africa, New Zealand and Malta, where figures are for country of last residence for long term and permanent arrivals.
** Net settler gain by country of citizenship.


In the first 15 years of the migration program the United Kingdom provided over one third of all immigrants. The other major sources in that first period were Italy, The Netherlands, Poland, Germany, Greece, and Malta. During the 1960's and in particular the period 1966-71, (which saw the highest annual average net immigration of the post-war period about 105,000 per annum) Southern European immigrant sources provided up to a third of the total migration intake. During that period British immigration also rose to some 40% of the total.

During the 1970's changes in Europe and in the Australian economy affected the migration pattern to Australia. While Britain still dominated immigration, for the first time there was a major rise in the number of New Zealanders. Significant inflows continued from Yugoslavia and Lebanon. Greek and Italian immigration, which had been so significant in the previous decade, began to decline. Middle Eastern migration on the other hand took on added significance with the arrival of some 50,000 people from Lebanon and Turkey.

In the wake of a domestic debate over the sources of migration in the mid 1980s and modifications to general government policy reducing the level of immigration, an emphasis emerged on family reunion and humanitarian bases for migration. Asian migration for the first time represented an extremely significant proportion of the overall intake. In both 1984 and 1985, approximately 25% of immigrants came from the South East Asia and the Indo-China area. Many of these were refugees from Vietnam, Kampuchea and...
Laos, others Vietnamese seeking family reunion under the orderly departure program; on the other hand significant numbers were Asian business families, while others were Filipinas immigrating to join Australian and European immigrant husbands in marriages arranged at a distance.

The effect of migration on the demographic and cultural basis of Australian society has been significant, though the effects have varied. Table 2 ('Ethnic Origin' of contemporary population Australia, 1947-1984) portrays the effects that Professor Charles Price of the Australian National University calculates have occurred.

<table>
<thead>
<tr>
<th>ETHNIC ORIGIN</th>
<th>1947</th>
<th>%</th>
<th>1984</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>3,922,000</td>
<td>50.9</td>
<td>6,968,000</td>
<td>45.0</td>
</tr>
<tr>
<td>Scottish</td>
<td>1,133,000</td>
<td>14.7</td>
<td>1,883,000</td>
<td>12.1</td>
</tr>
<tr>
<td>Irish</td>
<td>1,757,000</td>
<td>22.8</td>
<td>2,705,000</td>
<td>17.5</td>
</tr>
<tr>
<td>Welsh</td>
<td>142,000</td>
<td>1.8</td>
<td>217,000</td>
<td>1.4</td>
</tr>
<tr>
<td>BRITISH</td>
<td>6,954,000</td>
<td>90.2</td>
<td>11,773,000</td>
<td>76.0</td>
</tr>
<tr>
<td>German</td>
<td>312,000</td>
<td>4.0</td>
<td>635,000</td>
<td>4.1</td>
</tr>
<tr>
<td>Scandinavian</td>
<td>84,000</td>
<td>1.1</td>
<td>155,000</td>
<td>1.0</td>
</tr>
<tr>
<td>Dutch</td>
<td>17,000</td>
<td>0.2</td>
<td>232,500</td>
<td>1.5</td>
</tr>
<tr>
<td>Other</td>
<td>47,000</td>
<td>0.7</td>
<td>155,000</td>
<td>1.0</td>
</tr>
<tr>
<td>NORTH EUROPE</td>
<td>460,000</td>
<td>6.0</td>
<td>1,178,000</td>
<td>7.6</td>
</tr>
<tr>
<td>Polish</td>
<td>24,000</td>
<td>0.3</td>
<td>162,000</td>
<td>1.0</td>
</tr>
<tr>
<td>Yugoslav</td>
<td>15,000</td>
<td>0.2</td>
<td>250,000</td>
<td>1.6</td>
</tr>
<tr>
<td>Other East</td>
<td>33,000</td>
<td>0.4</td>
<td>245,000</td>
<td>1.6</td>
</tr>
<tr>
<td>EAST EUROPE</td>
<td>72,000</td>
<td>0.9</td>
<td>657,000</td>
<td>4.2</td>
</tr>
<tr>
<td>Italian</td>
<td>72,000</td>
<td>0.9</td>
<td>635,000</td>
<td>4.1</td>
</tr>
<tr>
<td>Greek</td>
<td>23,000</td>
<td>0.3</td>
<td>372,000</td>
<td>2.4</td>
</tr>
<tr>
<td>Other</td>
<td>21,000</td>
<td>0.3</td>
<td>232,500</td>
<td>1.5</td>
</tr>
<tr>
<td>SOUTH EUROPE</td>
<td>116,000</td>
<td>1.5</td>
<td>1,240,000</td>
<td>8.0</td>
</tr>
<tr>
<td>West Asian</td>
<td>10,000</td>
<td>0.1</td>
<td>186,000</td>
<td>1.2</td>
</tr>
<tr>
<td>South Asian</td>
<td>9,000</td>
<td>0.1</td>
<td>77,500</td>
<td>0.5</td>
</tr>
<tr>
<td>South East</td>
<td>3,000</td>
<td>-</td>
<td>94,000</td>
<td>0.6</td>
</tr>
<tr>
<td>Chinese</td>
<td>17,000</td>
<td>0.2</td>
<td>77,500</td>
<td>0.5</td>
</tr>
<tr>
<td>Other</td>
<td>1,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ASIAN</td>
<td>40,000</td>
<td>0.5</td>
<td>435,000</td>
<td>2.8</td>
</tr>
<tr>
<td>Other</td>
<td>8,000</td>
<td>0.1</td>
<td>46,500</td>
<td>0.3</td>
</tr>
<tr>
<td>Aborigine</td>
<td>59,000</td>
<td>0.8</td>
<td>170,500</td>
<td>1.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7,709,000</td>
<td>100.0</td>
<td>15,500,00</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: Ethnic origin reflects the ethnic descent of all Australian residents, as calculated by Price, 1984. It includes all those born in Australia, and overseas.

The British background of the population has declined has declined from some 90% in 1947 to just over three quarters in 1984. The northern European
proportion has risen from 6% to 7.6%, while the eastern European proportion has risen from just under 1% to over 4%. The largest increase has been in people of southern European origin who in 1947 made up just one and a half percent and in 1985 comprised 8% of the population. The proportionately largest increase has occurred amongst people of Asian origin. They have risen from 0.5% in 1947 to 2.8% in 1984. These proportions have no necessary implications for the cultural practices of people, merely their origins. The figures below (from Jakubowicz 1987) provide a graphic expression of these population changes.

Figure 1:

![Graph showing population changes](image)

Figure 2:
Thus the extent of cultural practices and personal histories has diversified extraordinarily as a result of the migration program. Expectations, preferences
and aspirations have been so modified that we now have an extremely pluralist cultural environment, one which necessarily requires much greater flexibility and responsiveness from government institutions than would have been the case three or four decades ago.

The age breakdown of people of non-English speaking background is provided in Table 3 below. The table demonstrates that groups of different national origin have significantly different demographic age profiles, so that to talk of 'ethnic needs' as though they possibly could be uniform is clearly unacceptable. The children of many of these groups, particularly the cohorts which are over the age of 16, are likely to have been born in Australia. This will automatically bias the proportion of the population of non-English speaking background who are older rather than younger.

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>Africa</td>
</tr>
<tr>
<td></td>
<td>11.7</td>
</tr>
<tr>
<td>15-24</td>
<td>16.1</td>
</tr>
<tr>
<td>25-34</td>
<td>23.7</td>
</tr>
<tr>
<td>35-44</td>
<td>18.5</td>
</tr>
<tr>
<td>45-54</td>
<td>13.2</td>
</tr>
<tr>
<td>55-64</td>
<td>9.0</td>
</tr>
<tr>
<td>65+</td>
<td>7.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>America</td>
</tr>
<tr>
<td></td>
<td>20.2</td>
</tr>
<tr>
<td>15-24</td>
<td>17.8</td>
</tr>
<tr>
<td>25-34</td>
<td>24.5</td>
</tr>
<tr>
<td>35-44</td>
<td>18.5</td>
</tr>
<tr>
<td>45-54</td>
<td>8.4</td>
</tr>
<tr>
<td>55-64</td>
<td>6.1</td>
</tr>
<tr>
<td>65+</td>
<td>4.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>Asia</td>
</tr>
<tr>
<td></td>
<td>15.1</td>
</tr>
<tr>
<td>15-24</td>
<td>20.2</td>
</tr>
<tr>
<td>25-34</td>
<td>25.4</td>
</tr>
<tr>
<td>35-44</td>
<td>16.9</td>
</tr>
<tr>
<td>45-54</td>
<td>10.5</td>
</tr>
<tr>
<td>55-64</td>
<td>6.6</td>
</tr>
<tr>
<td>65+</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>Europe</td>
</tr>
<tr>
<td></td>
<td>4.9</td>
</tr>
<tr>
<td>15-24</td>
<td>11.3</td>
</tr>
<tr>
<td>25-34</td>
<td>18.5</td>
</tr>
<tr>
<td>35-44</td>
<td>20.3</td>
</tr>
<tr>
<td>45-54</td>
<td>17.4</td>
</tr>
<tr>
<td>55-64</td>
<td>13.9</td>
</tr>
<tr>
<td>65+</td>
<td>13.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>Germany</td>
</tr>
<tr>
<td></td>
<td>3.4</td>
</tr>
<tr>
<td>15-24</td>
<td>6.8</td>
</tr>
<tr>
<td>25-34</td>
<td>25.1</td>
</tr>
<tr>
<td>35-44</td>
<td>23.9</td>
</tr>
<tr>
<td>45-54</td>
<td>20.0</td>
</tr>
<tr>
<td>55-64</td>
<td>13.1</td>
</tr>
<tr>
<td>65+</td>
<td>7.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>Greece</td>
</tr>
<tr>
<td></td>
<td>2.6</td>
</tr>
<tr>
<td>15-24</td>
<td>8.6</td>
</tr>
<tr>
<td>25-34</td>
<td>18.8</td>
</tr>
<tr>
<td>35-44</td>
<td>30.8</td>
</tr>
<tr>
<td>45-54</td>
<td>24.3</td>
</tr>
<tr>
<td>55-64</td>
<td>8.1</td>
</tr>
<tr>
<td>65+</td>
<td>6.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>Italy</td>
</tr>
<tr>
<td></td>
<td>1.7</td>
</tr>
<tr>
<td>15-24</td>
<td>7.3</td>
</tr>
<tr>
<td>25-34</td>
<td>17.5</td>
</tr>
<tr>
<td>35-44</td>
<td>21.4</td>
</tr>
<tr>
<td>45-54</td>
<td>26.1</td>
</tr>
<tr>
<td>55-64</td>
<td>14.9</td>
</tr>
<tr>
<td>65+</td>
<td>11.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>Malta</td>
</tr>
<tr>
<td></td>
<td>2.4</td>
</tr>
<tr>
<td>15-24</td>
<td>9.4</td>
</tr>
<tr>
<td>25-34</td>
<td>29.1</td>
</tr>
<tr>
<td>35-44</td>
<td>25.8</td>
</tr>
<tr>
<td>45-54</td>
<td>17.2</td>
</tr>
<tr>
<td>55-64</td>
<td>9.8</td>
</tr>
<tr>
<td>65+</td>
<td>6.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>Netherlands</td>
</tr>
<tr>
<td></td>
<td>2.5</td>
</tr>
<tr>
<td>15-24</td>
<td>5.8</td>
</tr>
<tr>
<td>25-34</td>
<td>23.9</td>
</tr>
<tr>
<td>35-44</td>
<td>23.2</td>
</tr>
<tr>
<td>45-54</td>
<td>19.2</td>
</tr>
<tr>
<td>55-64</td>
<td>15.6</td>
</tr>
<tr>
<td>65+</td>
<td>9.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>Poland</td>
</tr>
<tr>
<td></td>
<td>1.3</td>
</tr>
<tr>
<td>15-24</td>
<td>3.5</td>
</tr>
<tr>
<td>25-34</td>
<td>10.4</td>
</tr>
<tr>
<td>35-44</td>
<td>9.3</td>
</tr>
<tr>
<td>45-54</td>
<td>15.9</td>
</tr>
<tr>
<td>55-64</td>
<td>38.1</td>
</tr>
<tr>
<td>65+</td>
<td>21.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>UK/Eire</td>
</tr>
<tr>
<td></td>
<td>6.4</td>
</tr>
<tr>
<td>15-24</td>
<td>14.3</td>
</tr>
<tr>
<td>25-34</td>
<td>17.6</td>
</tr>
<tr>
<td>35-44</td>
<td>18.0</td>
</tr>
<tr>
<td>45-54</td>
<td>13.8</td>
</tr>
<tr>
<td>55-64</td>
<td>13.0</td>
</tr>
<tr>
<td>65+</td>
<td>16.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>Yugoslavia</td>
</tr>
<tr>
<td></td>
<td>5.9</td>
</tr>
<tr>
<td>15-24</td>
<td>12.9</td>
</tr>
<tr>
<td>25-34</td>
<td>22.2</td>
</tr>
<tr>
<td>35-44</td>
<td>26.0</td>
</tr>
<tr>
<td>45-54</td>
<td>18.8</td>
</tr>
<tr>
<td>55-64</td>
<td>8.6</td>
</tr>
<tr>
<td>65+</td>
<td>5.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oceania</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.1</td>
<td>5.1</td>
</tr>
<tr>
<td>22.7</td>
<td>6.5</td>
</tr>
<tr>
<td>25.7</td>
<td></td>
</tr>
<tr>
<td>13.2</td>
<td></td>
</tr>
<tr>
<td>6.7</td>
<td></td>
</tr>
</tbody>
</table>

| Australia         | 29.7           |
|                   | 18.2           |
|                   | 15.2           |
|                   | 10.5           |
|                   | 8.8            |
|                   | 8.4            |
|                   | 9.2            |

From Australia, Department of Immigration and Ethnic Affairs, 1986:401 (The Jupp Review).

An example may demonstrate the problem here. The most significant grouping for the purposes of assessing childrens' service needs are not the 0-14 age groups, but rather those groups which are likely to be parents of young children. The proportion of a particular immigrant community in the age range 25-44 years, should be an indication of potential childcare needs.
Similarly the proportion in the age range 55-64 (in 1981) and 65 and over can be projected into an assessment of the likely frail aged needs in 1991 and 2001 (see Australian Institute of Multicultural Affairs 1983:221ff). The groups of non-English speaking background currently most likely to need childcare are people in the age group 25-34. Adults born in Asia (25.5%) Germany (25.1%) Malta (29.1%) Holland (23.9%) Yugoslavia (22.2%) Greece (18.8%) Italy (17.5%) are more heavily concentrated in this age group than the Australian born (15.2%). This figures can be reinforced by an examination of the relevant Department of Social Security data on payments to families with children.

In the 55-64 cohort, that is those people who are likely to be entering the frail aged group by the end of the century, the highest need groups are likely to be the groups generally from Europe but in particular Germans, Greeks, Italians, Maltese, Dutch, Poles (who have four times the average proportion of people in this group) and other Europeans. The British are also significantly represented in this group. The group which are likely to enter the frail aged cohort within the next decade include the Asians, Italians, Dutch, Poles, British again and other Europeans. The existing projections should also be read against the data on age standardised mortality statistics which suggest rather different patterns of survival for different immigrant communities, and within them, men and women.

The social location of immigrants also provides a useful insight to the range of needs they are likely to experience. The most important of these is their role in the labour market - the type of work, its dangers, the income they can expect, and the long term possibilities of realising the expectations they had for their children when they migrated.

2.2 THE SOCIO-ECONOMIC POSITION OF IMMIGRANTS.

When the Australian migration program was established in the late 1940's, the government attempted to make it clear that it would ensure that migrants who came to Australia were to make a contribution and were not to be a drain on communal resources. For many years non-English speaking immigrants were processed through camps which were of much poorer quality than that afforded to British immigrants. The propaganda which accompanied the immigration of large numbers of eastern European refugees in the late 1940's and the displaced people from Germany and central Europe, concentrated on
the role they would play in building Australia. Rigorous criteria were used to exclude those with disabilities, while those who were nearing the end of their working lives also found it extremely difficult to meet migration criteria. The government intended that the migration program should be constituted by young adults (perhaps with children), who would come to Australia, work hard, form families, buy products and contribute to the economic development of modern Australian society.

The associated ideological position required immigrants to be grateful for the opportunities that God's Own country was providing for them. They would, after all, be able to raise themselves from the penury of peasant or post-war Europe to the economic security and affluence of the Australian working and middle classes.

By the 1960's, some 20 years into the migration program, it was evident for most perceptive onlookers that something very different was in fact happening in the Australian industrial scene. Many of the industries that immigrants had been recruited to serve were increasingly constrained by archaic technologies, depending for their profits on their capacity to extract value from the work of the immigrants. Non-English speaking workers were concentrated in the more poorly paid, more dangerous and more arduous sectors of the economy - not surprisingly as they had been recruited for exactly this purpose. However the social consequences of this pattern were creating stresses and pressures on Australian society that many observers thought could well be dangerous in the medium and long term. One of the more difficult problems facing the government was the high rate of return by many of these workers to their countries of origin, thus threatening the whole strategy of settlement and population building.

There were two competing pictures of what was happening to non-English speaking people in the Australian workforce by the early 1970's. On the one hand the generally accepted view, espoused by the government of the day, was that social mobility was occurring, that immigrants through hard work were achieving much better economic circumstances and that overall the Australian dream was indeed working for the benefit of all concerned.

On the other hand there was a significant and growing voice emerging both from the immigrant communities themselves and from among welfare and
educational professionals who were working with these communities, that there were severe long term problems to do with the particular socio-economic position of immigrants in Australia. A number of reports in the 1970's - such as those prepared for the Commission of Enquiry into Poverty indicated that immigrant workers were significantly in danger of being in poverty were anything to effect the breadwinner's capacity to earn. The picture was one of long hours at work, including a great deal of overtime, a very high proportion of income going on housing, and very little chance of improving income over time. Immigrant workers were much more likely to be injured at work and to suffer long term damage to their health and economic prospects as a result of these injuries. There was an increasing argument that immigrant workers were forming an underclass in Australian society (e.g. Collins 1981).

Many commentators also expressed concern about the impact of the socio-economic condition of the first generation on that of their children. It was claimed that many migrant children had failed to learn English effectively at school and were thus to be consigned to exactly the same position in the economic hierarchy that their parents filled. The danger of this was that an ethnically identified underclass would indeed emerge and continue in Australian society, with all the dangers that that was seen to lead to societies such as the United States (the Blacks and Hispanics) and in Britain (West Indians and Pakistani workers).

The 1978 Galbally Report (Galbally 1978a,b) commented on these problems and argued for broadly based social strategies which would ensure that ethnicity as did not become permanently associated with a particular subordinate position in the Australian class structure. Thus government intervention to help immigrants to overcome social barriers was advanced on the basis of the social harmony this would create. Both major political parties accepted this rationale and approach.

More recently this view has come under sustained attack from scholars who assert that the dominant paradigm of the 1950's and 1960's has in fact borne fruit. They argue that immigrant workers do not face discrimination in Australian society. Rather if they are at the base of the economic pyramid, this is because they lack language and technical skills which the market can reward. It is argued that their immigrant status or their ethnicity does not explain why their incomes are fairly low. This can be explained far more
effectively by their low levels of education and their poor levels of English (see exposition of this debate in Jakubowicz and Castles 1986).

Further studies in the mid-1980's also suggested that the mobility of "second generation migrants", the children of the immigrant workers of the 50's and 60's is quite high. In this context there is now major disagreement over the socio-economic position of immigrants in Australia. On the one hand there are those who continue to claim that Australian society uses non-English speaking immigrants in particular socio-economic locations, in particular industries, and for particular purposes which depend on them being highly exploitable. This is possible exactly because they do not have English, are desperate for economic survival and are ignorant of their rights and possibilities in the Australian industrial relations scene. On the other hand there are those who claim the Australian labour market rewards participants on the basis of their human capital, and does not discriminate against people on the basis of their ethnicity or background.

The following table describes the occupational status of men aged 16-64:

<table>
<thead>
<tr>
<th>TABLE 4 OCCUPATIONAL STATUS MEN, AGED 16-64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational status*</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>NATIVE BORN OF NATIVE PARENTS</td>
</tr>
<tr>
<td>SECOND GENERATION</td>
</tr>
<tr>
<td>English speaking lands</td>
</tr>
<tr>
<td>Mediterranean lands</td>
</tr>
<tr>
<td>Other countries</td>
</tr>
<tr>
<td>MIGRANTS</td>
</tr>
<tr>
<td>English speaking lands</td>
</tr>
<tr>
<td>United Kingdom</td>
</tr>
<tr>
<td>New Zealand</td>
</tr>
<tr>
<td>US and Canada</td>
</tr>
<tr>
<td>Ireland</td>
</tr>
<tr>
<td>South Africa and Zimbabwe</td>
</tr>
<tr>
<td>Mediterranean lands</td>
</tr>
<tr>
<td>Italy</td>
</tr>
<tr>
<td>Yugoslavia</td>
</tr>
<tr>
<td>Greece</td>
</tr>
<tr>
<td>Malta</td>
</tr>
<tr>
<td>Lebanon</td>
</tr>
<tr>
<td>Egypt</td>
</tr>
<tr>
<td>Other Southern Europe</td>
</tr>
<tr>
<td>Other Middle East</td>
</tr>
<tr>
<td>Third World</td>
</tr>
<tr>
<td>Indonesia, Malaysia and Philippines</td>
</tr>
<tr>
<td>India</td>
</tr>
<tr>
<td>Region</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Vietnam</td>
</tr>
<tr>
<td>China</td>
</tr>
<tr>
<td>Pakistan, Bangladesh and Sri Lanka</td>
</tr>
<tr>
<td>Asia NEC</td>
</tr>
<tr>
<td>Latin America</td>
</tr>
<tr>
<td>Africa NEC</td>
</tr>
<tr>
<td>Oceania NEC</td>
</tr>
<tr>
<td>Northwest Europe</td>
</tr>
<tr>
<td>Germany</td>
</tr>
<tr>
<td>Netherlands</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Eastern Europe</td>
</tr>
<tr>
<td>Poland</td>
</tr>
<tr>
<td>Hungary</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Source: Australian census of 1981, one percent public use sample. The number of cases is 39,442. Prepared by J. Kelley et al, Research on Patterns of Social Mobility, ANUTECH, 1986.

*Based on the ANU-II Occupational Status Scale of Approximately 0 to 100. The higher the number the greater the prestige of the occupation.

The table demonstrates the effective concentration of certain immigrant males in low occupational status jobs. That is (except for Egyptians) all workers from Mediterranean lands have low average occupational status. However immigrants from Asia (other than Vietnamese) have significantly higher occupational status than the Australian born. North western Europeans have approximately the same status as do eastern Europeans.

Those groups with significantly higher occupational status than the native born Australians are people from the United States and Canada, South Africa, Zimbabwe (presumably white), India, China, people from Pakistan, Bangladesh and Sri Lanka, people from Indonesia, Malaysia and the Philippines. These latter groups, who have been predominant in recent migration to Australia, are thus mainly middle class, educated and affluent, and rather significantly different from the traditional pattern of non-English speaking workers with low education and low incomes.

2.3 POVERTY.

Poverty is a relative condition in an affluent society such as Australia. Significant numbers of Australians live in poverty, which is conservatively defined by reference to a so-called 'poverty line' (Australia, Social Welfare Policy Secretariat 1981). The poverty line tends to be set at a level below which there can be little disagreement people are living under significant economic and psychological stress due to lack of sufficient income to purchase adequate accommodation, food, clothing, and nutrition.

The Commision of Enquiry into Poverty in the mid-1970's argued that immigrant families were extremely likely to come into poverty should the male breadwinner suffer any break in his earning capacity. This included situations where both adults in the family were working, demonstrating the exceptionally low wages paid to immigrant women (see also Evans 1984). Non-English speaking immigrant workers tended to have occupations which provided an income from which there was very little margin for saving, particularly after high housing costs were accounted for. The following table identifies those immigrant groups with incomes significantly below that of the native born population of native parents.
<table>
<thead>
<tr>
<th>民族出生情况</th>
<th>年收入（元）</th>
<th>比例%</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIVE BORN OF NATIVE PARENTS</td>
<td>13,300</td>
<td>59.4</td>
</tr>
<tr>
<td>SECOND GENERATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English speaking lands</td>
<td>14,700</td>
<td>8.3</td>
</tr>
<tr>
<td>Mediterranean lands</td>
<td>10,700</td>
<td>2.4</td>
</tr>
<tr>
<td>Other countries</td>
<td>12,100</td>
<td>2.2</td>
</tr>
<tr>
<td>MIGRANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English speaking lands</td>
<td>14,500</td>
<td>12.1</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>14,300</td>
<td>9.5</td>
</tr>
<tr>
<td>New Zealand</td>
<td>14,300</td>
<td>1.6</td>
</tr>
<tr>
<td>US and Canada</td>
<td>17,700</td>
<td>0.4</td>
</tr>
<tr>
<td>Ireland</td>
<td>13,900</td>
<td>0.5</td>
</tr>
<tr>
<td>South Africa and Zimbabwe</td>
<td>15,900</td>
<td>0.2</td>
</tr>
<tr>
<td>Mediterranean lands</td>
<td>11,300</td>
<td>8.4</td>
</tr>
<tr>
<td>Italy</td>
<td>11,700</td>
<td>2.9</td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>11,000</td>
<td>1.6</td>
</tr>
<tr>
<td>Greece</td>
<td>10,300</td>
<td>1.5</td>
</tr>
<tr>
<td>Malta</td>
<td>12,300</td>
<td>0.6</td>
</tr>
<tr>
<td>Lebanon</td>
<td>9,600</td>
<td>0.5</td>
</tr>
<tr>
<td>Egypt</td>
<td>14,000</td>
<td>0.3</td>
</tr>
<tr>
<td>Other Southern Europe</td>
<td>11,400</td>
<td>0.6</td>
</tr>
<tr>
<td>Other Middle East</td>
<td>9,800</td>
<td>0.3</td>
</tr>
<tr>
<td>Third World</td>
<td>13,400</td>
<td>2.8</td>
</tr>
<tr>
<td>Indonesia, Malaysia and Philippines</td>
<td>13,200</td>
<td>0.5</td>
</tr>
<tr>
<td>India</td>
<td>17,200</td>
<td>0.4</td>
</tr>
<tr>
<td>Vietnam</td>
<td>9,400</td>
<td>0.3</td>
</tr>
<tr>
<td>China</td>
<td>13,800</td>
<td>0.2</td>
</tr>
<tr>
<td>Pakistan, Bangladesh and Sri Lanka</td>
<td>14,200</td>
<td>0.2</td>
</tr>
<tr>
<td>Asia NEC</td>
<td>14,600</td>
<td>0.4</td>
</tr>
<tr>
<td>Latin America</td>
<td>11,400</td>
<td>0.3</td>
</tr>
<tr>
<td>Africa NEC</td>
<td>13,200</td>
<td>0.2</td>
</tr>
<tr>
<td>Oceania NEC</td>
<td>12,400</td>
<td>0.2</td>
</tr>
<tr>
<td>Northwest Europe</td>
<td>14,200</td>
<td>2.7</td>
</tr>
<tr>
<td>Germany</td>
<td>14,900</td>
<td>1.1</td>
</tr>
<tr>
<td>Netherlands</td>
<td>13,600</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>13,600</td>
<td>0.5</td>
</tr>
<tr>
<td>Eastern Europe</td>
<td>14,100</td>
<td>1.7</td>
</tr>
<tr>
<td>Poland</td>
<td>13,800</td>
<td>0.5</td>
</tr>
<tr>
<td>Hungary</td>
<td>15,400</td>
<td>0.2</td>
</tr>
<tr>
<td>Other</td>
<td>13,900</td>
<td>0.9</td>
</tr>
</tbody>
</table>

数据来源：澳大利亚1981年的人口普查，百分之一的公共使用样本。样本数量为39,442。

The table shows there is a fairly close relationship between annual incomes for men and their occupational status. Again we find that Mediterranean immigrants (except for Egyptians) have significantly lower average incomes than the native born, as do Vietnamese immigrants from Latin America, from...
Oceania and the Middle East. Thus while it makes little sense to talk of immigrants *per se* as being likely to be in poverty, those immigrants with a particular pattern of characteristics are indeed in danger of being poor should other circumstances affect their lives. These are primarily then Mediterranean, South American and Vietnamese immigrants with little formal education, few language skills, and located in occupations of low status. The evidence suggests that for some immigrant groups there are likely to be higher rates of industrial injury, potentially higher rates of unemployment and significant long term illnesses, often resulting from occupational and environmental conditions.

The importance of identifying these groups lies in the fact that so much of the health and welfare industry in Australia depends on the voluntary effort and personal savings of the consumers to develop and/or purchase services. Where immigrant groups have low levels of savings, low incomes and few skills, the traditional pattern of state response to need will have to be modified. The factors which are likely to trigger a situation of poverty are industrial or accidental injury or disability, (though predominantly industrial injury because of the nature of the workers compensation system). Women are particularly vulnerable after desertion, which leaves them dependent on the state for income support. If they have dependent children, long term illness, physical or other forms of disability, and significant and/or long periods of unemployment they find it almost impossible to escape being in poverty.

Thus as Australian society enters the latter part of the 1980's, there is clear evidence that the proportion of the population in poverty is increasing significantly. For many immigrant communities the proportion of their numbers in poverty will also be rising rapidly, possibly more rapidly than for the population at large. The National Institute of Economic and Industry Research has found that the proportion of income units in poverty (after housing costs are taken into account) had increased from 11.5% (1981/2) to 12.4% (1985/6). Poverty among married couples with two or more children (and many immigrant families have this characteristic) has risen more than 10%. Yet income support (through Family Allowances) for families comprising three or more children ahs risen at a much lower rate than the poverty line (Browne 1987:34-35).
Thus large immigrant families on low incomes are more likely to be in poverty now than five years ago - and those dependent on the "breadwinners" (children, the elderly not entitled to pensions etc.) are themselves likely to need more services and support in order to survive. Immigrant women carry the double burden in this environment of caring for families under increasing stress, and facing decreasing opportunities for paid employment.

2.4 SEXISM

The past twenty years have witnessed many important changes in the public debate on the position of women. Central to these debates has been the recognition of sexism as a social problem.

Sexism amounts to the unconscious, unexamined, and unchallenged belief that the world as men see it is the only world and that their way of dealing with life is the only way. (Baldrige 1980:527). Too often however, the debate on the position of women and the debate on the position of immigrant minorities are kept separate - so that immigrant status is dealt with as though it were gender free, while all women are represented as a culturally undifferentiated mass.

The myths that sexism sustains about women include that they are naturally passive; their primary role in life is as carer of others (particularly children, husbands, parents). Their subordinate position in relation to men is further reinforced by their concentration in more poorly paid, lower status sectors of the labour market. The state in its legislative and social policy roles accepts as natural women's dependence on men for economic survival.

However feminists have challenged these assumptions and their policy implications, and government has taken some action to ameliorate the discrimination that women have experienced. Nevertheless male power and violence is still broadly socially sanctioned in Australian society, while the practical measures necessary for women to be self determining, such as child care, remain unfulfilled for many women.

Approaches by the state to the question of the inequality of women have mainly focussed on Anti Discrimination legislation and Equal Opportunity
strategies. While such reforms have benefitted some women, multiple minority groups of women have often been marginalised in this process.

In particular, the concern in multicultural policies for the recognition of the contribution of immigrant communities, particularly in their language, culture and traditions, has often served as an excuse to avoid questions of sexism which affect immigrant women. It has also served to minimise the efforts of many immigrant women to change the social situations which constrain them. Nowhere is this more evident than in the difficulty displayed by many ethnic organisations in addressing questions such as domestic violence within their own communities, and economic exploitation within communities by immigrant entrepreneurs of sweated female labour.

2.5 RACISM

Suppose a theory about human nature puts emphasis on how natural it is to feel hostility towards, or even essentially different to, members of other populations. To my mind that is racist. Referring barriers between peoples to human nature is racist because of the way it suggests that national separatism is natural and inevitable. Such theories are all too common .... Racism [is a practice which] sees as biological, or pseudo-biological, groupings that are the result of social and historical processes. (Barker 1981:2,4).

Lots of people don't understand what real racism is .... you don't have to be totally anti other cultures ... just the fact you present a particular lifestyle or way of doing things as the only way, is as racist. (Community worker).

Racism is usually understood as a set of values and prejudices between people in which different cultural groupings, often on the basis of skin colour or facial features, are ranked in some order of superiority and inferiority. We would also want to indicate that assumptions and structures which exclude the legitimate participation by minorities in the definition of what is appropriate and inappropriate in society, are also racist. In this report we look at how racism enables institutions in the Australian welfare state manage and constrain the life chances and opportunities of members of immigrant minorities.

Australia has seen a resurgence of the new racism in recent years. Most powerfully this has been aimed at attempts by Aboriginal communities to gain land rights, and to assert their rights for social recognition that they are an
invaded and colonised people. In other areas there has been a strong attack on the concept of multiculturalism, and more recently, a vigorous debate over "Asian immigration". This latter debate was triggered by but went far beyond the arguments of Professor Geoffrey Blainey. Blainey had suggested that the level of tolerance amongst the Australian working class of "new races" entering their neighbourhoods and environments was fairly low, and that it was courting social disaster to introduce large numbers of Asians during a period of economic stress and high unemployment. Blainey's assumes, and thereby may intend to ensure, that the apparent differences of culture, social and religious life between groups becomes the basis for conflict between them. This view is racist because it seeks to explain social relations in terms of the characteristics of individuals which engage in them. Thus for instance it is the ethnicity of the Asians that would create the problems rather than the issues of unemployment, economic reconstruction and poor housing and social services that create those conditions.

For the purposes of this report the most important dimension of racism is the role it plays in diverting attention away from structural problems in society towards those characteristics of individuals and groups. While racist explanations may appeal to "common sense" in their simplicity, they mask processes of exploitation within Australian society.

If [people working in community services] don't admit [racism] exists then they can't do anything about it. (Women's refuge worker)

It is generally recognised by most of the senior public servants in the Department of Community Services that the Department has been less than successful in responding to the needs of immigrant minorities. This is usually explained in terms of lack of sensitivity, which is a characteristic of individual failing of public servants or of policy problems inside the organisation. However we would suggest that these historic failures are more than simply the result of insensitivity and prejudice, but reflect the way in which racism operates in Australian society. For immigrant minorities the bureaucracies have always expected conformity - and indeed have sought to create that conformity through the historic strategies of assimilationism.

Assimilation has given way in its time to policies of integration or multiculturalism, but a more than residual attitude remains which requires conformity and subordination in many contemporary policies and practices.
With the advent of "mainstream" strategies there are increasing dangers again that racist attitudes and practices will be more strongly institutionalised.

They [government employees] seem to think we come to beg for help and that we don't have the right to the services. (Indo-Chinese carer of a child with disability).

Too often the wider society has been socialised to accept myths which have as their major effect to devalue the experience of immigrants in Australia. One such myth is that immigrants are weak and unable to bear pain in ways which "our" society accepts as appropriate. Thus a concentration in heavy, dangerous jobs with the concomitant fairly high likelihood of muscle related injuries, becomes translated into an ethnic phenomenon - the classic Greek or Lebanese back. Immigrant women are somehow particularly characterised by hysteria, and demonstrate all the signs of so-called hysterical conversion - for instance, the supposedly non-existent repetition strain injury. Psychiatric diagnoses may be too readily applied to people whose experience of injury, pain and loss are simply not recognised as legitimate.

The complementary perspective, which is equally malicious in its effects, is the suggest immigrants are extraordinarily cunning, knowledgeable and conniving. There are elements of this view in both the injury syndromes described above. Many of the "mainstream" service providers we interviewed for this project offered this "insight" in justification of their failure to develop programs relevant to immigrants.

2.6 AGEISM

In many ways "ageism" has been falsely separated from "ableism" as an ideology justifying discrimination. They are both based on assumptions that the social rights which people can claim should reflect their physical capacities. "Ageism" is an ideology which seeks to deny that ageing people have desires for fulfilling lives. It thus has the effect of minimising their claim for social support - in particular it denies their right to control the services they consume.

In a society which defines value in terms of an individual's productivity, people who are no longer employed rapidly face confrontation with the social processes of disengagement. Society begins to disengage itself from them,
excluding them from activities which are of value, and defining them as being without worth. The problem lies in this relationship, for it is not something intrinsic to one's years, but rather to the relationship in which one becomes embedded when society defines one as old.

The process of disengagement has psychosocial and material dimensions. The denial of personal worth, the exclusion from interaction with valued peers, the threat of even further exclusion and isolation, have important impacts on the individual. These can be identified in terms of anxiety and depression, with psychosomatic affects. There are processes then at work which affect the individual's self-image and her or his identity. The individual's assertiveness and sociability may be undermined, as the sense of self which comes from positive reinforcement from others is lessened and loosened. The social processes are thus those of increasing isolation, isolation which is compounded by the material dimensions of ageing.

One of the immediate sequels of the cessation of paid employment for many people is a fairly obvious drop in income. Many elderly people, particularly those of working class background who have been in fairly lowly paid occupations, are likely to enter poverty as they enter their third age.

As they age their mobility will become increasingly restricted, as their income may lessen they may become more dependent for mobility on public transport services. Accommodation needs will become more complex with a variety of accommodation opportunities required - remaining in their own home, perhaps some hostel or respite care, etc.

The psychosocial pressures of ageing will interact with the physiological processes, so that health - the process of keeping well, ensuring effective nutrition and so forth - is increasingly difficult. The nutritional problems of the aged may be exacerbated by their isolation, their difficulty in shopping due to mobility problems etc., and their decreasing control over their own environments. The issue of nutrition becomes one of central importance for those who are in some form of serviced accommodation - hostels or nursing homes - or those dependent on meals-on-wheels.

There is evidence in Australia that some of the immigrant elderly are likely to be significantly poorer, significantly less mobile, more isolated having fewer
contacts with friends, neighbours and community services, and have fewer primary networks, than Anglo Australians. They are also likely to be in poorer health, have a higher rate of long term injuries as a result of occupational accidents etc., which affect their health, and have less people to care for them in crisis. They also are likely to experience later referrals to services, and are more likely to die soon after referral to services (Errey 1986).

"Ageism" is a political and social practice which denies to those who are ageing the control over their own lives. It is a process which seeks to render them passive, the receivers of services, the consumers of products, but the creators of very little at all. Nowhere is this more evident than in the practices of many nursing homes which have been analysed and condemned in a series of government reports (see Senate of Australia 1985, Australia, Department of Community Services 1986).

Many of the problems which are created for the aged by a discriminating society are also experienced by people with disabilities.

2.7 ABLEISM

People with disabilities have been depersonalised and dehumanised by industrialised societies. This process is sustained by social descriptions of them which see only their disability - they are simply members of categories of disability. Such categories or terms have then become used as terms of abuse in common language - the dumb, the retarded, spastics, invalids, the lame. The very language used to describe people with disabilities reflects their treatment in society - a treatment which has often been at a sub-human level. Societies have depicted people with disabilities as being objects of pity, charity, fear, hatred or even comic figures such as people of small stature. In 1981, (the International Year of Disabled Persons), spurred on by other minority groups organising to demand their rights, people with disabilities decided to no longer remain passive. They began to demand equal rights to participate in society.

In some ways an ableist society is more difficult to challenge than a racist and sexist one. There is no basis in biology or physiology for racist and sexist practices; discrimination in these instances is based on meaningless prejudices. For example, there is no doubt that women or Greeks or
Vietnamese etc. can drive trains, become doctors, lawyers and so on. Yet for people with disabilities discrimination is often based on their mental or physical condition. Therefore, for them it is not simply a question of overcoming mythical prejudice and discrimination. They have to confront an ableist society; a society that is designed specifically for the mobile, the hearing, and the sighted. Moreover they have to demand and prove they warrant an equal place in this society.

People with disabilities are asking society to redesign its very institutions and the practices that make it a handicapping society. They often have to assert not only that discrimination is unjust and unwarranted; they often have to prove by trial and demonstration that they are capable of leading creative lives that contribute to the general good.

Some people with disabilities may have to prove that the way they might carry out a job is just as efficient and effective as somebody without their disability. Yet they may require the employer to provide aids - e.g. for those with visual impairments. Thus in a society geared to economic productivity, people with disabilities face enormous barriers which society imposes on them - their real handicaps.

"Ableism" as an ideology expects people with disabilities to overcome their disabilities or at least come to terms with them, and alter their lives accordingly. The converse of ableism is that society has a responsibility to change. It has a responsibility to create less restrictive environments, to recognise the often unique strengths and capabilities of people with disabilities.

Immigrants with disabilities suffer multiple discrimination. They suffer the effects of ableism and racism - if they are women often of sexism too. They are seen to be without capabilities and productive lives on two counts; firstly, because of their physical condition and secondly, because their language and culture are seen as foreign. Their double rejection in Australian society earns them a particular set of disparaging labels, e.g. a Greek back case. Unfortunately, many immigrants with disabilities are so demoralised by the

---

1 For example, job interviews for mobility impaired people may dwell on whether the person concerned is going to spend too much time in the toilet.
combined affects of a racist, ableist society that they do not feel they have any right to complain.

Immigrants have not become involved in the growing consciousness and subsequent political and social action taken by people with disabilities. The negative and stereotypical reactions of an alien world can just be too demoralising; they can and do imbue a sense of failure and hopelessness. The situation can become so deleterious that the individual's mental health may also become affected. This is particularly true for injured immigrant workers.

People with disabilities who show signs of strength - such as the ability to complain - are often confronting to professionals. Yet it is precisely those groups of people who do gain courage to speak out and unite in a common cause who are most likely to succeed in Australian society. Therefore, we fear that the least powerful groups of people with disabilities, (women, Aboriginals, and immigrants) will be those kept most acquiescent by society geared towards the able-bodied. They are most likely to be kept isolated, and their presence ignored.

Many immigrants have come to Australia to strive for a 'better life'. The acquisition of a disability combines with a sense of rejection to produce a sense of failure and increased poverty (feelings experienced by all people with disabilities). These pressures may combine to increase their desire to return to their countries of origin. To express this desire often raises further suspicion and scepticism by professionals and the relevant government departments. Therefore, in order to help immigrants overcome a ableist society calls for greater sensitivity, time and energy on the part of the professional. Working with people facing the multiplying effects of racism and ableism is an immense challenge.

2.8 ISSUES AND STRATEGIES

The Australian welfare system give rises to organisations which over time see in government a source of support for their activities. In response to these and other social pressures, government develops programs which contain guidelines including those for costing and provision of services. Organisations - state governments, voluntary organisations, the private sector - develop
submissions taking into account these guidelines. Where the guidelines are met and submissions fit, projects gain Commonwealth subsidies. In this sort of environment organisations with strong track records and bureaucratic submission making skills are likely to grow, while those groups in the community who are not organisationally represented or whose organisations do not have the same level of skill, consistently either fail in their submissions or never reach the stage of being able to apply for support for services. However, because the guidelines are implemented within a bureaucratic framework, the rules have to be fairly specific and as a consequence the projects which emerge and the services which are developed tend to be fairly inflexible and rigid. For example it is extremely difficult to develop a project which crosses program boundaries within one government department, let alone a project which crosses the boundaries of two Commonwealth departments.

The establishment of the Department of Community Services flagged a recognition by government of many of the problems that were endemic in the Australian welfare system. There appear to be fairly significant moves to try to resolve some of these problems and develop more flexible and appropriate programs and services though these catchcries attached to programs are by no means self explanatory, as we shall see.

It is worth summarising the major philosophical and practical directions the Department of Community Services is undertaking. While these differ from program area to program area the general broad philosophical concerns spread across these programs. One of the first moves by DCS was to establish an information consultancy, taken up by Arthur Young and Company. This consultancy analysed Department activities and developed a number of program areas: previously the Department had worked on the basis of the particular pieces of legislation which it was charged with administering. These program areas talked of particular target groups with needs - e.g. frail aged needing supported accommodation and nursing care; people in crisis needing short term support; - rather than the Nursing Homes or Refuges.

This reconceptualisation of the orientation of the Department required a shift in focus from support to particular organisations, to a public commitment to the needs of service users. This brought with it certain management consequences for the Department and the organisations it funds. The most
important of these is that of accountability. Thus organisations are now being increasingly required to account not only for their particular patterns of expenditure, but for the quality of the service they deliver and how appropriate these are for the individuals who use the service - the so-called commitment to consumer outcomes. The Department has to address questions of how to assess quality, and how to provide the support necessary to ensure organisations can deliver these services.

The associated dimension that ties in with this is the concern for user rights. The Commonwealth increasingly sees itself as purchasing from organisations services on behalf of clients. These clients, it is argued, have the right to a certain quality of service. Some type of contract either implicitly or explicitly exists between the client and the institution. The Commonwealth will seek to enforce these contracts in circumstances where this might be necessary. These general ideas have still to take form as specific legislation.

In order to achieve these goals and to bring about a greater flexibility and responsiveness in institutions the Commonwealth has adopted a number of different tactical moves. Thus in the area of Home and Community Care there is now emerging some support for the Community Options strategy developed in South Australia. In this model, which contains a 'market' element, "brokerage" organisations (such as local community centres) purchase services on behalf of clients from a variety of different organisations. (See Chapter 6.3 Home and Community Care for more details on this). In the disability programs area an innovations program was established in which over 100 demonstration projects were funded. They sought to find new ways to meet the needs of people with disabilities. In children's services, supplementary grants have been made available to support childcare organisations in meeting the needs of the more difficult and perhaps 'more expensive' children - children with disabilities, children of aboriginal descent, children of non English speaking background etc.

Under the new Disability Services Act special funding will be made available for innovation and flexibility. A consultant's report (by Arthur Anderson and Company) suggests that the additional support (up from 50% to 65% of salary costs) to be provided to organisations under the new legislation should be used to fund successfully innovative organisations and gradually withdraw support from organisations which have shown themselves over a period of five
years unable to change their ways. Indeed one of the most 'radical' proposals is that no person with a disability should have their whole life managed by a single institution. This approach with its notion of least restrictive alternative is also associated with the philosophy of normalisation (of which more below) and training strategies utilising PASSING workshops.

In the rehabilitation area the Commonwealth has abandoned the strategy which it had used for the best part of thirty years. Many large centres, similar to rehabilitation hospitals, have been closed and either sold to the states or private enterprise. In their place an ambitious regionalisation program has been put in place which will establish over a hundred rehabilitation units across Australia. It has been argued that this community development, community based approach will ensure more responsive and flexible programs reaching more people more efficiently than ever before.

Overall then, there is a corporate concern to open up welfare services which have been dominated by large monopoly organisations in the past. As one senior officer put it "It's an attempt to introduce competition, to allow new ideas to emerge and to be supported."

Community services in Australia are undergoing the types of changes that have occurred throughout western Europe and the United States over the past decade. A central move in this is de-institutionalisation. Large institutions are being broken up or having major sections of them closed down; their clients are being offered opportunities to live or remain in the outside world, with levels of support ranging from group houses (small institutions) to nothing at all. However, as in Europe and the United States, major problems have developed as a result of these strategies. The most important problem is the lack of intensive support necessary for many people who have been institutionalised for some time, or indeed the lack of any support for those excluded from institutional care who in the past would have been offered those sorts of services. In addition the approach places additional strains on unpaid carers who find institutional care for people dependent on them but not in crisis, almost unavailable.

In this environment of rapid change and modified expectations, with resources being moved from institutional to community care, and with many different philosophies of care competing with one another, the situation is fluid to say
the least. Yet it is within this context that the diverse needs of immigrants of
non-English speaking background have to be accommodated. It is therefore
important to be able to understand the processes which allow these needs to
be articulated, or indeed which generate these needs in the first place.
CHAPTER THREE POLICY CONTEXT

In 1788 we arrived out here in a lot of little leaky boats with a body of British colonists behind us. They threw money at benevolent and charitable organisations to keep the bodies off the street because it was a health hazard and we haven't really gone much farther than that ... I don't think that governments can continue, particularly in a period of resource constraint, to operate in that way. (Senior Officer, DCS, Central Office).

3.1 INTRODUCTION - THE CRISIS OF THE STATE

Since the onset of the first major post-war recession in 1974, there has been increasing debate on the role of government, (the state), in welfare. This has occurred in the context of rapidly changing economic circumstances which have intensified pressures on state expenditure, at the same time that the demand for state involvement in the provision of services and goods has been increasing rapidly.

One of the most important changes in the last twenty years in the welfare field has been the increasing awareness by individuals and groups in society of their rights to services. This is in contrast to the apparently increasing de-personalisation and all embracing role that bureaucracy is taking in people's everyday lives.

Disadvantaged groups have in fact tried to cope with a system that wasn't designed for them, which didn't recognise there were changes occurring within our society year by year ... it resulted in the services and the service deliverers trying to fit their programs to the administrative necessities of the legislation and the government; and it resulted therefore in inappropriately placed and inappropriately devised services. Sometimes no services at all. (Former Minister for Community Services).
The social changes had major effects on the demand and need for community services. Changes in women's expectations of work and their role in the family led to demands for childcare provided through government initiatives. Advances in medicine resulted in far more people with disabilities surviving - into adulthood, after accidents etc. Movements of people with disabilities demanded that they be treated as human beings - with dignity and respect. So too, elderly people reacted against the disengagement imposed on them.

Change in demographic characteristics of the population are important. An increasingly large proportion of the population are ageing while there are proportionately fewer dependent children. But these social changes affect different social groups in different ways. The increasing socio-cultural heterogeneity of the society has occurred within this economic climate. Thus economic tensions have increased during the same period that social diversity has expanded.

A most important conflict has emerged from the so-called New Right, in its call to cut state provision and its demand that the state identify and distinguish between the deserving and the undeserving poor. Yet the reality is of an increasing proportion of the population living in poverty, while industry restructuring is having dire impacts on those groups which historically are least able and least resourced to cope with change. A contemporary example is the impact of the Textile Clothing and Footwear Policy, which will most severely affect semi-skilled workers in textile and clothing assembly. The vast majority of these workers are working class women, many of them married, and many of them of immigrant or refugee background.

Perhaps the most important social change that underlies the crisis of the state is that produced by the changing position of women in Australian society. The increasing number of women entering the labour market and public life directly affects the increased commitment by the government to children's services.

More conservative forces in society propose that the mother's place is in the home with her children. These tensions have been played out in the children's services area and help explain the particular pattern of children's services that have emerged. The government commitment to equal employment opportunity
for women and therefore the familial need for childcare competes with the government's commitment to introduce economic restraint. A recent example is the exchange of 600 long day care and 600 occasional care places in centres for 1200 family day care places as a budgetary and policy decision in the May 1987 Economic Statement. Such decisions have particular implications for children of non English speaking background and their parents, which are discussed in more detail in Chapter 6.

The economic pressures on families and their effect on women is one of the major elements in the welfare field and one of the major issues underlying the debate on the role of the state in welfare. One of the major social changes which has benefitted women in crisis and their children has been the response by the women's movement in the creation of women's refuges. These support services challenge patriarchal assumptions about social service delivery.

The development of policy and its implementation is heavily charged with the underlying social tensions about the position of women. This is particularly important in relationship to services and programs for immigrants - for here the challenges to patriarchy are complicated by the demands for cultural respect and recognition by the leaders of ethnic communal organisations.

Women, in contesting traditional models of femininity, in confronting the mainstream view and experience of society, have engaged in a similar process to those through which some ethnic organisationss have confronted the structures which maintain them in positions of subordination. The important parallel lies in their opposition to explanations which seek to explain their place in society in terms of the supposedly "natural" characteristics of the group - their ethnicity or their femininity.

This view locates the source of the subordination of ethnic/women inside these individuals, rather than outside them in the class system. Thus, not only is the fact of their subordination a parallel between both groups, but also the conventional explanation for that subordination. (Juteau-lee and Roberts 1981:7).

3.2 COMMUNITY CARE, DEINSTITUTIONALISATION AND THE VOLUNTARY SECTOR
The approach to providing services for people in the "community" developed in the 1960's. Initially it reflected concern by governments and social service agencies that the familial support which it was believed had existed in traditional communities was increasingly lacking in the post-war, urban, industrial suburbs. It was argued that a rather more organised basis for providing care was necessary.

In parallel to this approach there had been increasing criticism of large scale institutions as a means of responding to the needs of people with disabilities, the aged, and other people in need. The institutions had been criticised for destroying the capacity of their inmates for independent and creative action.

However these fairly universalistic statements about the nature of community and the nature of institutions disguises one extremely important dimension. The approach asserts the priority of providing individuals with support in their own family and friendship environments. When decoded this turns out to mean depending on the voluntary work of women to provide this care. Alan Walker, an English commentator on community care and the needs of people with disabilities, has noted that "The concepts of 'community' and 'family' have for most practical purposes served as euphemisms for women." (1982:2).

Changing family structures have led to a reduction in the proportion of people living in two parent, two generational families. With the reduction in numbers of children there are of course fewer people in the longer term available to care for ageing parents. With increasing numbers of divorces and remarriages society is now experiencing very complex divided kin networks, with caring responsibilities traditionally defined by marriage becoming fragmented and diversified.

Thus while community care might be provided by informal, quasi-formal or formal helpers separately or in combination in non-institutional settings, most of the work involved has fallen to women - either as employees or voluntary carers. Walker argues that we need to distinguish carefully between 'care' which he defines as an expression of concern, and 'tending', the work involved in looking after those who need personal assistance in living outside
institutions. The social policy goals of government in pursuing community care are usually concerned with the work of tending, though the language of care is used as a basis for motivation. In some cases it can serve as an ideological disguise for the exploitation and pressure that is involved in such work.

The process and policy of de-institutionalisation focused initially on the situation of people with psychiatric conditions. The strategy also became an element in progressive work with people with developmental disabilities and was the strategic framework within which independent living and "normalisation" were implemented.

As the cost of institutional care has increased in the past two decades, partly as the result of better pay and conditions won by care workers, so the ideological arguments against institutions have found increasing favour with governments. Alternatives to the incarceration model of care, whether it be for people with disabilities or for those who are ageing, frail and incapacitated, were developed through inquiries and legislative change. They are still very much in their infancy in terms of their practical application in this country.

I don't think there are planned strategies at the moment and there is an enormous attempt on behalf of both sides of the fence (state and federal government) to buck pass, and hand over responsibilities to other areas of government. The implications for people of non-English speaking background I think are horrific because the problems it would generate for the general population will mean that people of NESB will get dropped off the end because there is a swamping of the system with both state and federal government de-institutionalising without the left hand or the right hand knowing what they are doing. They have lived in the community most of the time and their capacity to push for services to meet their needs is much less in circumstances where the general population is now competing for the money (Senior Officer, DCS, Central Office).

In Australia, community care depends on voluntarism in two important ways. Firstly, a significant proportion of services are provided through the so-called voluntary or non-government sector rather than directly by the state. These
organisations have been termed voluntary because they depend for their existence on charitable donations. Yet in addition, and probably as importantly, they depend on the unpaid effort of people, women for the most part, who are motivated both to care and to tend. These organisations with the support of the state have extended their activities more and more into practices which were historically located within the extended family. Community care has become women's work - the ideology of nurturing extended beyond the family.

Many of these voluntary agencies depend on community management committees who may be parents, perhaps other professional care workers or concerned individuals, many of whom are fairly unskilled in the particular needs of managing organisations or without the necessary financial and management experience. Yet the traditional submission based strategies of funding, the so-called "you hatch we match" philosophy, placed the onus on the "community" to identify its needs, develop responses, raise the resources necessary to begin the implementation of those responses, and only then approach the state for support. As the social crises deepen and become more extensive, these voluntary management committees are increasingly shown to be rather limited structures to be charged with handling such situations. They may also become employers of significant numbers of people, yet have little effective control over their sources of income.

I think if they're working in any way they should be paid ... because somewhere out there those professionals are getting paid twice as much because somebody's volunteering to pick up the dirt. (Community worker).

It is apparent that the dependence on such voluntary structures to deliver effective services is coming under immense pressure. Community activists are increasingly bitter about the government's expectations of voluntary sector workers. On the other hand there is something rather sad about the statement on the needs of unpaid carers issued by the Carer's Association of NSW in April 1987. They define these needs as principally

Four consecutive hours off each week at a price the household can afford ... the need for adequate domestic help for house cleaning; a
shopping service principally for food, prescriptions and other pharmaceutical supplies; a linen supply or assistance with laundry especially if the household has no drying machine; a handyman's service replacement of light bulbs, cutting back shrubs and other small jobs in and around the house; the provision of day care centres (and transport, if necessary) for those who will agree to attend, thus providing the carer with some respite from caring; the provision, at an affordable price, of walking rails and other aids that increase the independence of the patient; the need for the patient to have visitors from time to time, perhaps to play cards, draughts or talk. (The Carers News, April 1987).

While the Department of Community Services uses the concept of Sharing Community Care as its hallmark and promotes community care as the new solution to human needs, it has done little to assess critically the implications of its assumptions for the welfare of individuals. These issues have particular resonance for immigrant communities, where ethnic organisations depend on voluntary management committees, voluntary fundraising, volunteers, and low paid workers to deliver their services.

These perspectives are reinforced by the research for this report. We found for instance that the picture within the ethnic welfare sector is characterised by the following tensions.

As far as [this] community is concerned you can forget about volunteers.... For the nice rich ladies of Rose Bay it might be all right but for the average migrant it's not on... most migrants work their butts off in their own jobs for low pay in lousy conditions, then we persuade people to be on our Board of Directors ... volunteers is no way to run a service (Worker, Ethnic organisation)

In the community [key workers] get fed up and leave their jobs and move into the bureaucracy. Low pay and conditions in the area forces people to leave. (Worker, Neighbourhood centre.)
3.3 GENDER RELATIONS AND FAMILY POLICY

The traditional equation of community with family with the supposed natural nurturing role of women, has major policy implications. Most policies which claim to be gender neutral in fact disguise the role that women play in caring. Women are expected to remain in a subordinate role in society, defined by either their dependence on men or their role in caring for children. They have no autonomy. The Social Security Review currently being conducted in Australia for instance at no point deals with the needs of women qua women, nor does it consider the needs of women in relationship with men, who are not at the same time either mothers or carers of someone who is dependent upon them. Thus for instance married women with disabilities, but with adult children or no children, have no place in the social security review. The implications for working class immigrant women whose husbands are employed is quite devastating. They simply cease to exist as independent social beings.

Yet women's struggles of the sixties and seventies have had important impacts on the way in which policies have developed and have been implemented. The payment of the family allowance to the primary caring parent, for instance, which is usually the mother has meant that women with children often have some access to income. Similarly the the refuge movement has provided a safety net for women and children escaping their dependence on violent men. The struggles by the women's movement to develop these programs does not mean that the state has not sought to incorporate them into malestream models of welfare service provision. The Department of Community Services in discussing this issue has itself noted that

Women make up the majority of welfare recipients and the aged. Their ability to earn income is often determined by the availability of childcare and their ability to leave a violent domestic situation is often determined by the availability of refuge accommodation. (Australia, Department of Prime Minister and Cabinet, 1986:46)

The Department through its generic programs provides vital services for women. Some Department officers recognise the gender dimension to the policies.
Reflecting on community care and the myth that ethnic communities "look after their own", one senior officer said

The implication is that women in those communities are there to stay home and mind children and they do that well and there's no need for them to do much more. And so I think ... it's not giving women any sort of choice, it's almost saying to women in an ethnic community that you're not going to have the same choices of your lifestyle or your contribution to the family that women of English speaking background have been fighting for, and to a reasonable extent have been getting recently.

Yet conversely the Department seems unaware of how some of its own policy commitments reinforce the powerlessness of women. For instance the Department stated that

[Domiciliary Nursing Care Benefit] is one means of providing for aged women who choose to stay in their own home rather than being admitted to a nursing home and it also acknowledges the important role of women who care for frail aged persons at home.

(Australia, Department of Prime Minister and Cabinet, 1986:52)

Yet the benefit is worth three dollars per day, or $42 per fortnight, and has been described by one female carer of a person with a developmental disability, thus:

The benefit is a great insult to us. If we have to leave our job and have to look after a person full time and only get that much for it.

The concept of the community confines women to the private sphere as their primary arena of behaviour, identifying paid employment as secondary and ancillary. At the same time the state through various Social Security programs and other social services programs seeks to regulate women's sexuality and their social relations (see Cass, 1983).

There is growing tension between conservative, New Right policies which seek to force women back into the home, and even further marginalise their attempts to enter or remain in the public sphere, and the need that many families have for
two incomes. These tensions have particular implications for working class and immigrant women. As the ideology of the New Right gains ascendance, and is implemented through effective cuts in childcare programs etc., it is the most vulnerable who are first attacked in these situations, as they have the least strength to resist. It is important to recognise that the language of policy and its implementation and practice may indeed be two very different things.

3.4 NORMALISATION AND "PASSING"

It certainly doesn't do anything for your ethnic communities because there tends to be a very simple score sheet by which people address different issues. People from a different cultural background tend not to fit into the parameters that are set. It's a very unsophisticated tool and it certainly isn't the kind of thing this Department ought to be picking up. It should be dealing with it (training) at a much broader level than a PASSING workshop (Senior Officer, DCS, Central Office).

"Normalisation" had its beginnings in Denmark and Sweden in the late 1960's, as an alternative to the incarceration of people with disabilities in institutions and away from "the community". Wolf Wolfensberger, one of the major North American popularisers of the concept, and joint author of the PASSING manual (Wolfensberger and Thomas 1983), has stated that "it clearly must be kept in mind that deviancy is of our own making; it is in the eye of the beholder" (Wolfensberger 1972:13). Thus PASSING contains a strong emphasis on interpretational as well as interactional dimension of services. The enhancement of the image of the deviant person is a crucial element in the strategies, which are concerned with the individual with the disability, rather than the broader society.

One of the Scandinavian originators of normalisation, Bengt Nirje, takes a different perspective. Nirje's principle of normalisation requires that people with disabilities should be given the opportunity to live a life as similar in nature as possible to that of others, with similar rights and responsibilities. Just as a "normal" individual may engage in unpopular, non-conformist or even deviant behaviours, the same rights should apply to people with disabilities. He emphasises freedom of choice and the right to self-determination.

---

1 Program Analysis of Service Systems Implementation of Normalisation Goals.
Wolfensberger on the other hand argues that people with disabilities should be helped to behave in ways which "society at large" sees as normal. Thus if a person's choice is in conflict with what those making the judgement believe to be appropriate normalised behaviour, the latter should take priority. The key term in the Wolfensberger normalisation strategy is the "conservatism corollary". These two models, one of human rights and the other developmental, may be in conflict: this is particularly the case where the cultural experience of the individual to be "normalised" is significantly different from that of the powerful agents seeking to normalise her.

There is considerable debate and disagreement within the Department of Community Services over the value of the concept of normalisation. For instance, Senator Don Grimes, then Minister for Community Services, stated that

> The great value of the theory of normalisation, which was introduced some years ago but which is not a term used by me and not a term in general use by my Department,¹ is that it at least enables us to have some measure of how we are doing in enabling people to live their lives as normally as possible, or in a home like atmosphere, in areas such as nursing homes.

(Senate Hansard, 20 October 1986, Page 1540)

On the other hand one middle level officer has spoken of how

> Normalisation is culturally determined, it's American transplanted and sold with evangelical zeal.

Perhaps so, but another officer, and advocate of the approach, has a different view.

> Normalisation is not a religious theory. It provides ... the tool of analysis of what might go on for a particular individual ... if a person of ethnic background ... becomes a minority in the community and is treated as a minority, then they are likely to be devalued by that society. If they

¹ The term is in fact used as part of the Induction Manual for new Department recruits as of December 1986.
participate in the extensive normative range of activities ... they are less likely to be devalued ... But I would at the end of the day argue, if that doesn't occur, there's not some personal social integration of those people into the wider community then they will continue to be devalued.

But what then are the implications of normalisation for people of non-English speaking background? Another senior officer argues a different perspective, one perhaps closer to the views represented by Nirje.

In general I agree with the overall idea of normalisation. It's important almost as a movement. Normalisation is a principle which talks about giving people with disabilities choices just like other people have choices .... they apply to people of non-English speaking the same way as they do to everyone else, except it's more difficult because of the different cultural attitudes towards disability and the relationship of the family to disability and a disabled person. They're going to much less aware of the choices such as they are.

The underlying problem with the notion of normalisation as it is practised in the Department stems from its implementation. None of the Department officers or advisors whom we interviewed about the implications of normalisation for people of non-English speaking background, had themselves even considered the implications of the strategy for people of non-English speaking background, nor could they remember it ever having been raised in Department training programs (e.g. PASSING workshops) by any of the training staff. Few could even identify an instance in which the principle could be shown to be problematic. Indeed one officer argued that normalisation implicitly contained within it a commitment to multiculturalism. But is this indeed the case?

The major tool used by the Department to sensitise service delivery personnel and departmental officers to the issues involved in normalisation are the PASSING workshops. The PASSING workshops utilise a manual which trains professionals in how to assess whether a service is facilitating or hindering the "normalisation" of its clients (Wolfensberger and Thomas 1983). Nowhere in that document, which runs to hundreds of pages, is there a single example of a cultural minority being involved in the program. No examples are given of how
to handle racial or ethnic differences. Indeed the conservatism corollary mentioned above implies that there is a single hierarchy of values in society and that hierarchy values and devalues in a monolithic way.

While it is a very positive step to argue that those who due to disability or minority status should not be placed in devalued situations -(e.g. placing a home for people with developmental disabilities next to a sewerage farm) - quite how these issues apply to cultural minorities is not at all clear. For the whole thrust of the ethnic rights movement and the struggle for the recognition of a multicultural Australia has been to deny that very process of de-legitimation and devaluing that the PASSING approach effectively accepts. The ethnic rights movement has argued that it is not legitimate for society to accept or impose only one set of values - in a multicultural society there can be many valued behaviours, many ways of being a person, many ways of arranging social conventions and valuing people.

Thus PASSING implicitly presents as the major problem for agencies working with people who are of non-English speaking background, the challenge of how to so modify their behaviour that their cultural background does not exacerbate in the view of "society" what other disability or "deviant" dimension might exist in their behaviour. Lest we be thought to be oversensitive on this issue, this is how one senior officer in the disability area perceptively described the problem. It is important to recognise that this officer was strongly committed to a progressive view of normalisation, and had been actively involved in constructing strategies to modify the more resistant and custodial practices of the large charities and organisations.

How do you confront an ethnic community ... which doesn't accept normalisation and tries to identify [segregation of people with disabilities] as part of their traditional values. The biggest problem that we'll face is that we will be accused of trying to make an ethnic community conform to our values which are not their traditional values. Despite the fact that our values are not the traditional values of an Anglo-Saxon society.
An employee of one of these institutions who had been involved in PASSING workshops, had this conclusion.

How can they [immigrants] be encouraged to have their own cultural differences and still fit into society at large and do what so-called normal people are supposed to do.

Indeed, how can this be brought about when the PASSING workshops make no mention at all of this as an issue. A community worker in a heavily immigrant area was rather more scathing. She noted

To normalise migrants must mean making them adhere to the dominant, societal values and I think that's off the wall. It goes against all the values of multiculturalism and allowing people to retain their own identity.

Yet a leading spokesperson for the voluntary sector, involved with peak organisations which are the agencies through which normalisation is to be achieved, made the following comment,

No [there is not difference for migrants] ... except they've just got one more barrier when they are normalising ... [which is] their ethnicity.

We could find no clearer statement of the negative value accorded people of non English speaking background by some "mainstream" organisation leaders than this - to be an immigrant is per se to have a disability? Total civilisations wiped from history in a flash and those immigrants who came from them rendered meaningless!

If the peak organisations, the Department, and the politicians find the issue confusing, many employees of the Department of Community Services are totally bemused by the whole argument. One rehabilitation worker, who is closely involved with people of non-English speaking background in a heavily immigrant area, concluded her discussion with us by noting
Normalisation is to consider everyone equal and what's good for one is fine for the other ... but I don't really think that works ... whenever it's been spoken about it's either assumed that we're talking about Anglo-Saxons or that it doesn't matter what their cultural background is.

A final word from another senior officer perhaps reveals the central problem.

There is a danger in normalisation of dogma taking over ... you confuse the differences that spring from their ethnicity with their other non-normal [sic] behaviour.

The silence in PASSING about cultural difference assumes a universalism of experience that is fundamentally based on the value system of the dominant group. As Helen Meekosha has demonstrated in her analysis of rehabilitation and women (1986), the PASSING workshops as a means of achieving normalisation carry with them the dangers of sexist and gender oppressive outcomes. Our research suggests that these problems are compounded for people of non-English speaking background who are the beneficiaries of professionals trained through PASSING workshops. For not only will the issues of gender oppression be avoided, so too will be the issues of cultural difference and cultural oppression.

The PASSING approach locates the problem fairly and squarely in the behaviour of the individual - for society is seen to be far too powerful to seek to change its practices. Thus the individual must be modified, must be made normal, must become as inoffensive and indistinguishable from the mass as is possible. While normalisation strategies mark a major gain on the incarceration model of treating minorities, they contain within them a number of dangers. They may make demands on individuals which in the very process of being made say to the person :"what you have been means nothing". Their experience and expectations as human beings, expectations and experience which are both gendered and culturally expressed, may count for nothing.

The Department of Community Services has a commitment to the application of normalisation principles to most of its services. The diagram on the following page is based on a sketch provided to the researchers by a senior Department
state officer, who is an advocate for the extension of normalisation and the use of PASSING workshops. In his view, there were three levels of attack - the normalisation of individual behaviour through learning appropriate (though conservative) patterns of social practice; community normalisation, through the de-institutionalisation of "deviant" individuals and their location in non-stigmatising environments; public policy to modify wider social attitudes towards devalued groups... however there would always be some groups that were devalued, and needing help "up the ladder". Indeed, immigration would guarantee that the "next new wave" would experience the same sorts of problems, and replace the previous wave of immigrants at the bottom of the pecking order...plus ça change...
Normalisation is defined:
"As much as possible the use of culturally valued means in order to enable, establish and/or maintain valued social roles for people in their society".
The goal is:
"to create or support valued social roles for people in their society by - the enhancement of people's social image or perceived value in the eyes of others - and - the enhancement of their competencies".
Department of Community Services,
STAFF INDUCTION HANDBOOK (as amended 1 Dec 1986).

All societies, in this model, have a continuing element of their population which is socially devalued. The struggle for normalisation involves helping them develop behaviour which will lessen the stigma they suffer. To do this they must learn to exhibit behaviour which is within the normal range.
3.5 MULTICULTURALISM, MAINSTREAMING AND ETHNOSPECIFICITY

Strategies designed by governments to respond to and manage the effects of cultural pluralism and a culturally differentiated society have developed some sophistication since the 1950's. The initial policy of assimilationism, which simply denied the legitimacy of cultural differences, has been superseded by the recognition of the importance of the continuation of cultural groups for the economic and personal integration of the individual immigrant into the new society.

This process of integration, which is still the long term goal of social policy in Australia, was reflected in the late 1960's in the development of government programs which would provide ethnic organisations with some support to meet the needs of their own immigrant communities. These ethnic organisations were seen as transitional, marginal and ancillary means both of deflecting demands by immigrants on traditional institutions, which had been inflexible and rigid in their responses to the immigrant presence, and as a means of focusing the problems primarily on the cultural dimension of the immigrant experience.

The emergence of **multiculturalism** in the early 1970's moved the argument a stage further. The monolithic perceptions that had underlined the earlier policies, the notion of a single society with a single dominant culture, had been eroded by the facts of cultural diversity which resulted from the immigration programs.

Multiculturalism in its first phase, from 1972 to 1975 (the period normally associated with Al Grassby and occurring under the Whitlam government) was an expression of a desire by government to avoid the potential for social disintegration and disharmony that might have arisen had cultural differences simply been denied. But at the same time it reflected a radical recognition among some more progressive social elements, that immigrant communities were stigmatised, that non-Anglo cultures, languages and traditions were devalued. Many non-English speaking immigrants were locked into disadvantaged and dangerous locations in society which were reinforced by
racism from the dominant order. Initially this led to a program which sought to aid the participation of non-English speaking people in the political and social life of the country, by confronting those rigid and inflexible core institutions and seeking to bring about change within them.

However by the late 1970's and in the wake of the defeat of Whitlam, the Galbally Report (1978) signified that a second phase of multiculturalism was in the making. This approach sought less to change the core institutions of society, though it did pay lip-service to such goals. It continued the trend for the development of marginal institutions specifically concerned with the immigrant communities, and in passing, in the celebration of ethnic cultural practices. A significant dimension in terms of community welfare and human services was the extension of the grant-in-aid program, (through which the Commonwealth funded to ethnic organisations) and the establishment of the Migrant Resource Centres. This process resulted in under-resourced and erratic services (see Marchant 1986). Inside government, the Ethnic Liaison Officer scheme, extended following the 1982 evaluation of the Galbally implementation, provided opportunities for bureaucratic reform which never eventuated. Officers from one government department described to the Jupp Review the way in which the ELOS allowed adept bureaucrats to avoid action which might have meant real changes to the advantage of immigrants, inside the Public Service.

The return of the Labor Government in 1983 introduced a reform program once more designed to change society in the direction of greater equity for its members. The new government reasserted its commitment to multiculturalism, which now came to include three elements. Firstly it was an ideological statement which legitimated the cultural experiences and practices of the diverse communities in Australia. Secondly it was an attempt to modify the marginal multicultural institutions set up in "multiculturalism II" of the Fraser years by requiring them to be more concerned with wider social justice issues than just the "cultural" - for instance reforming the Australian Institute of Multicultural Affairs to be more concerned with community education and with the position of immigrant workers and women. Thirdly, it began to address the structural barriers to effective access inside government and to promote an equitable share of resources for immigrant communities.
Yet this version of multiculturalism faced an even greater problem. On the one hand, a now thoroughly erudite rhetoric and often trivial or negligible practice was fairly well institutionalised inside Commonwealth bureaucracies. On the other hand, as mentioned in Chapter 2, the social consensus about the disadvantage experienced by immigrants had been broken and there was less and less evidence that the government was firmly committed to major structural change in society at large. It was in this context that **mainstreaming** emerged.

The concept of mainstreaming was introduced to the Commonwealth by the Labor government in 1984. It was based on NSW Ethnic Affairs Commission strategies, which had applied equal employment opportunity tactics to the question of service delivery to people of non-English speaking background. Simply put, this meant that government departments would be required to develop ethnic affairs policy statements in which they would identify goals and means of achieving those goals in relationship to services for non-English speaking people. They would be expected to report annually and their plans would have to pass the Ethnic Affairs Commission assessment and monitoring procedures.

The notion of mainstreaming was initially drawn from the United States where it had been used technically in the field of developmental disability to refer in part to the processes related to normalisation (see e.g. Lewis and Doorlag 1983). "Mainstreaming" sought to integrate people with disabilities into the general services provided for all the community - the mainstream. While these services would need to be sensitive to and perhaps adapt themselves somewhat to people with disabilities the mainstream values were seen to be legitimate, appropriate and fairly unproblematic in relationship to people with disabilities. Such a perspective was not dissimilar to the notion of integration that had been government policy in Australia in relationship to immigrants in the 1960's.

Mainstreaming in relationship to immigrants is however a highly controversial notion amongst ethnic organisations. One senior officer from the Federation of Ethnic Communities Councils of Australia, during the November 1986 consultations with DCS in Canberra, argued vehemently that "mainstream is a dirty word in ethnic services in Victoria". On the other hand NSW Ethnic Affairs Commission officials are committed to the term and are not particularly
enamoured of such attacks - they are very sensitive to any criticism of it, as they face an uphill battle within the NSW bureaucracy to have the state government policy treated seriously.

In ethnic services mainstream is usually taken as the alternative to ethnospecificity. The Review of Migrant and Multicultural Programs and Services (known as the Jupp Review, which reported to the Australian government in November 1986) abandoned both terms. They saw them as too emotionally laden and therefore technically useless to be of value.

We need to recognise class differences when approaching the questions of multiculturalism. Do not assume that all people in one ethnic group have the same needs ... multiculturalism is a hollow term - it needs to be filled in - multiculturalism is not cooking different foods or dancing - culture is always changing, reflecting socio-economic structures. Relationships between people are always changing ... this question of cultural sensitiveness, we need to be aware of changing cultures.

(Community worker, ethnic organisation)

There are two (usually unstated) assumptions underlying mainstreaming. Firstly proponents of mainstreaming tend to assume that what is in the mainstream is both universal and generally appropriate. Yet as feminist scholars have shown, mainstream can often mean malestream, and usually reinforces the more powerful interests in society at the expense of the more vulnerable. While some traditional institutions may still have some value, many have been rendered redundant by the development of new forms of organisation which have taken over their historic roles. The concept of one mainstream can reinforce a monolithic notion of needs and services. It may try to force the behaviour of dependent groups and individuals into forms which the traditional institutions recognise and to which they can respond. Indeed the Department of Community Services is not unaware of the contradictions in using the term. Many of its own policies, particularly in the area of Disability Services, are aimed at challenging and changing "mainstream" institutions.
Secondly the mainstreaming strategy tends to assume that core institutions are fairly flexible and capable of change. Yet the Department's own experience of the problems involved in modifying the practice of "mainstream" organisations - be they nursing homes or sheltered workshops - to be more humane (not even culturally relevant) suggests that this assumption is open to question. Within the federal bureaucracy, changes in relationship to the rights of minorities have only really occurred where there is strong and clear political commitment to social justice, backed up by financial resource allocation.

Many ethnic organisations believe mainstream to mean Anglo-Saxon organisations and to refer to ethno-specific Anglo practices. They fear that mainstreaming means the end of support for ethnic organisations, a view heightened by the August 1986 budget cuts. There is much evidence to suggest that there is no clear understanding of "mainstreaming" inside the Department of Community Services, nor, more importantly, any attempt to clarify the range of meanings and their appropriate utilisation. There is also continual confusion over ethno-specificity, and what this might mean.

**Ethno-specific** is used by Departmental officers and others to refer to a variety of different dimensions. Thus we have heard of ethno-specific programs, people, groups of people, organisations and even individuals. One senior policy adviser, for instance, having met with ethnic organisations, concluded that

> I go to FECCA conferences and I'm still not clear what people feel is ethno-specific services, what it is, what it does, what's going to happen.

On the other hand another senior program officer was convinced that

> De-institutionalisation means they're moving into smaller settings and means it's much more easy to operate ethno-specific services.

From outside the Department the view was that

> Communities can be forgotten by the mainstream if they are not organised and vocal. This is why we need ethno-specific agencies to
make them aware of the needs. (Community worker, ethnic organisation).

Department program staff involved in the Home and Community Care project summed up their position:

No body in the Department knows when it's appropriate to fund ethno-specific services and when it's appropriate to tap into existing structures and there's definitely a need for training in the Department on this issue.

The former Minister for Community Services presented his view as

Where possible and appropriate ethnic people's services probably should be delivered through normal\(^1\) organisations. We took a long time to get people in the Department to accept that there was a need for a time to fund ethno-specific nursing homes - once we did they go beserk, they want to throw money out of the helicopters. It's really a very funny system. It remains rigid until you make a break ... The thought that ethnic organisations may in fact provide services for non-Ethnic people is really a concept which some of them [officers in the Department] find mindbending.

Well what happens then when this process starts to be put into practice inside the Department? A senior officer concerned with the area of community programs decided that the situation looked like this

We are very keen to fund ethnic-specific HACC services, but not for individual ethnic groups but for ethnic groups generally.

The notion of "ethnic groups generally" is obviously one that tantalises senior officers in the Department.

In multi-ethnic facilities we are going to have to ensure that one group doesn't dominate another. (Senior officer, DCS, Central Office).

c.f. normalisation - but Grimes was attempting to argue as well that ethnic organisations could be "normal".
But this approach is viewed with some cynicism by experienced community workers. One of them for instance stated that

Ethno-specific community options programs and quite horrific stuff like that coming from the Commonwealth level [means we are going to] fall back into a trap of marginalising services. There's an inequitable provision of services, so what it means down here is that only one community is going to get hold of the funds, and it will undermine the initiatives, the very limited initiatives, being made by Home Care. It will probably put those initiatives in Home Care back ten years. So to promote ethno-specific services at a Commonwealth level ... is the same old sell - well HACC didn't address their needs so let's earmark some more money and come up with the ethno-specific services to make up for the inequities of the past. It's not the answer, it's a diminishing welfare cake, it's going to get even smaller. (Community worker, local government).

Resources in the community services sector was the central issue for many workers actually involved with people of non-English speaking background. The test of the Department's commitment was seen to be the allocation of money for programs, in a way that did not set groups in competition with one another. One worker in the west of Sydney noted that

If money is not provided the policy remains just on paper. If a service employs one bi-lingual worker it doesn't mean it's multicultural. We may need to provide ethno-specific services for particular groups but all services need to be accessible to all groups. And there's no input in the policy levels from the different ethnic groups. There's no employment of people sensitive to different cultures.

That worker went on to say

It's more important to look at the quality of the service and its sensitivity to culture and the target group, rather than whether it's sponsored by a mainstream or an ethnic organisation. Although, if church groups can sponsor services, why not a Muslim organisation?
There is an urgent need for a corporate position on what is meant by mainstreaming and ethno-specific services. It is also important that once this decision is made by corporate management, it should be communicated effectively, and the implementation implications should be workshopped with all the staff involved. There needs to be an open and continuing debate about the issues and problems of the policy throughout the organisation. The key dimensions to be taken up in such a debate should recognise that there is no inherent meaning in any of the terms. They are formed by the political and economic environment in which they are used.

Any attempt to locate mainstreaming and ethnospecificity as opposing poles does severe damage to the social justice goals of multiculturalism. These goals are already under sufficient attack. We have seen evidence that already the August 1986 budget in which significant cuts were made to this area, has had a profound effect on the way in which people read current policy directions.

Where multiculturalism in childcare used to be concerned with achieving a wider understanding and tolerance, not only by children of non-English speaking background but also by Anglo children, of the diversity of cultural opportunities in Australia, it has now reverted in some areas to a much more narrow vision, reminiscent of the early 1960's. Thus one state government officer responsible for the implementation of programs which are funded by the Commonwealth felt able to say in September 1986 that multiculturalism was dead. The only legitimate concern now could be when an immigrant was able to show that she had been specifically excluded from a service because of her immigrant status or ethnic background. Otherwise issues of sensitivity, of cultural diversity, of bilingualism, and so-forth were no longer a necessary part of the program's charter.

3.6 ACCESS AND EQUITY.

The methods the government decided to use in order to implement its goals of multiculturalism have been labelled "access and equity"; terminology drawn from the Victorian Ethnic Affairs Commission, whose plan for action in 1982 carried this title. The Victorian model recognised the socio-economic stratification of Australia, the class position of many non-English speaking
immigrants, and argued that such issues as access to the labour market, employment, and occupational health and safety, were the crucial parameters within which social policy for people of non-English speaking background should be located.

The Victorian model argued that society was in fact hierarchical rather than an open market responsive to individual characteristics. It argued that immigrant workers, because they shared so many "personal characteristics", experienced common problems with a society which discriminated against people with such characteristics.

Most of the principles of multiculturalism annunciated in recent years do not call for structural change to achieve greater social equality. Rather they call for "equitable participation" in a non-egalitarian society. In other words, such principles assert that "all Australians" (irrespective of ethnicity, gender, etc) should have equal opportunity in a society based on social inequality. (Victoria, Ethnic Affairs Commission 1986:29).

Victoria therefore proposed that change should occur through structural modifications to employment practices and through a community development, community work strategy which gave ethnic communities greater power to influence government policy on these crucial employment and economic related issues.

The Review of the Victorian Ethnic Affairs Commission suggests that the Victorian government position should seek to work towards "equality of outcomes for most of the disadvantaged groups... this also implies an attack on the socio-economic structures which disadvantage these groups." (1986:30).

The Victorian view stands in stark contrast to the Federal Government position. In late 1985 the National Population Council's Ethnic Affairs and Settlement Committee suggested that it was only concerned with an examination of those deficiencies of service delivery which stemmed from the failure to respond to the diversity within the population deriving from immigrant status, cultural and ethnic factors. That report also provided a number of definitions.
Access is defined as having equality of opportunity to apply for services, entitlements and benefits that are appropriate to the diversity in nature and presentation of needs.

Equity is defined as all permanent residents throughout Australia receiving, without discrimination, the same rights, entitlements and benefits. (Australia, National Population Council, 1985a).

In simple terms then "access" refers to an ideal situation where there are no barriers to applying for various community services, while equity would seek to ensure that once inside a service system individuals receive outcomes which are appropriate to their needs irrespective of their cultural background.

The NPC working paper raised many questions about how all this should be done but provided little in the way of concrete resolution of these tasks. Similarly the Jupp review was asked to look at general principles, access and equity being two of these, and made a number of broad statements of principle. It did not look at the detailed operationalisation and implementation of these principles, which was to be left to some later stage of policy development.

The Minister for Immigration and Ethnic Affairs announced in a parliamentary report on 17 April 1986 that the government had adopted measures requiring all relevant departments and authorities to take steps to:

a) Improve the effectiveness of their activities to ensure access and equity for migrants in the delivery of Federal Government services and programs;

b) Ensure that these activities are co-ordinated and monitored within the framework of progressive administrative reform;

c) Developed by 30 September 1986 a three year plan of action to commence on 1 July 1987 to give effect to the guidelines in Paragraph [...] to the extent practical, given current resource constraints;

d) Specifically identify in three year plans the needs of migrant women and measures to ensure their access to services and programs.

Furthermore the government directed
a) The departments and authorities identified ... to incorporate access and equity goals within corporate goals and program management objectives and program budgetting arrangements; 
b) ..... specific provision should be made to
   (i) review at regular intervals, to monitor and evaluate all services and programs to ensure they respond to the diverse linguistic and cultural needs of Australian society;
   (ii) establish appropriate data collection systems to monitor and evaluate participation of migrants in services and programs;
   (iii) deliver services and implement programs in languages other than English, when that is necessary to provide effective service;
   (iv) develop personnel practices which sensitise staff to cultural factors;
   (v) provide opportunities for participation by members of ethnic communities in policy formulation and program delivery;
   (vi) develop appropriate information programs; and
   (vii) provide for legislative and administrative change where it is necessary to achieve access and equity objectives, including recognition when appropriate in agreements and arrangements with state and local governments and non-government organisations on provision of services with Commonwealth funding.

Underlying this commitment was a final rather significant statement to the effect that the plans"...are to be based on the assumption that no extra resources would be provided".

The Briefing Notes on access and equity (Australia, Department of Immigration and Ethnic Affairs, 1986), which followed the Minister's Parliamentary address, identify as the priority
   * the establishment of migrant needs through data bases,
   * participation in advisory mechanisms and the development of more effective administrative arrangements, and
   * ensuring the needs of migrant women are specifically identified and addressed.
In discussing the guidelines, the Briefing Note points out interalia that

The extension of cross-cultural sensitisation through to senior personnel in policy development areas of the Department, program managers, professional officers and other staff responsible for the administration of departmental services and programs (1986:10) is a matter of some priority. Where consultation and participation occurs, the Department should ensure that people who are consulted should be sensitive to both gender and ethnic issues, and appropriateness of service (instead of just being "of migrant background") (1986:11).

While the Access and Equity Briefing Notes present a fairly sophisticated and detailed medium term method for developing access and equity plans, the Notes indicate that all this needs to take place within the current resource environment. As these resources are likely to contract overall rather than increase, the energy and effort required to develop and implement these plans will need to be drawn from other existing areas of the Department. This is occurring at exactly the time there is increased concern to ensure that the dollars expended in Community Services end up outside the Department, in the community, and are not expended on increasing bureaucratic practices.

The Department of Community Services initiated work on its own Access and Equity plan in May 1986. It did so in the context of the Department's management group having decided that

The Department should not attempt to establish special units to deal with the needs of particular client groups. Rather, it was considered that program managers should see it as part of their responsibilities to identify and develop plans for meeting the needs of these client groups. (Departmental memo, "Strategies for Improving the Access to and Equity of DCS Programs for Women, Aboriginal People and People of Non-English Speaking Background", 28 May 1986 - S Hamilton, Deputy Secretary.)

Departmental program heads were asked to
Assess the need for specialised units or community liaison officers or deployment/identification of specialised staff. In regard to training, you should examine ways of increasing the awareness of staff of the needs of the defined groups. In regard to information and communications, you should address the availability of statistical and qualitative data as well as improved or different types of publicity and communications. (Ibid).

All departmental divisions submitted access and equity strategies for consideration as part of the access and equity planning process. The details of these are reviewed where appropriate within the program areas.

The Department has had a number of potential approaches to Access and Equity under consideration. These were:

(i) provide funding for a range of innovative projects on service delivery models for people of non-English speaking background.

(ii) provide funding for the development of an information package for the dissemination of information to people of non-English speaking background about DCS programs that includes, as a preferred means, the use of multicultural radio and television.

(iii) create in each state/territory an Ethnic Liaison Officer position to act as a formal point of contact between the Department and ethnic communities.

The concept of innovative projects derives from the experience of the Disability Services Program, where an innovations scheme was launched, funding over a hundred community based projects, only two of which were focussed on people of non-English speaking background, in South Australia and Victoria.

In NSW the Department had some difficulty in finding projects associated with the needs of people of non-English speaking background which could be seen as being innovative, rather than just an "ethnic" version of a traditional and perhaps outmoded service.. The blame for this failure was placed by Departmental officers on the lack of interest or lack of capacity of ethnic organisations to develop programs for support, or the lack of interest by funded organisations in this area. However,
the stimulus to new thinking that this sort of funding could produce, particularly in areas where there has been a reluctance to innovate, might well be of value. Further detailed discussion of this issue is covered in the Chapter 7 on Disability Programs.

The development of information is quite clearly a crucial issue for the Department. Programs are not well understood; the role of the Department is quite clearly not understood by many consumers; indeed is not clearly understood by those delivering services funded by the Department. Almost nothing exists within the Department on its practices in relationship to people of non-English speaking background - a few pamphlets are in the process of being considered for translation in the Children's Services and Rehabilitation areas.

Our approach is that a single program information booklet should be available to tell the community of our role in funding state and local government organisations and voluntary agencies to deliver services, and that the booklet should spell out the target groups, objectives and assessment criteria of each program. It is the [Information] Section's view that such a booklet is not particularly suitable for translation into community languages because of its nature, the cost and difficulty in ensuring accuracy of translation. The Information Section has suggested to state offices that when the booklet becomes available (September [1986]) it be used as a focus for a number of seminars for ethnic and local government community development officers to familiarise them with the Department's role and to assist them to develop project proposals within their own community.

(Internal Departmental Minute, Information Section to Corporate Services, 15 August 1986, Ref 0272 I)

This approach plays down the priority of communication with people of non-English speaking background, reinforcing the view held by many community activists and immigrant consumers that they are always told about things after everybody else has been informed. Such a position sits uncomfortably with the recommended corporate strategy prepared for the Department under an information consultancy by Arthur Young and Company. This consultancy suggested that one of the central strategies of the Department should indeed be
to develop an external publicity and information dissemination strategy which was designed to "improve client awareness of service entitlements and availability" (Information Consultancy Report to the Department of Community Services, Arthur Young and Company, 1985, Section 3.1.4.2).

The concept of ethnic liaison officers in the Department resuscitates the ethnic liaison officer scheme developed under the former government, which was terminated in 1984. It seeks to incorporate the concern expressed by Departmental officers that a specialised ethnic unit both takes over responsibility and relieves line staff from work with people of non English speaking background. The units might also concentrate information and skills which should be more widely disseminated. The proposal also takes on board the recommendations from the Ethnic Aged Working Party that there should be ethnic liaison officers working in the residential program and aged area and linking the Department closely to ethnic organisations and immigrant communities. However it does not address the question of general staff competence and confidence in working with people of non-English speaking background.

The access and equity strategy of the Government is in its early stages of development, and is perceived as a longer term strategy which may become a rolling program after three years, depending on the results and effectiveness of the strategy to that date. Cross-cultural sensitivity training and equal employment opportunity are the two linch-pins in government strategies to ameliorate the situation. The major problem that such an approach fails to address is that of structural racism inside the organisation, and the clear benefits which flow to its practitioners from the continuation of such racism.

Furthermore, in a period of severe resource constraint the concern for the recruitment of minorities into the government must necessarily mean that those who currently are powerful or have expectations of promotion within the Department and who have neither the skills, experience or expertise necessary, are likely to see themselves threatened by such moves, and develop mechanisms for defending themselves against this threat. This particular issue is discussed below in the corporate management section of this chapter.
3.7 Equal Employment Opportunity in the Department.

The program for migrants and people of ethnic background was the least well developed of the four EEO programs. (Australian Public Service Board 1984b).

The Federal Government has made an express commitment to provide affirmative action programs to ensure equal employment opportunities for members of disadvantaged minority groups. The four groups that have been identified are women, people with disabilities, aboriginal Australians, and people of non-English speaking background.

Affirmative action is a systematic approach to the identification and elimination of the institutional barriers that women and minority group members encounter in employment. An affirmative action program is a planned, results oriented, management program designed to achieve equal employment opportunities.

Equal employment opportunity (EEO) is not synonymous with affirmative action. It is rather the end result of a successful affirmative action program. Equal employment opportunity rests on a commitment by an employer to ensure that all personnel activities are conducted in a manner which provides fair and equal treatment and equal opportunity for all people. Commitment to an EEO policy requires that all employment practices be based solely on the individual merit and fitness of applicants of employees for specific jobs, without regard to factors such as sex, marital status (or race, colour, religion, ethnic origin, physical disability or sexual preference). (Australian Public Service Board 1984a).

While equal employment opportunity for women in the Australian Public Service has proceeded quite dramatically in the past few years, the situation for people of non-English speaking origin is not so well advanced.

While detailed planning implementation and review guidelines have been developed (Australian Public Service Board 1985) the merit principle in
relationship to such people has a number of difficulties. Perhaps the most important difficulty is the definition of the job, which is often expressed in universal terms. Any concern to improve the quality of service delivered to people of non-English speaking background is usually not written into the job specifications. Thus, except where jobs are specifically earmarked as being in relationship to immigrant communities, immigrant or non-English speaking background candidates for recruitment and promotion are examined in terms of their other capacities to fulfill the "mainstream" job, and if they meet those criteria then their additional skills in working with people of non-English speaking background may be to their advantage.

The Ethnic Liaison Officer Task Force on the Commonwealth as an employer found in 1980 that immigrant women were under-represented in the Australian Public Service to a much greater degree than men from similar backgrounds and tended to be employed at lower levels than their male counterparts. Immigrants were more likely to be located in smaller regional offices and in area offices rather than in the central offices where decisions were made, and immigrants were more likely to be located in jobs with restricted promotional opportunities.

The Commonwealth Public Service Board carried out a survey of staff in 1986 for the purposes of developing a data base for assessing progress in Equal Employment Opportunity. Provisional data was made available on the Department of Community Services. In the Tables below NESB 1 refers to people born overseas of non English speaking parents whose first language was not English (i.e. so-called "first generation" immigrants). NESB 2 refers to people either born overseas or in Australia, one of whose parents was born overseas, and who did not have English as the first language.

Table 1 provides data on the location of NESB staff by employment status. A significantly smaller proportion of people employed under the Public Service Act are NESB1 staff than either NESB2 or ESB. This pattern is also evident in the Service wide data (which is not tabulated here).

Chapter 3 Table 1: Employees, DCS, 1986 by "Ethnicity" and status.
Table 2 provides an indication of how staff are distributed by grade. The SES (Senior Executive Service) contains the policy and program heads, while the clerical administrative grades cover sub program heads through to new appointees in program areas. The CA classification covers clerical support, while Keyboard refers to specific purpose hands-on keyboard staff. Trades includes apprentices and forepeople, while Physical refers to supervisory grades. "Other" includes professional and technical grades, such as physiotherapists and rehabilitation science personnel, etc.

Chapter 3 Table 2: Employees, DCS, 1986, by "Ethnicity" and Public Service Grade.

<table>
<thead>
<tr>
<th>PERMANENT</th>
<th>TEMPORARY</th>
<th>PS ACT EXEMPT</th>
<th>SPECIAL PROGS.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NESB</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
</tr>
<tr>
<td>1</td>
<td>98</td>
<td>5.2</td>
<td>12</td>
<td>5.9</td>
</tr>
<tr>
<td>2</td>
<td>178</td>
<td>9.4</td>
<td>14</td>
<td>6.9</td>
</tr>
<tr>
<td>Total</td>
<td>276</td>
<td>14.6</td>
<td>26</td>
<td>12.8</td>
</tr>
<tr>
<td>Row%</td>
<td>84.1</td>
<td>7.9</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>ESB</td>
<td>1608</td>
<td>85.4</td>
<td>176</td>
<td>87.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1884</td>
<td>102</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Row%</td>
<td>83.0</td>
<td>8.9</td>
<td>1.9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SES</th>
<th>CLER/ADMIN</th>
<th>KEYBOARD</th>
<th>TRADES/PHYS.</th>
<th>CA</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NESB</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
</tr>
<tr>
<td>1</td>
<td>-</td>
<td>-67</td>
<td>5.2</td>
<td>9</td>
<td>6.8</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>-</td>
<td>-125</td>
<td>9.8</td>
<td>19</td>
<td>14.4</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>-192</td>
<td>15.0</td>
<td>28</td>
<td>21.2</td>
<td>26</td>
</tr>
<tr>
<td>Row%</td>
<td>0</td>
<td>59.0</td>
<td>8.6</td>
<td>8</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESB</td>
<td>23</td>
<td>1087</td>
<td>85.0</td>
<td>104</td>
<td>78.8</td>
<td>120</td>
</tr>
<tr>
<td>TOTAL</td>
<td>23</td>
<td>1279</td>
<td>132</td>
<td>146</td>
<td>146</td>
<td>346</td>
</tr>
<tr>
<td>Row%</td>
<td>1.0</td>
<td>58.0</td>
<td>6.0</td>
<td>6.8</td>
<td>6.8</td>
<td>15.7</td>
</tr>
</tbody>
</table>
NESP1 employees are overrepresented in trades and physical grades, but underrepresented in the professional "other" category. NESP2 employees are overrepresented in keyboard areas. There are no NESP immigrants or their children represented in the Senior Executive Service. Within the Clerical Admin grade, which forms the bulk of the Department's employees (nearly 60%), NESP1 are concentrated at the bottom of the hierarchy. A similar though not as intense a skewing of the distribution affects NESP 2 staff. The Service wide data suggests similar though not as extreme divisions. (In the Australian Public Service the SES contains 2.7% NESP 1 and the same proportion of NESP 2. NESP 1 staff are concentrated in physical and trades areas. NESP 2 staff are concentrated in Keyboard and CA areas).

The situation also has an important gender dimension. Thus male NESP 1 staff are underrepresented among Clerical Admin staff, unknown amongst keyboard staff, but concentrated in trades and other categories. NESP 2 males show a concentration in CA Other and Clerical grades but not in trades - the reverse of the first generation experience.

---

Chapter 3 Table 3: Employees, DCS, 1986, by "Ethnicity" and Level within Clerical Admin. Grade.

<table>
<thead>
<tr>
<th></th>
<th>1-2/3</th>
<th>4/5</th>
<th>6/7</th>
<th>8/9</th>
<th>10/11</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NESP</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>11</td>
<td>8.1</td>
<td>18</td>
<td>5.3</td>
<td>26</td>
<td>5.4</td>
</tr>
<tr>
<td>2</td>
<td>14</td>
<td>10.4</td>
<td>38</td>
<td>11.1</td>
<td>45</td>
<td>9.3</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>18.5</td>
<td>56</td>
<td>16.4</td>
<td>71</td>
<td>14.7</td>
</tr>
<tr>
<td>Row%</td>
<td>13.0</td>
<td>29.2</td>
<td>37.0</td>
<td>15.6</td>
<td>5.2</td>
<td></td>
</tr>
<tr>
<td>ESB</td>
<td>110</td>
<td>81.5</td>
<td>286</td>
<td>83.6</td>
<td>414</td>
<td>85.4</td>
</tr>
<tr>
<td>Total</td>
<td>135</td>
<td>342</td>
<td>485</td>
<td>239</td>
<td>78</td>
<td>1279</td>
</tr>
<tr>
<td>Row%</td>
<td>10.6</td>
<td>26.7</td>
<td>37.9</td>
<td>18.7</td>
<td>6.1</td>
<td></td>
</tr>
</tbody>
</table>

Chapter 3 Table 4: Male Employees, DCS, 1986, by "Ethnicity" and Public Service Grade.
NESB 1 women have a distinctly different experience to men. They make up a smaller proportion of all women than NESB 1 men do of all men (4.9% to 6.4%). They are more highly concentrated amongst keyboard staff and in the trades area where they make up 21.2% of all female employees - over four times their average rate in the Department. NESB 2 women are also overrepresented among keyboard and clerical staff, though they do not appear on the trades list at all. They are underrepresented on the "Other" category. The situation for immigrant women (NESB1) is not quite as weighted to the Trades/Physical in the Department as Service wide (21.2% to 39.8%). However the proportion of immigrant women in the Department is significantly lower than for the Service - partly a reflection of the Department not having many direct services delivered by immigrant women. It also reflects the problems associated with a poorly developed affirmative action recruitment strategy.

Chapter 3 Table 5: Female Employees, DCS, 1986, by "Ethnicity" and Public Service Grade.
If you have mainstream policy, everyone has to be capable...in the short term the policy is not viable...

(Policy Worker, consumer advocacy organisation)

Affirmative action strategies are designed to recruit people from particular backgrounds or with particular skills to fill positions inside the organisation in order that the organisation can meet the goals it has set itself.

People talk about recruitment but have no appreciation that it might mean rethinking the whole Service. (Senior Policy Advisor, DCS).

There are a number of ways of proceeding towards meeting EEO goals and affirmative action in recruitment. It is clear from our research that the reorientation towards responding to the needs of non-English people would depend in part on having people inside the organisation who are indeed both competent and confident about doing this. It has been our experience that the
people who are most capable of identifying the issues involved and pursuing them within the Department are those with some personal experience of working in the field with people of non-English speaking background. This does not mean that they themselves have to be of non-English speaking background. Conversely, it is also not necessarily sufficient that people simply be of non-English speaking background, if they do not have the professional expertise involved. (People from non English speaking backgrounds can be just as ethnocentric as Anglo Saxons). However, this latter problem can be addressed through training if appropriate people can be found.

In order to attract people with the skills and expertise involved it is however necessary to actively seek them out and recruit them. It has been put to us, for instance, that such people, particularly in the area of direct services associated with the rehabilitation programs operated by the Department, simply do not exist. This may be indeed a self-fulfilling prophecy. Recent advertisements in New South Wales for full and part-time positions with the community-based rehabilitation services operated by the Department identified a total of 39 positions to be filled. The positions included physiotherapists, occupational therapists, speech therapists, social workers, rehabilitation counsellors and an executive officer. The locations included, Blacktown, Campbelltown, Bankstown, Wollongong, Newcastle, Hurstville etc. There is absolutely no indication in the advertisement placed in the Sydney Morning Herald that two of the crucial issues will be working with people of non-English speaking background and with women who had previously been excluded from services; nor that the Department is actively interested in recruiting people with such experience to work in these programs.

For an organisation which has a public image of being reluctant to respond effectively to the needs of non-English speaking people, and whose Director has herself publicly condemned the organisation in the past for its ineffectiveness in this area, it is surprising that there is no suggestion of affirmative action recruitment strategies being put in place at this time. (This should be the first strategy because the community-based rehabilitation direction of the Department requires action now on these issues, or it is likely that positions will be filled with persons who simply replicate the traditional pattern of practice within the organisation).
A second option involves the identification of positions as being specifically concerned with working with people of non-English speaking backgrounds. This for instance was the position taken by the Ethnic Aged Working Party in its proposals for access officers associated with residential programs at the state level.

Every position in the Department should require a sensivity to the needs of migrants and it should be specified; which is different from earmarking special jobs with a detailed knowledge of migrant communities. (Senior Policy Advisor, DCS).

It's been on the agenda (the needs of non-English speaking people) but it's been overwhelmed by other structural issues that are going on. (Senior Officer, DCS Central Office).

Departmental officers seem to agree that setting up special ethnic units would not be viable - primarily because the resources do not exist. But the alternative, of pushing the whole issue of affirmative action and EEO throughout the organisation also raises problems. Staff training officers for instance have suggested that:

Affirmative action programs threaten people who see themselves as being in line for various positions in an organisation...they feel as though unfair competition is being used...somebody's changed the rules. (DCS Officers, State Office).

One other strategy available is to pay staff who have languages other than English and use them regularly a special linguistic availability performance allowance. LAPA is available if there is an identifiable and continuing need for the language skills of the officer concerned. This is obviously relevant in direct service areas and in development areas where officers may be required to work for instance, with elderly people, who do not have a facility in English or with the non English speaking parents of children with development disabilities. Not one DCS officer was paid the LAPA in New South Wales during 1986.
So, while EEO and Affirmative Action relate specifically to the management of personnel within the Department, and are geared towards ensuring a fairness and equity in recruitment and promotion procedures, they have significant implications for the quality of services and the development of policy within the Department. Yet one can still find senior officers who believe that ethnic knowledge or multi-cultural sensivity is only an added advantage, rather than a necessary element, in assessing the competence of officers.

If the choice was between two people of equal competence then it would be an added advantage to have the ethnic knowledge, but um?? I wouldn't advertise the need. (Senior Officer, DCS, Central Office)

The Draft Department of Community Services Equal Employment Opportunity Program was prepared and circulated in October, 1986. (Australia, Department of Community Services 1986). The plan included a number of objectives including:

- increasing opportunities for migrants to compete successfully for positions in the Department, by improved advertising, improved promotion and selection processes, improved career opportunities, improved training and information;
- create a working environment free from racial, cultural and religious harassment or discrimination, by including training on cross-cultural sensivity in management and supervisory courses and induction courses and the provision of counselling support.

The evidence does not seem to suggest that progress on EEO practices has developed very far since the plan was circulated.

3.8 CONSULTATION.

DCS doesn't seem to have grasped the fundamentals of the process needed to involve the community in meaningful ways...what they seem to do is develop a proposal within the isolation of a program...and then announce that in three days time there will be a consultation on this... (Policy Officer, Consumer Advocacy Group).
The problem in the bureaucracy is that too many bureaucrats change, we don't know anymore anybody, and every new person who comes in reinvents the wheel. (Ethnic Worker, peak organisation).

To me most of those (standing departmental advisory committees) aren't worth even the amount effort we put into them at the moment and that's not a great deal. (Senior Officer, DCS, Central Office).

I'm too depressed about it to tell you about it. We've tried everything. We've tried formal structures, we've tried the big travelling circus whiz-bang thing, we've tried encouraging our project officers to go out and do it informally, we've tried submission based consultation - you name it, we've tried it. There's a low return whatever way you do it, we can't consult with all the people all the time. On the other hand you've got to try to consult with people, but when you've been running round consulting for the last four years you get a bit worn. It's both time and resource consuming. (Program Officer, DCS, Central Office).

Although there has been oodles of consultation with the migrant communities there has never been any capacity to be really innovative in program terms in respect to migrants. (Senior Office, DCS, Central Office).

Talking to the leaders of the ethnic communities doesn't always mean that your getting what you should get from the grass-roots of the ethnic community...[Look at the women's shelters for example]...their idea of consultation...they don't like regional groups, state groups, they have conferences here [in Canberra] at which 395 people come...there are others like ACOSS who think you only should talk to them as the peak organisations... And so with the ethnic groups...the solution [how to get reasonable consultation] is how to get reasonable feedback from the communities. (Former Minister for Community Services).

...we have almost a skeleton staff and they've given us more work to do...through the new legislation and they've given us no new staff.
Everything that isn't paper pushing is unfortunately put aside. We don't have the capacity to do more than pay out what we owe...we are too short staffed to be haggling about things that the government has no intention of touching [re consultations].

(Program Officer, DCS, State Office).

Consultation can be all things to all people. There appears to be a general feeling in the Department, in ethnic organisations, and elsewhere that consultation must continue even though it seems to suit nobody's purposes as it currently stands. Kathy Laster in her discussion of consultation for the Jupp Review (Laster 1986), pointed out that consultation is a political exercise. There is no such thing as an objectively good consultation - the consultation process has to be assessed against the sorts of goals the parties had in consulting together. Two major possibilities exist in the consultation process.

The first of these is consultation as information sharing. Government has the ultimate responsibility for decision making and the implementation of decisions - it does not however need to do this in secrecy. The question of information sharing, which was criticised above by one of the consumer advocacy organisation representatives, needs to be understood as simply one element in the process of consultation. It is clearly counterproductive for governments to suggest to the community, when announcing programs and their implementation, that major changes to policy are still possible.

Consultation which is aimed at program development may take the form of action research. Some of the participants in the consultations we carried out believed that their inputs would indeed effect the way in which government behaved. They would scarcely have cooperated if they did not have such a belief. This sort of consultation is not necessarily representative, but it can raise hidden themes that were either not apparent to government decision makers or previously had been given much lower priority.

What then can consultation indeed legitimately be seen to achieve? There are strong feelings in ethnic organisations that the consultation process to date has been tokenistic and more concerned with the image of something going on rather than the concrete practices. Consultation is seen to be offered by government in order to placate an outraged or unquiet public.
The most appropriate consultation methods should reflect the following criteria:

1. Local or regionally based arrangements do not adequately reflect the distribution of ethnic communities. This is particularly the case when ethnic groups are spread across a number of regions.
2. Open forums which rely on participants presenting a case are usually not appropriate for individuals with problems with English or more grass-root groups which are not confident in presenting material orally or engaging in debate.
3. The presentation of complex written submissions in the consultation process may also strongly disadvantage working class and immigrant groups who do not have the command of such language skills.
4. One-off opportunities for participation are not helpful when the issues under discussion presuppose an understanding of Anglo-Australian mores or institutions.

Thus, the consultation methodologies adopted should be appropriate to the target groups. This requires a preliminary analysis by the consulting bodies as to the high priority areas and a concentration of resources on those areas to try and attract people who are likely to be aware of needs for services and least likely to be represented in formal organisational structures. While this process may not indeed be "representative" of all groups or all issues it is more likely to bring to the surface the most difficult and challenging problems, rather than the ones that have already been routinised and are already manageable in existing bureaucratic practice.

How that individual person can complain about a service - that's the fundamental question rather than participation and consultation - the issue of consumer rights.
(Senior Policy Adviser, DCS).

Moreover there are important ethical considerations. Governments often expect consultations to produce ideas for innovations or policy amendments. They might expect instant examples of culturally appropriate programs. Yet the reality is that consultations which are open to the wider public are likely to attract
people who speak from their own personal experience. Government representatives find this type of discourse embarassing, as they cannot handle the demands for immediate action that often arise. Unnerved or bored or irritated, they condemn such consultations as a waste of time. For their part, the "public" throw up their hands at the failure of government to act.

If consultations do occur, the ground rules need to be carefully spelled out. If the exercise is to have more than symbolic ritual effect, the participants have to be fully aware of what sort of change that their involvement can produce. It is also important that consultation methods attempt to be innovative. The use of the electronic media, through phone-ins, talk-back radio, and perhaps even open television provide opportunities that have been barely used in the past. Independent consultants might work intensively with a small number of consumers, or agencies could carry out their own consultations with clients about services. The use of role-plays and workshops might be more useful than repeated presentations by experts lecturing from platforms.

Consultation also needs to be culturally sensitive - and in particular be aware of and sensitive to age, class and gender stratification within immigrant communities.

If you are talking about ethnic communities you are talking about fairly conservative communities.
(Women's refuge worker).

So the first stage is "my God, what's FECCA, they must be the equivalent of parliament or something, I've really got to talk to someone to find out about all this. The next stage is "my God FECCA, ho! ho! hum! hum!" The third stage is really identifying what you can get out of FECCA. What are their strengths, their weaknesses, what you can get out of other places and that's when you are operating properly.
(Program Officer, DCS, Central Office).

The ethnic people want to talk to us nearly every day of the week, we can't do our basic work if they keep talking...
(Ministerial Adviser, Minister for Community Services Office).
The consultation process should allow and enhance trust and commitment between the parties. FECCA noted its concern at being let down by senior officers who promised to deliver written statements on items of policy, and then failed to do so (Nicolaou 1987). Participants need also to see each other as people of equal formal status being treated equally. This does not mean that the Department abrogates its direct responsibility for decision making. When decisions are made as a result of consultations reasons for the decisions should be communicated to all participants. Thus people involved in consultation processes should have their support and assistance acknowledged and the outcomes indicated to them. Our research project is based on a commitment that this sort of feedback will indeed be given to those who participated by providing information.

The Jupp Review offered as one of its basic principles that "all members of the Australian community should have the opportunity to participate in and influence the design and operation of government policies, programs and services". The Review also concluded that "of the principles enunciated in the Galbally Report that relating to consultation appears to have received the least concerted attention by government department and authorities. This neglect is unfortunate, because lack of consultation, or consultation which is not seen to be satisfactory by the participants, are frequently cited as major complaints" (Australia, Department of Immigration and Ethnic Affairs 1986:77,79).

Talking to the leaders of the ethnic communities doesn't always mean that you're getting what you should get from the grass-roots of the ethnic community.

(Minister for Community Services, 1986).

The consultation process that has developed in the last two years has focused on contact with peak and formal organisations. The FECCA consultations are perhaps the clearest example of this and a number of lessons need to be learned. It was a fairly frustrating "circus" for all involved, consuming a large

---

1 We have been not been provided with a copy of the rehabilitation document, despite our requests, as at the time of final writing, August 1987.
amount of time. It also depended on the voluntary effort of many people in the ethnic organisations, while some central issues did not get the attention they require.

The priorities for ethnic organisations - residential services for the aged, and children services - reflect those of the wider community. Disability services, where the major lacunae currently exists, were fairly poorly reflected in the consultation process.

Indeed the basic outcome of the FECCA consultations on disability can be summarised on the one hand with the Department saying "we have done little if anything in relationship to ethnic communities; those activities we have undertaken are the result of particular individual members of staff exerting a commitment in that area rather than any plan by the Department as such". The Office of Disability presented a paper on its activities which made not a single mention of anything it had done or considered in relation to immigrants and their children. Indeed, as we were to discover, this reflected the totality of its activities in this area. The FECCA submissions and contributions tended to identify the lack of information as the major issue, without making any detailed or critical assessment of programs and services.

Many of the FECCA participants were anxious for the Department to explain in some detail the new philosophies and implications of those new philosophies - particularly as knowledge of progressive policies towards the people with disabilities had barely permeated many ethnic organisations. The FECCA consultations threw up the need for a lower key, more continuous process of interaction, discussion and project development between Department officers and workers in ethnic organisations and services. While this is fairly time consuming in the initial stages, it would overcome that sense of frustration which was so commonly expressed by both officers and FECCA participants in the consultation process.

The Department of Community Services is currently totally revising its advisory structures. There are to be State Aged Care Advisory Committees (ACAC), while the HACC forums and advisory committees are being re-examined, and the whole SAAP program is currently under intensive review. The children's
services advisory committees have also recently been undergoing a process of
review and reconstruction. One senior officer noted that all these committees
will need to move away from the standard bureaucratic closed-shop on the one
hand or the rather too general broad provider/client/community representation
on the other, to a more of a joint working party model of procedure. It is not yet
clear whether the Department recognises that such a movement would need to
draw on paid expertise to be successful. Where community organisations are
involved, their time will have to be identified as a resource and funded on the
basis that the Department requires their input in order to develop its policies.

In the longer term then, it is vital that the Department become far more clear
about the purposes of its processes of consultation, that its staff be effectively
trained to undertake community negotiations, and that a system of regular
feedback be provided. The issue of tokenism has to be addressed and staff,
some of whom tend to be fairly blasé about the process, need to feel that at
least some resources might flow to decisions taken and suggestions put
forward in the consultation process.

There are some indications that the situation is changing. Under the impetus of
the Ethnic Aged Working Party recommendations (arrived at after exhausting
consultations) and as a result of some of the proposals in the home and
community care program, senior officers have embarked on a process of
detailed consultation with selected ethnic organisations regarding community-
based alternatives to institutional care for the frail aged. These consultations are
designed to identify problems and issues, while looking for ways in which
departmental resources can be brought to bear to solve those problems.

In a number of cases these potential solutions stretch across the bureaucratic
divides of program guidelines. However, the longer term process of providing
effective and comprehensible feedback to participants still remains problematic.
The issues, for instance, raised by the Department's refusal to publish Breaking
in and Breaking Out, Report on Women and Rehabilitation and Disability in
Australia by Helen Meekosha must reflect on its public commitment to more
open forms of relationships with communities. In particular its refusal to publish
that part of the report based on consultations with consumers can hardly aid the
Department in seeking to demonstrate its good faith in this area.
3.9 USER RIGHTS.

On the whole immigrant people are not being serviced by any section of the welfare industry, unless they happen to fluke a really good worker. (Women's refuge worker).

User rights has become one of the more contemporary issues for the Department of Community Services. In late 1986 a national conference on user rights was held in New South Wales. The conference followed active concern by senior officers and sustained pressure from advocacy and consumer groups. User rights are closely connected with the Department's public statement about quality assurance. These rights are reflected in the types of contractual arrangements the Department is seeking to develop both between itself and funded organisations, and for the clients of those organisations. However, user rights will clearly depend on the capacity of those users to defend those rights.

Question: Do governments only change under pressure?  
Answer: Probably...which has some implications for those communities where it is very hard for members of the community to learn English, learn the means by which you apply pressure in our sort of society...we can't wait for that sort of pressure on us we've got to go out and be far more active...[yet] its comfortable to adopt the reactive stance; you can justify your lack of action by saying that nobody's asked for anything in any different sort of form.  
(Senior Officer, DCS, Central Office).

There is always a contradiction in welfare...why advertise if you can't fulfill the demands. But by not advertising, the ones who generally miss out are non-English speaking people because they don't know by word of mouth. The whole argument is that they are entitled to know. At least if you create the demand the government has to respond somehow. Or do we keep everyone ignorant so they don't ask what they are entitled to?  
(Community Worker, Ethnic Organisation).
The Department sees user rights falling into what they define as six main areas:

- education and training
- information
- user participation
- advocacy
- agreed standards/service contracts
- appeals/grievance processes.

The background paper for the first national conference on user rights (Australia, Department of Community Services 1986) did not address the issue of what might be involved in the specific problem of ensuring the rights of immigrant users of services. However, the Secretary of the Department did recognise that "it has a job to do on itself. Our own staff need to be equipped to deal with the problems of providers and clients and to act as a resource available to the industry as a whole in making user rights a reality" (p.3).

In the development of user right packages little attention has been paid at the moment to the particular needs of people of non-English speaking backgrounds. These rights for instance should include having access to an interpreter, having food that one is comfortable with, having the opportunity to communicate with people who speak one's own language. The latter is a particularly important problem for the immigrant elderly for whom the lack of interaction with others who share their own language can be a major contribution to their sense of isolation, with all its psychosomatic implications.

But if these user rights are indeed to be developed and include issues affecting non-English speaking consumers, then the people who are delivering the services will need to be able to respond to the demands being made of them.

The Interim Report of the Task Force on Rights of Users of Subsidised Services looks at the whole question of Commonwealth/State relations and the problems in enforcing contracts and quality of care. It notes in a number of places that it is dependant (in the framework of the Section 92 [of the Constitution] grants)(grants for specific purposes) on the states undertaking to develop contracts between themselves and the funded organisations which will guarantee the rights of users of those services. Once again the problems that people of non-
English speaking background have in voicing complaints, which is the focus of the report, are given no attention whatsoever. Nor are the fears of victimisation, the isolation and the opportunities for intimidation to which people who do not have a firm grasp of English are easy targets.

The departmental officers engaged in developing user rights should deal with the issues affecting immigrants from the outset. A rapidly increasing proportion of persons in residential aged accommodation will have deteriorating or non existent English skills. Advocates or carers for people of non-English speaking background often have very little English. They will need careful support in their own language to work through the implications of the user rights protection strategies the Department is currently developing. The dependence on state government offices for quality control in children's services also raises problems - particularly where there is no state government commitment to access for the children of non-English speaking background.

3.10 NEEDS-BASED PLANNING

Needs-based planning is one of the central pre-occupations of the Department. The submission based model of resources being provided to services systematically benefits those organisations and activities which are well established, while it systematically excludes or makes difficult innovation and activities on behalf of groups which are not well organised. There has been some attempt through WELSTAT to develop a national welfare statistical base, incorporating data from a number of sources. This will presumably allow an allocation of resources according to priority needs determined by the Department in consultation with the states and local organisations, which appears to contribute to efficiency and effectiveness. However, the basic data is hard to gather, and there are many conflicts between what is recorded and not recorded. Indicators applied in the HACC program demonstrate the sources of data currently in use.

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>RATIONALE</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Number of persons in receipt of Age and Invalid Pensions</td>
<td>Target Population</td>
<td>Department of Social Security (Quarterly Update).</td>
</tr>
<tr>
<td>B) Number of Age and Invalid Pensioners who are not home owners.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator of Poverty DSS (Quarterly Update).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C) Number of Age and Invalid Pensioners never married/divorced/separated/widowed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator of Isolation DSS (Quarterly Update).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D) Number of Persons in receipt of Domiciliary Nursing Care Benefit (DNCB), cared for by carer at home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indication of population DSS (Annual Update).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E) Number of Age and Invalid Pensioners from non-English speaking countries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indication of disadvantage DSS (Quarterly Update).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There is a bit of a factor for special needs groups a factor of disadvantage which is a composite of the different groups. The problem I've had with that is that although it looks nice there is practically no data to base it on. And a lot of it is guess work. (Program Officer, DCS State Office)

The definition of needs is problematic. Most commentators try to arrive at some sort of "objective" statement about the level of needs, in which subjective factors of wants and desires are taken into account but offset by "scientific" evidence about the requirements of nutrition, shelter, clothing, education etc. Such an approach lends itself to a corporate management style of working, but is fairly inflexible in terms of the dynamics of community life within regions. Trevor Lee, a Consultant to the Department, suggests an amalgam approach for needs-based planning which draws in basic data from state and federal departments, which is then used in a consultation arrangement with local organisations (Lee 1986). The attempts in the HACC program (outlined in Table 6) are to develop both the data base and a priority ranking - so that rather than dollars being allocated to regions on a per capita basis loadings are given to high need areas. These high need areas include areas in which there is a lower than average income amongst the aged (based on the proportion dependent on pensions), a higher than average proportion of non-English speaking immigrants, and other related indicators of social disadvantage. The
approach is still fairly crude, and many of the participatory and consultative arrangements developed through HACC have been somewhat haphazard.

In the aged care residential services area, the Department's commitment to specific special needs funding for ethnic organisations or ethno-specific nursing homes and hostels, has been an attempt to break through the broad submission-based approach and overcome the historic effects of that process. The main implication is that where it can be demonstrated that mainstream organisations are reluctant or incapable of changing, then the needs of immigrant communities can be met through special funding. In the disability services area the situation appears as yet unaffected by these moves, and almost nothing has occurred to raise the priority for immigrants with disabilities.

The Department has instituted a variety of mechanisms to collect data on which to make these planning decisions. The census carried out in 1986 for children's services is an example of some of the problems. There appeared to be a major drop off in the utilisation rates by children of non-English speaking background of all children's services - yet departmental officers reported that childcare agencies providing a low number of NESB children in one column of return also gave lists which included a high proportion of names which were quite clearly of non-English speaking backgrounds - evidence of confusion (if nothing more) amongst child care agencies. Under the supported accommodation program on the other hand, agencies were extremely reluctant to provide any information about their clientele - referred to as a poker game over incremental increases in data being provided in return for incremental increases degrees of freedom available to the agencies.

Therefore the Department needs some overall basic data to assess its progress towards more equitable access to its programs and services. On the other hand individual program areas and service delivery agencies may need other sorts of information to ensure that the services are being effectively planned and delivered. Thus wherever communication between clients and agencies is an issue the data should include the languages in which clients feel most comfortable. It may also be useful to have their country of origin and whether or not they speak English.
The Federation of Ethnic Community Council of Australia has suggested that ethnic identification might be useful, to give some lead on whether individuals would prefer or not to have their needs responded to by an ethno-specific agency. It might also be useful to have data in particular situations which link religious beliefs and ethnicity together, and also provide an opportunity for people to refuse an ethnic identity should they so wish. The crucial question remains the reasons for which the data is being collected - whether it increases efficient and effective responses to the needs of the people concerned.

Two examples of what happens when these issues are not taken on board can be found in recent consultancy reports for the Department of Community Services. The first was a study on the costs of providing services to people with disabilities and future funding arrangements and contracts. This project was carried out by Arthur Anderson and Company; it undertook some extremely detailed interviews and discussions with service delivery agencies - one hundred or more across the country. At no point were the agencies asked about the ethnic or immigrant background of their clientele, what happened if the client or carer could not speak English, and whether additional costs were incurred either in time or other resources. This huge amount of data then leaves the Department totally ignorant on whether or not it costs more or less to meet the needs of a person of non-English speaking background all other things being equal. This is of particular importance because of the whole issue of ethno-specific services inside mainstream institutions; and the legitimacy of ethno-specific institutions or so-called multi-cultural institutions, in seeking special, additional resource allocations to develop their programs and services.

The second report was a census of disability service institutions in Australia carried out by McNair Anderson. This survey asked for the overall numbers of people of non-English speaking background within each service - which is a significant improvement - but did not ask for the individual linguistic or ethnic background of clients. Clients were identified by institutions on a range of other dimensions - including income and levels of disability and skill. A very simple additional question in each case would have provided enormously valuable information on the pattern of "ethnic disability" in Australia.
Without a corporate awareness of issues affecting immigrant communities and the importance of putting them at the centre rather than on the edge, as an after thought, it is unlikely that these sorts of problems will be overcome. The corporate commitment of the organisation therefore to responding to the needs of immigrant communities cannot be underestimated. These issues have to be moved into the centre of organisational concern rather than left for a later stage in departmental development.

3.11 CORPORATE MANAGEMENT.

One of the things that we will get out of program budgeting is to realise how badly off we are. Part of our problem as a Department is that we really don't know how bad we are. And things like program budgeting which are all about information will hopefully get us there.

(Senior Officer, DCS, Central Office).

Question: How would senior management committee feel about building issues to do with non-English speaking people into funding agreements?

Answer: I think they probably think they've got so much on their plate at the moment that that's just too hard.

(Senior Officer, DCS, Central Office).

It's not in one's interest, not in the interest of the individual bureaucrat, of the Department portfolio, or the government as a whole for any new players [to enter to game] to give them the view that somehow they've got a chance at a greater chunk of the cake...the great fear for some [of us bureaucrats] is that you lose control of the game, once one goes out and looks at or consults or whatever an area of need that by broad first definition ought to be encompassed within a particular program but has not been up to now [comes to the surface].

(Senior Office, DCS, Central Office).

Unfortunately, departments like this are largely staffed by people who have no sense of a history of social policy, largely because we believe in interchangeable managers. So they listen to this type of rhetoric...and
kick start the tricycle and rush off uncritically ...a lot of the program managers are recruited because they're lads out the Department of Finance who know about money but they're not noted for their breadth of their social perspective or their analytical capacity...you're going down to quite a junior level...before you get substantial knowledge about the program areas.

(Senior Policy Advisor, DCS, Central Office).

As for disseminating information we'll just fall in with departmental strategy... Question: Is there one?
Answer: I don't know...
(Senior Officer, DCS, Central Office).

In the wake of a major information consultancy undertaken soon after its establishment the Department of Community Services has been restructured with a series of program statements. The strategy depends on an interactive planning cycle, which specifically includes the development of:

i) rolling corporate level three year plans which translate government policies and community needs into goal strategies and priority projects;

ii) rolling program level three year plans which must be responsive to corporate plans;

iii) rolling operations plans at the level of regions and rehabilitation outlets, which contain service delivery plans which take program level plans into account.

Annual operation budgets are required for each plan based on program budgeting guidelines. The budgets require program managers to
* identify the objectives to be addressed;
* describe the needs and conditions which give rise to the existence of the program element;
* the activities undertaken in respect of those needs;
* the outputs and outcomes expected;
* identify the resources consumed in the previous year and the estimated resources used for the year in progress;
* arrive at indicators of performance.
What would they [the ethnic communities] see as a meaningful change in delivery? That process is as much political processes as it is a management or ministry process, and unless we do get those commonly agreed yardsticks to measure the level of improvement - in residential care for the aged, access to sheltered workshops, etc. - most of what we otherwise would do would simply be subject to a general level of criticism. We would be forever convincing ethnic groups that we have changed the direction of programs and they're going to get a fairer slice of the action than they have up to now.... it's not even being argued that up to this point of time that they have a much lower service, quantity as well as quality.

(Senior Officer, DCS, Central Office).

Department Senior Officers, in order to achieve their program goals, are required to develop performance indicators which can monitor efficiency and effectiveness. Efficiency is defined as the relationship between inputs and outputs. Effectiveness is defined as the extent to which program outcomes meet their objectives. Cost effectiveness is the relationship between efficiency and effectiveness - a program is said to be cost effective when it is both efficient and effective. Yet neither of these are necessarily useful terms when the delivery of services to people of non English speaking background may be more difficult, time consuming, and time "wasting" than for consumers who can speak English well. Thus if three "anglos" can be serviced for the cost of two "ethnics", the pressure will be on "efficient managers" to stress efficiency rather than be concerned with the more amorphous criteria concerned with quality of care.

Management theories operate in cycles. There is a view at the moment that anyone can be a manager, you don't need senior people with an in-depth knowledge of the topic and they don't need to know about the subject matter.

(Senior Officer, DCS, Central Office).

They way the Commonwealth bureaucracy works is that people go into jobs or they are promoted, not because they have any interest in the area. So you can't expect them to have an awareness without doing something about it...so there ought to be training.
3.12 TRAINING

In every area of the Department's activities the issue of staff training, and the training of personnel in agencies funded by the Department, has emerged as a central issue. However, the Department itself has not developed a corporate training strategy in relationship to the needs of non-English speaking people. Training is the necessary concommitant of affirmative action in recruitment of staff, or else the capacity of staff will not be improved.

In terms of multi-cultural issues, no we haven't done anything in that area. It [training] hasn't been on our priority list...that is not to say that if some sort of project came up we couldn't give either guidance, money or consultancy to it.

(Probam Officer, DCS, Central Office).

Indeed there is apparently only one area in which any consideration has been given to developing training materials or training programs for people of non-English speaking background. The rehabilitation programs area has a range of activities, best developed in Victoria. (See below Chapter 7).

The Department, I think, has had this attitude that the general program staff will somehow look at the needs of non-English speaking backgrounds, but they're not going to unless that continually pushed at them or unless they are trained to think in particular ways.

(Senior Officer, DCS, State Office).

The introduction of this training throughout the organisation, as is projected in the equal employment opportunity plan for instance, faces some serious barriers.

My feeling is that [training in relation to non-English speaking background] is not likely to be given the attention that it would need to be given in order to reach that goal [of staff being competent and confident in working with them]... Question: What would have to happen for that to
occur? Answer: It would have to be considered as more important than automatic data processing training or management skills or supervision skills or....

(Program Officer, DCS, State Office).

Training programs which require resources also require some impetus from the head of the organisation.

We are really very deficient in our training strategies. There is some very low level training activity...we have used PASSING as the introduction for all staff. Beyond that training strategy has been pretty woeful.

(Senior Officer, DCS, Central Office).

Question: Has there been any training on issues to do with migrants?
Answer: Not a lot specifically. Our priority has been to skill the staff to administer the programs. The first priority is to get your program delivered.

(Senior Officer, DCS, Central Office).

Training comes from practice. Given the fact that we are not dealing directly with the public because we are not administering this program, the state is, there really isn't any need for all this [training to work with people of non-English speaking background].

(Senior Officer, DCS, Central Office).

How then does training occur? How is it for instance that the Victorian rehabilitation services are currently developing an extensive training program on issues to do with people of non-English speaking background, which has been supported by Central Office, and is involving outside consultants, while in other states almost no action has taken place? It appears that training priorities are determined in the first instance by the pressure from branches for training to occur.

If branches notify us that training about non-English speaking background people is an area of need, then [we will consider developing a package for it]. Consumers have no role in determining priorities for
training of staff...these [ethnic] organisations who could certainly provide advice about what sort of activities and what sort of areas should be covered, but the need for the training, the demand, would still have to come from our people.

(Program Officer, DCS, State Office).

Thus if there is no clear direction from the top, and no commitment by senior management from particular program areas to action in this regard, nothing need happen inside. As one senior policy person said - "You can't actually cure people of racism and the real key lies in the recruitment of new staff". Yet there are clear training needs that line staff have identified which are not percolating back up through the system. It is of course not necessary for staff to be in direct contact with people of non-English speaking background on a regular service delivery basis, for them to need to be aware of the issues, sensitive to the practices that are appropriate and therefore capable of ensuring that the state program workers do indeed see these issues as a priority.

There is an interaction between the resource question and the training question. Resources are very limited for training, so that in many areas the lack of competence and confidence in practice leads to a poor service being delivered. This is the opposite result of that intended by management priorities.

If they're feeling rather uncomfortable with working with a client and there is complications, [caseworkers] will try and do the opposite to what they should be doing, which is squash all into one session when they can get the interpreter.

(Program Officer, DCS, State Office).

So training, quality of service, resources, and managerial commitment, are all necessary if the services are actually going to be relevant and responsive.

9.13 INFORMATION.
The Department spends nearly $2,000 million per annum. In many of its statements it asserts that consumers and the community at large have the right to know about the services available, and know about the quality of services that they can expect. Individual consumers should have the right to know how to complain if services are inadequate, and how to find out about program alternatives to meet their needs if the current organisational methods are not appropriate. All this depends on an effective information strategy. One method may be using existing mainstream organisations currently funded by the Department and hoping that they will ensure that ethnic consumers are fully informed. However, there are a number of problems with this approach, most of which are exemplified in the following view presented by the Executive Officer of a national peak organisation.

No, I can't say we do [put out information aimed at the ethnic communities]...it does keep cropping up occasionally, because it is not easy to home in on, it's a bit amorphous to find out exactly what to tell them first...what they [the ethnic communities] have to do is to be aware of what there is to plug into and exhort all the members to hop out and get into it.

But the Department itself has problems with allowing any information to creep out.

The last thing that we would want to do is to advertise the care...
(Program Officer, DCS, State Office).

On the other hand some Senior Officers would like the information to be spread but really do not know quite how to go about doing it.

There's probably a very real lack of understanding of how we get information through to ethnic communities who are wanting to become involved in establishing services, or ethnic communities whose members want to become involved in using services.
(Senior Officer, DCS, Central Office).
Service organisations repeatedly told us that there was no need to advertise, no need to increase demand for their services, because they were already full utilised with long waiting lists, or had already turned away many people in need. There was a sense that it would be unfair to raise expectations amongst immigrant communities for services which simply could not be provided to them.

There has been very little consideration given in corporate strategy to the information needs of non-English speaking people. We had many well argued cases from Department officers as to why it was difficult - the cost of translating being one of the most important. There was very little evidence of either policy or resource commitment would ensure that, at the very least, non-English speaking people got information at approximately the same time in the information sharing process as English speakers. (It is as though the Department believes that some magical network of communication exists in these inexplicable and foreign communities. One Department officer gave voice to this notion by suggesting field staff could "learn culture sensitivity by osmosis").

Quite simply the Department has not implemented any sustained information project which makes use of ethnic radio, multi-cultural television and the ethnic press as a means of informing people about their rights and the programs and services available to them. While the issue has appeared continually on the agenda of State/Federal discussions for Section 96 grants, the output is still erratic and in crucial areas almost non-existent.

The overall Department budget for information and publicity is small; the priorities have continually gone to the production of basic information in English. Thus, the "Sharing Community Care" pamphlet, the guide to programs and services provided by the Commonwealth Department of Community Services, was not translated and will not be translated into languages other than English. It is assumed consistently that there are bi-lingual gatekeepers who somehow will get information across to people at the time they need it, in the place they need, it in a way they need it. Some important innovations, for

1 In 1985 an estimated 11,000 women and children were turned away from women's refuges in New South Wales, with about 7,000 being turned away from youth refuges, according to refuge association figures.
instance, the development of rehabilitation material and individual program plans, and then translation onto cassette tape for clients, has not been considered in the Department.

Yet those few officers in the Department who have had a direct experience of working with people of non-English speaking background take a very different view. They tend to be critical of the low priority given this issue in the past and have suggested that a rather higher profile will be necessary.

They haven't worked out strategies...the publication section in Canberra questioned the need to have pamphlets in different languages, because we're supposed to be dealing with organisations, not clients. But if it's in their own language they can give it to the rest of their own people to understand.

(Program Officer, DCS, State Office).

This would seem a fairly base level of commitment. Even so there is some criticism of this approach from within ethnic organisations.

Just giving out pamphlets is not enough...even though it says if you want this pamphlet in Greek send away for it...they come to us and we explain the same pamphlet eighty times to different people.

(Community Worker, Ethnic Organisation).

Thus, some fairly urgent and serious commitment needs to be given to the whole area of communication with immigrant communities, or all the supposedly progressive program budgeting commitments of the Department will remain unrealised dreams of bureaucrats on paper. There can be neither effective nor efficient services if the people who need those services do not even know they exist.
CHAPTER FOUR
DCS AND ITS RESPONSIBILITIES TO PEOPLE OF NON-ENGLISH SPEAKING BACKGROUND.

4.1 COMMON ISSUES FOR IMMIGRANT MINORITIES

4.1.1 ECONOMIC CONSTRAINTS AND THE NEW RACISM.

The most important issue affecting all immigrant groups is the changing social environment. We have identified the changing economic conditions within policy is being made, and have indicated previously how racism has re-emerged, albeit in an apparently more benign form. The main effect of the new racism, combined with a resurgence of Australian nationalism, has been legitimise a uniformity of social policy, which has the potential to significantly erode the innovations associated with cultural pluralism in the past decade. This is not to suggest that suddenly all public servants have become overtly racist in their attitudes to immigrant minorities. There are many sensitive, committed and strongly anti-racist public servants engaged in resisting the new racism within and outside the bureaucracies. However, it is increasingly the case that the broad assumptions within which public servants operate have dispensed with the concern for the disadvantage affecting immigrant groups which so characterised at least the formal debates of the late 1970's and early 1980's. There is now a rather more cynical approach to claims for public resources based on what is seen to be special pleading. This significantly affects the quality of arguments, the level of professional skill and the quality of information, that will have to be made for resources on behalf of immigrant communities by ethnic organisations. It also places additional demands on ethnic organisations through whom the Department is expecting to deliver so many of its services.

4.1.2 DEPARTMENT STRUCTURES AND PRACTICES.

Departmental structures also present problems for immigrant communities. While many of these have been recognised by Department officers, few see that it is possible or even necessary to change these structures. Those who do see change as desirable have identified significant costs in the process. Department officers identify the right way of doing things with the "highly valued practices" of society. These practices tend to be those associated with the more powerful
groups - the male middle-class Anglo-saxon professionals - e.g. collection of statistics, performance criteria. Many staff perceive behaviour and needs which fall outside their understanding as deviant and problematic. Immigrant community needs are seen as something special., and where action is taken it is as though the Department were doing the immigrants a favour. Yet the department is itself highly ethnospecific. Its ethnospecificity is that of the Anglo-saxon male and middle class heartland of traditional Australian society.

The practice in many cases is quite different to the expressed ideology of Affirmative Action and Equitable Access. There is continuing conflict between the desire for efficiency and effectiveness in utilising scarce resources, and the needs of the groups with the most difficult, complex and resource-consuming problems. The disjunction between expressed ideology and organisational practice can be found in recent appointments within the Department. For instance, the Access Officer for Women and Immigrants in Rehabilitation Services was not advertised externally. If the organisation makes it almost impossible for people of non-English speaking background or people with disabilities to gain access to positions within it, they are unlikely to be part of the internal pool from which the Department is going to seek to draw people to fill such positions.

4.1.3 INFORMATION

The control of information is another element of this. In many immigrant communities men control the information which is relevant to the needs of women - so that women depend on their husbands, fathers or communal patriarchs for guidance. At the interface between the communities and the service delivery agencies and the Department, information is controlled by the English speaking professionals. This information is rarely made available in a form that the broad mass of the communities can use, and when information is released it is often in a language so complex and difficult that not even the gatekeepers of the communities can comprehend its implications and meanings.

4.1.4 THE NON GOVERNMENT SECTOR.

Large traditional institutions funded by DCS are fairly insensitive and inflexible, while those services which have developed within the ethnic communities tend
to be poorly funded and based on the exploitation of over-stretched and harried workers. In the large institutions there are few if any bilingual professional workers - they depend on interpreters when available. In highly complex and difficult interpreting situations, particularly those involved with disability or similar conditions, skilled interpreters are increasingly difficult to find. Interpreters are poor substitutes for skilled bilingual professional workers capable of operating within the experiential frames of reference both of other anglo-professionals, and the clients. And yet in this context little has been done to either recruit or develop new staff with the language skills. Finally, many of the ethnic organisations which deliver these services, be they advocacy and representational services or direct service (in home and community-care for instance) depend on volunteers. Indeed volunteerism has come under attack in the wider welfare world in terms of its implications for women and in the context of ethnic organisations the situation is even more difficult.

In the ethnic communities volunteers may be the only way to meet needs, whereas in the wider community I would probably oppose the use of volunteers.

(Representative, FECCA).

Where a double standard is being advanced by those who claim to speak on behalf of immigrant communities, there is little likelihood of more effective services being delivered.

These common issues then represent a maze through which people of non-English background with needs for services have to negotiate their survival.

4.2 COMMON PROBLEMS FOR THE DEPARTMENT.

The concept of ethnic is not particularly useful as a focus for policy development. The Department of Community Services has been plagued by the notion that there is something "ethnic", some homogeneous package of characteristics which can be defined, analysed, and responses operationalised to meet all of those who fall into this category. Besides the obvious diversities between historic culturesexperience is also affected by the class and gender of the immigrant or refugee. The experience of immigrants in Australia provides the context within policy needs to be developed and implemented. This is a dynamic environment, one in which a range of information and sensitivities
need to be brought to bare. The search for the quintessential "ethnic" is a good way of ensuring that nothing gets done.

4.2.1 KNOWLEDGE OF THE IMMIGRANT EXPERIENCE.

Department officers demonstrated a fairly limited knowledge of the complexity of the "ethnic experience" in Australia. A common assumption was that modern society - Australia - had developed highly sophisticated means of responding to needs, whereas in traditional (or perhaps more likely primitive) societies from which many immigrants came such services were unknown. The corollary of this is that when the Department turns to ethnic organisations for a quick hit of cultural information, Department officers resent being treated as beings with no experience of the real world. That interface, between departmental officers and workers in ethnic organisations, represents one of the most difficult areas for the Department. In the current context of regionalisation being undertaken by the Rehabilitation Services, that interface will require a great deal of attention, effort and sensivity by Department officers and managers.

4.2.2 A DEPARTMENT POLICY?

Another issue, which is partly a function of the short period in which the Department has been established, is the problem of poor internal communications over Access and Equity. Program and casework staff, have very little idea of what Department policy is on issues affecting people of non-English speaking background. While there is a desire at the top of the organisation to give innovative staff the flexibility they need to develop new ideas and programs, in practice the resources available to do this make the goal fairly difficult to achieve.

Overall, the situation for the Department in responding to the needs of people of non-English speaking background is confused by the lack of clear policy direction from the top. Senior Officers confirmed that innovation in favour of immigrants has depended almost in toto on committed and experienced staff investing energy above and beyond the call of duty to bring about either policy or program modifications.

4.2.3 STAFF RECRUITMENT

EQUAL DISAPPOINTMENT OPPORTUNITY? DEPARTMENT RESPONSIBILITIES... CHAPTER 4.4
The recruitment of appropriate staff has also presented a problem for the Department. While there is a sketchy equal employment opportunity plan in existence, the activities involved in staff recruitment have not focussed on improving either the range of skills associated with working with people of non-English speaking background, or indeed of increasing the proportion of staff with language skills.

4.2.4 PUBLICITY AND COMMUNICATION.

The Department has also faced a difficult time in planning and developing its external communications policy. Resources are limited and although there has been some attempt made to recommend more resources in these areas not a great deal has been achieved. The Department recognises that in all its program areas lack of knowledge by potential immigrant consumers is a major continuing problem. It also recognises that few officers have the skills necessary to utilise existing networks of communication, nor to for instance to develop communication information packages which will utilise that most effective of communication channels - ethnic radio.

4.2.5 STRUCTURAL CONSTRAINTS

The Department is also faced with the fairly rigid nature of program guidelines. Department officers face major problems in redirecting resources into new priorities. Government has increased constraints on resources. Although there has been some real increase in community services funding in the past, this is unlikely to continue. There is thus increased competition for the welfare dollar. As the competition for the welfare dollar increases, there is growing resistance by those who have control of resources to releasing them for new program areas. The Department is reluctant to cease funding for services which do not meet its objectives. While it is the goal of the new Disability Services Legislation to withdraw funding from organisations and services which are unable to achieve independent living goals after five years, the Department feels itself dependent on existing services. It thus has limited power to threaten withdrawal of support.

4.2.6 NON GOVERNMENT ORGANISATIONS AND VOLUNTARISM.
There is extensive confusion over the role of volunteers and the role of voluntary fund raising. Different programs place different emphasis on the voluntary effort involved - so that in residential services for instance, ethnospesific nursing homes can be established without any voluntary fund raising or commitment of volunteer resources. However, in other areas voluntary resources are explicit; the recent Peer Review of High Cost Child Care Centres recommends the use volunteers for almost every non specialist function. All community organisations which have voluntary committees and which spend energy trying to ensure those committees continue, provide examples of the important role volunteers play in the whole strategy of the Department. The capacity to offer training on issues affecting non-English speaking people to the voluntary sector is non-existent. The Department, however, in so many areas has indicated that it believes it has such a role.

4.2.7 DATA AND MONITORING.

The Department has indicated that the data collection presents problems in all program areas. Lack of data makes evaluation problematic and renders monitoring of programs more of a pipe dream than a reality. There is a lack of feedback to management from Program Officers on crucial issues that they experience in the field. One result of this is a certain degree of scepticism of the bonafides of the Department and its senior officers amongst line staff. One example given was that because of the Bicentennial, Aboriginal issues will be "the flavour of the month" for 1988.

4.2.8 CONSULTATION.

The Department is fairly unskilled in the consultation process - even though it has invested some energy in the process. In the meetings with the Federation of Ethnic Communities Councils of Australia in Canberra the two Deputy Secretaries did not attend while the Secretary attended but did not participate. Thus the Senior Executive Officers of the Department were able to distance themselves from outcomes of the process. The consultation process needs a great deal of clarification about its purposes before the Department can feel confident that it has the right mix of information sharing, negotiation, and information feedback. The Department also suffers from a poor complaints procedure. While it is committed to developing user rights, it tends in its own
practice to control the consultation process and make complaints by consumers a fairly low priority on its agenda.

4.3 CURRENT STRATEGIES OF THE DEPARTMENT.

The strategies in many program areas reflect a fairly ad hoc approach - the result of individual innovation, rather than departmental planning.

4.3.1 STAFF RECRUITMENT AND TRAINING.

The Department is unclear about delineating requirements for recruitment and/or promotion of staff. Thus far, few if any job descriptions or promotional criteria require a general knowledge, experience or understanding of people of non-English speaking background and their needs. Some Program Officers believe that it is impossible to specify as necessary criteria for appointment such experience or understanding. It has also been suggested that it is not even possible to indicate in advertisements that preference will be given to people with such experience. The opposition by Trade Unions to such specifications is given as the main reason for the Department's reluctance to pursue this avenue. There is however, no evidence that were this issue worked through in the joint consultative council between unions and managements within the Department, that the unions would indeed refuse to accept these sorts of specifications in jobs. The likely requirement from the union side is that appropriate training opportunities be provided to staff without this experience so they were not disadvantaged.

Department training of its own staff on issues affecting people of non-English speaking background is almost non-existent. There have been some limited attempts made in the area of rehabilitation services, but beyond that almost nothing has occurred.

4.3.2 PUBLICITY AND COMMUNICATION.

Senior officers in the Department believe that the Department lacks an overall information strategy for communicating with clients of direct services and funded services - and in particular lacks any sort of information strategy in relationship to people from non-English speaking backgrounds. There is a reluctance to expend limited resources on making such information available.
and the Department has relied on word of mouth to identified gatekeepers as a means of communicating with consumers of non-English speaking background. The Department has left the responsibility for communication under most programs to the states, with highly varying results.

4.3.3 STRUCTURAL REFORMS.

Innovative programs for people of non-English speaking background are fairly limited. Recent attempts have been made in the area of residential programs for the aged - through the community options strategy (see below Chapter 5) - and through the demonstration grants for disability services. However, most moves towards innovation have occurred again through individual staff in the direct service area, or through the employment of consultants.

Department officers do not like the idea of special "ethnic" units. In the Department of Social Security for instance, a Migrant Services Unit has been in operation for some time. Department of Social Security officers have indicated that as their unit is now directly tied to the equal employment opportunity unit it has some long term possibilities of success. Department of Social Security officers questioned by the Jupp Review about how to institutionalise commitment to access and equity beyond those moves which depend on the personality and commitment of a Minister, suggested that a migrant services unit would be one key element; but this would be insufficient without firm managerial commitment throughout the organisation.

4.3.4 DATA

The Department's data base is still almost non-existent despite the development of projects such as WELSTAT. There is confusion and disagreement between program areas as to the type of information required and to what use it can be put. Where opportunities have arisen for improving the quality of information, for instance through consultancies in program areas, the opportunities have been lost through lack of foresight by the Department in briefing consultants.

4.3.5 RELATIONS WITH FUNDED ORGANISATIONS.
The concern for quality of care and quality of life for the consumers is a growing issue with the Department. However, the moves towards contract compliance are still fairly badly developed. In the Disability Programs area the consultancy by Arthur Anderson and Co. may provide relevant guidelines. But unfortunately the consultancy was not required to consider issues affecting people of non-English speaking background.

One major disability organisation had sought to apply for funding from the Department of Immigration and Ethnic Affairs to provide special services for people of non-English speaking background. Their application was rejected on the grounds that they should have used their own resources initially; the organisation had indicated that it had never been suggested to them by the Department of Community Services that it should have a particular responsibility in this area.

There are strategies available that the Department might use. Perhaps the most useful models are those which were adopted by the former Greater London Council (United Kingdom) in its contract compliance program. Under this program all contractors to the GLC and all programs funded by the GLC, had to report on equal employment opportunity strategies affecting ethnic minorities, people with disabilities, and women. However, demanding that funded organisations move towards more effective employment and service delivery practices also implies that they are capable of doing so. Thus, the Department commitment to contract compliance and affirmative action in the service delivery area requires the concommitant commitment of providing support and training for those organisations. Currently no plans exist to bring about this desired end.

The Department has however developed a series of "carrots" even if it has not developed many "sticks". The Supplementary Workers funding for the children services programs was also recommended by the Ethnic Aged Working Party for nursing homes and hostels. This represents the main coherent element of developmental policy in this area. The Department officers believe that these carrots are the most appropriate way to proceed - specifying that the additional resources that this approach provides act as a very useful incentive to service delivery organisations. Yet given inadequate funding for most programs, additional resources may just be absorbed into the general pot.
Many senior Department Officers are very resistant to anything tougher than these carrots and cajolling approaches. However, evidence does exist that in the most difficult areas of service delivery these carrots are insufficient, and indeed in childrens' services for instance they have already been demonstrated as insufficient. The details of these problems are discussed below in Chapters 5 and 6.

4.3.6 CONSULTATION.

The consultation processes are highly problematic. The Department is currently reviewing its whole system of advisory committees, though it is committed to consumers being involved in the management and in the development of policy of service delivery. The Department of Immigration and Ethnic Affairs has indicated that simply having "a token ethnic" on an advisory body is an insufficient basis for ensuring effective consultation with people of non-English speaking background. The Department of Community Services currently has not resolved how it should approach this issue nor how it should implement more effective long term and open consultation procedures.

4.3.7 POLICY - MAINSTREAMING, ETHNOSPECIFICITY - WHOSE RESPONSIBILITY?

The Department is dependent on many other government departments at Commonwealth level to achieve its goals. The Departments of Finance and Treasury, the Departments of Health and Education and the Department of Immigration and Ethnic Affairs all play important ancillary roles either in resource provision or in policy development and service delivery on cognate areas. No mechanism currently exists to ensure effective co-operation between departments on issues affecting immigrants and refugees which cross their boundaries, even though there are numerous inter-departmental committees on particular matters.

As a large proportion of the Department's resources flows through the states to service delivery organisations, relations between the Department and the State Government Departments is of crucial importance. The Department's commitment to access and equity however requires them to ensure as far as possible that the states address these issues on at least as high a level of priority as does the Commonwealth. Indeed some states, for instance New South Wales, have a history prior to the Department of Community of Services
of ethnic affairs policy statements etc. Yet the lack of foresight in working these issues through is evident.

In the consultations with the Federation of Ethnic Communities Councils for instance in New South Wales, where so many of the programs are directed by the Department of Youth and Community Services or the Department of Health, neither Youth and Community Services nor the Health Department were involved in consultations. Thus the Department of Community Services representatives were constantly stating that particular problems were the responsibility of YACS. Some service delivery organisations had no knowledge that DCS was the ultimate source of funding in their program. The level of frustration that this charade generated bodes ill for the future. If the Commonwealth requires the states to behave more effectively in developing equitable access to services for people of non-English speaking origin, a rather more coherent and sustained strategy of defining responsibility than currently exists needs to be put in place.

The overall position is that the access and equity practices of the Department in responding to the needs of people of non-English speaking background have been left to Program Managers to develop and implement. While the issue has appeared on the agenda of the senior management group from time to time the impression given is that the Senior Executive staff have not committed themselves and the resources that they command to generating action on these issues as a matter of the highest priority. However, if this is indeed an accurate reflection of the political position inside the Department, we cannot be particularly sanguine about the likelihood of rapid change to meet the needs of people of non-English speaking background. They will be competing with middle priority level issues for attention. While some readers of this report may believe this is the appropriate place to locate them, we would want to point out that a significant and rapidly rising proportion of the largest single group of consumers in the Department - namely the aged and frail aged - are of non-English speaking background. They will present a major challenge to the Department in the next ten years. Decisions made today will determine whether or not the Department is capable of indeed responding to this challenge.
CHAPTER FIVE  RESIDENTIAL PROGRAMS

5.1 INTRODUCTION

What's happened in the last thirty years, we've managed to put up three thousand beds in ethno-specific nursing homes and hostels out of 110,000. By ethno-specific I mean ... an organisation that gears itself specifically to cater for the needs of a particular ethnic group or a group of ethnic groups. We do know that when persons of non-English speaking background are in general nursing homes they tend not to have any particular needs or language requirements met. So in thirty years we've done nothing and in fifteen years we've got to totally turn around. (Senior officer, DCS, Central Office)

The population of Australia is ageing. As it ages there are many more people whose longer life will be spent enduring ill health and frailty. The Department of Community Services is the major avenue through which the Commonwealth meets the accommodation and support needs of aged people who are not able to look after themselves or who do not have access to carers in the family. The accommodation needs of the "fit" elderly are encompassed by the Department of Housing.

In her study for the Australian Institute of Health Linda Viney examines the processes involved in supporting or constraining independence for the aged (Viney 1986). She suggests that there are six constraints on their independence. These were

(i) the psychological constraint of distress and impairment
(ii) the psychological constraint of psychosocial regression
(iii) physical constraint
(iv) social constraint
(v) financial constraint
(vi) demographic constraint.

The goals for social and therapeutic programs for individual elderly people should be the promotion of independence, the encouragement of integrity, the reinforcement of their self perception as creative and constructive, the development of a strong sense of identity, the establishment and expansion of satisfying relationships with others, and the achievement of emotional balance. Immigrant elderly people share these needs with the Anglo Australian elderly.
However they find the fulfillment of these goals very much more difficult due to the isolation that can come from lack of or loss of English and fewer networks of support. When these problems are intensified by accommodation and caring (or tending) which is unsympathetic and alien, the possibility of personal adjustment to ageing and its associated difficulties can become extremely problematic. The focus of residential programs is on this issue of independence and survival with dignity.

The majority of residential programs funding is given for people who are elderly (only 2.3% of hostel residents and 8.5% of nursing home residents were aged less than 60 years in June 1985 (Australia, DCS, 1986a). It also provides some funding for residential care for people with disabilities, though the intention is that much of this will be taken up over time by the Disability Programs Area. While someone who is ageing may have a variety of needs over a fairly short period of time, ranging from home care through to home nursing, respite care, hostel care, perhaps some nursing home accommodation following a period in hospital and then home care again, existing institutions find it difficult to cope with this diversity. The Department has recognised this problem and is moving towards a needs based model of service delivery. In the past organisations simply developed submissions and approached the Department for support. Groups in great need but without the sophisticated skills necessary to play the submission game were thus doubly disadvantaged - their special needs were unlikely to be recognised by the major organisations, while they had no organisational capacity to express their own perspectives.

The Residential program has the major objectives to ensure the most effective, efficient and equitable approaches to the provision of care and accommodation. This includes the provision of the most appropriate quality of care and lifestyle for residents and assistance for them to meet the consequent costs. There are eight separate forms of assistance provided under this program. These are:

1. Assistance to non-profit organisations through the provision of capital funding for the construction of hostels and nursing homes (where up to 100% can be provided for groups in special need who cannot make a contribution towards the cost- e.g. ethnic organisations).
2. Assistance to upgrade facilities to comply with local government health and fire standards.

3. Hostel care subsidy, a recurrent subsidy designed to assist organisations to provide appropriate staff, to ensure that services such as meals, heavy laundry, personal laundry and social activities are provided in hostels.

4. Personal Care Subsidy which is paid to assist organisations to provide a higher level of care to meet the needs of aged people.

5. Respite Care Subsidy paid to organisations to allow them to provide short term access to hostel accommodation for aged people who either cannot care for themselves temporarily or whose carer cannot care for them or requires a break.

6. A Special Services Program for groups who have proven needs for assistance and for various reasons cannot be adequately cared for in the usual funding arrangements. This provides the flexibility necessary so that new services for immigrant communities, Aboriginal groups, aged people with disabilities and the extension of programs for the care of people with dementia can be developed.

7. The Commonwealth Nursing Home Benefit is a recurrent subsidy paid on behalf of residents to private enterprise, charitable or religious organisations, local government and state and territory government nursing homes. Is payable as either a basic benefit or as an extensive care benefit.

8. Deficit financing arrangements have been made whereby the Commonwealth meets the net approved operating deficits of nursing homes conducted by local government and eligible charitable and benevolent organisations.
Considerable effort has been invested by ethnic organisations, research institutions and government departments in charting the experience and needs of that "special group", the "ethnic aged". While the research results may differ on important details (particularly the level and extent of disability among elderly immigrants) there are a number of conclusions which are widely shared and for which the evidence is strong. These conclusions have been most clearly articulated in relation the Commonwealth responsibilities in a number of reports over the past three years -the Report of the Ethnic Liaison Officer Scheme Working Party on Aged Migrants (Australia, ELO, 1985), the Australian Institute of Multicultural Affairs collection on the Ethnic Aged (AIMA 1983,1985, AIMA 1986), and the Ethnic Aged Working Party Report "Strategies for Change" released in November 1986 (Australia, DCS, 1986b).

The main findings of these reports provide a picture of why immigrants have "special needs" and what the range of these needs might include. The Ethnic Liaison Officer Scheme working party found that

- migrants are more heavily represented in the aged population than in the population at large
- women predominate amongst the old old
- that the facility with English was poor or non-existent for approximately 60% of Greek, Italian and Chinese elderly.
- the difficulties with English were greater for women.
- there was apparently less incidence of disability and handicap.

The ELOS report defined the "needs" of the immigrant aged as:
- overcoming the problems with their low facility in English language
- resolving the potential conflict between their attitudes and their values to welfare
- their ignorance of the Australian system
- their fear of discrimination
- their lack of familiarity with the Australian system.

The problem for government was presented mainly in terms of deficits associated with the aged immigrants. It is their characteristics rather than the characteristics of the system that apparently cause the problem. The Working Party did conclude however, that the under-representation in so many areas did not indeed represent low levels of need.
Other conclusions were that:

- there existed unmet needs for transitional housing arrangements other than those currently being provided,
- there were unmet needs in the areas of nursing homes and home care
- the Commonwealth had been fairly ineffective in communicating information to the immigrant aged
- that the Domiciliary Nursing Care Benefit had special implications for immigrants because of the high proportion of them living with relatives. In such circumstances priority should be given to information about access to and use of these benefits
- the importance of using ethnic radio as a means of distributing information.

The Australian Institute of Multicultural Affairs identified the situation of the "migrants from Non-English-Speaking Countries" as a priority for government action (ALMA 1985). The main thrust of recommendations was for a pool of "Ethnic Aged Program Development Officers" who would assist in developing services and providing feedback to service providers in the most effective ways of meeting needs among the ethnic aged. A pilot proposal for 20 such officers was put forward. These officers would particularly work with smaller, less organised groups, and concentrate as well on developing flexible community care proposals. The Institute also recommended an Ethnic Aged Working Party of government officials to implement the proposals. While the Working Party was established, and reported in November 1986, the concept of Development Officers fell by the wayside.

An analysis of community and institutional care for aged migrants in Australia prepared by Australian Institute of Multicultural Affairs was released in the following year (1986). The research report included a major survey of individuals who were ageing from a number of immigrant communities. The findings are particular apposite in the light of the sorts of problems the Department of Community Services will have to address.

The survey found that:
amongst the immigrant elderly there were lower levels of psychological well-being, more limited personal networks and a higher incidence of isolation, loneliness and depression, than amongst Anglo-Australian elderly.

- there was a much higher perception amongst immigrant elderly of their needs not being met because of their strong preference for remaining within the community framework. This reflected the very poor level of services available to them.

- because so many of the immigrant elderly are cared for in the community, (this usually means within the family by daughters or daughter-in-laws) the opportunities for these carers to have their own lives and careers is extremely restricted.

- the restricted access to community services and the low usage rates, reinforces the problems of isolation, as immigrants are far more likely to depend on domestic arrangements for their survival. (This does not necessarily mean that the quality of care is high nor that their personal need for independence, creativity etc, is being met.)

- the major reasons for poor usage of community services relates to the general inadequacy of funding, the limited range of such services and the lack of cultural sensitivity and diversity amongst the services.

- amongst the immigrant elderly there was a greater proportion of isolated people and a higher incidence of extreme isolation. Ill-health and isolation have a reciprocal intensifying effect on one another.

- the self management of ageing depends greatly on the validation of one's life experience from significant others - peers, children etc. There are far fewer peers for ageing immigrants, and their children are likely to be long estranged from the memories of migration and its precedents. One's personal history and the range of cognitive and other expressive and survival devices will fashion the content and expression of isolation.

The studies go on to explore the other dimensions of problems experienced by the immigrant elderly. They point out, on the basis of an earlier study by the Australian Council of the Ageing, (ACOTA 1985) that immigrants from non-English speaking backgrounds are far more likely to have a severe handicap than immigrants with an English speaking background (which is exactly the opposite of the conclusion reached by the ELOS Working Party in the previous year). The self-assessment by non-English speaking people of their health
status is more likely to be poor and they express much higher unmet needs for health services. The migration experience largely accounts for differences in health status in old age between immigrants and Anglo-Australian elderly. There is a greater negative effect on health when the immigrant has little or no facility in English.

There are still confusion and disagreement about a number of basic issues. Perhaps the most important of these is the extent and type of disabilities experienced by the immigrant elderly, and the implications of this for the types of care that they may well need.

The pattern of survival of elderly immigrants is significantly different to the Anglo Australian experience. Young (1986) has shown that the age standardised mortality figures for elderly immigrants, their causes of death, and their longevity projections differ not only from Anglo Australians but also between immigrant groups. Thus the future composition of the "ethnic aged" will change quite rapidly, with Southern European and South American women having the longest expectation of life, and Eastern European men the shortest. Increasing cardiovascular disease, the rise in diabetes mellitus (and its related blindness) as a consequence of urban life styles, arthritis and muscular problems consequent on industrial injuries, and changing patterns of cancers all have implications for quality of care and demand for services. These projections have not yet been included by the Department in the analysis of likely future patterns of need within immigrant communities.

These studies of the needs of elderly immigrants have to be set in the general context of changing policy concerns for the elderly. The government accepted the recommendations of the Nursing Homes and Hostels Review in 1986 for widespread changes to the development and control of the provision of care for the frail and dependent aged (Australia, DCS, 1986a). The Review proposed a national goal of 100 aged care beds per 1000 in the population over the age of 70, on a regional and state basis. At the time of the Review report the figure stood at 102.3 per 1000. At the same time it was decided that the provision of ordinary care beds would be reduced over time, with their number being absorbed into the provision of extensive care beds. In effect, ordinary nursing home beds were to disappear, so that the Nursing Home of the future would contain only extensive and respite care provision. People
who did not need extensive care would have their needs met in hostel or community care.

The ratio of nursing home beds to hostel places in June 1985 stood at 69.5 to 32.8 per 1000. It was planned to reverse this ratio over twenty to thirty years. Projections have the 1989 ratio at 62.3/38 (total 100.3/1000), 1991 at 59.2/40.8 (100), 1996 at 52.6/47.4, 2001 at 48.7/51.3, and 2006 at 47.6/52.4. The 40/60 ratio would be the general target for the decade after 2010.

Thus only a marginal increase in the numbers of nursing home beds is envisaged. No more than 10% of new approvals each year will be made for nursing home extensive care beds - the remainder have been defined as hostel places. This planning sets the context within which the needs of the immigrant elderly can be catered.

In 1987 there were some 116,000 aged care beds in Australia - 75,980 in nursing homes and 40,900 in hostels. "Ethnospecific" organisations or beds accounted for 864 nursing home beds (1.1%) and 1428 hostel places (3.5%). It is likely to be the case that only in those organisations labelled as ethnospecific or offering ethnospecific beds will there be staff able to speak the languages and share in the particular meaning systems of people whose first language is not English. Thus the vast majority of nursing home beds to which people of non-English speaking origin are consigned are likely to result in them being linguistically isolated, and presented with a range of experiences which are culturally inappropriate or unsympathetic.

I went to visit one old lady, who was in [state government nursing home]. They said she was demented but when I saw her she kept saying over and over to me in dialect, I don't understand, I don't understand. She had been that way for weeks, eating almost nothing and near the end of her tether with frustration and depression. She had no one, and some doctor had obviously decided that her behaviour was so bizarre she must have lost her rocks. It took a long time for me to calm down her hysteria enough for her to recognise I could speak to her in our language. I don't know now after that whether she has the energy left to survive in that place. (Worker, Ethnic Welfare Organisation).
Such a view contrasts with one officer charged with developing nursing homes for the aged, who commented:

They wouldn't know whether they were in a multicultural ward or not. [In reference to immigrant clients of nursing homes.]
(Program officer, DCS, State Office).

By the turn of the century approximately one quarter of the aged population eligible or likely to need nursing home care, or hostel care, will be of non-English speaking background. There will be approximately 500,000 additional elderly people (70 plus) by the year 2001 (1,100,000 June 1985; 1,600,000 June 2001). Current projections suggest 400,000 of the total number at that time will be of non-English speaking background.

Thus of the 160 or 170 thousand nursing home and hostel beds which will be provided by that time some 30-40,000 should be capable of meeting the needs of people whose first language is not English. This will require a tenfold increase in the current numbers of such beds. The Department projects that ordinary care beds will be absorbed as extensive care beds over the next thirty years, as people currently in ordinary care beds receive community based care. As this process occurs, there will be a need for only 4,700 new nursing home beds but 44,000 hostel places by the year 2001 (Australia, DCS, 1986a:48, derived from midpoints of 1996-2006 table 3.5).

If all the elderly non-English speaking background immigrants who are frail or require some supported living environment sought "culturally appropriate" care, then in 2001 40,000 residential facility beds would need to be "ethnospecific". We assume that only fifty percent of such elderly immigrants of non-English speaking background\(^1\) are likely need nursing home or hostel care. The criteria for such services would include:

* their own language is spoken and understood,
* where medical and nursing staff can communicate with them and they can communicate their needs to staff,

\(^1\) This assumption is made on the basis that community care is the preferred option for elderly immigrants, though the frail aged are still likely to need nursing home care at some time. The Department is unable to say more than that in its opinion, elderly immigrants would prefer community care "very often". Our assumption perhaps allows for a rather more generous allocation than the Department would wish it had to address. However we were not provided with any more concrete estimates of need, and therefore felt a 50% assumption not unreasonable, particularly as the need for nursing home care for elderly immigrants is likely to increase given the longer life expectancy of some groups and the lower level of primary network support in the community for immigrants.
where they have meals they can stomach,
* where there are activities which are not foreign to their experience, which are also stimulating for those able to enjoy them,
* where there are films, videos, radio programs, spoken books, newspapers and journals, in their own language,
* where visitors who do not speak English are welcome,
* where religious observance is possible but not imposed,
and where all the other elements of quality care are provided. Should this proportion of elderly immigrants seek this range of care, some major implications arise immediately.1

Existing provision of nursing home and hostel places is grossly inadequate. There will need to be some 10,000 ethnospecific extensive care beds in nursing homes by 2001. The increase of 9,000 can only come from two sources - from the marginal increase of new beds planned (c.5,000) and the conversion of existing beds to meet the needs of non-English speaking background immigrants. This will need to occur at a rate of 300 beds per year if all new beds are ethnic, and on an increasing pro rata basis if less than that figure is achieved. "Ethnic " beds need not be in institutions run by ethnic organisations. Indeed, the mainstreaming strategy expresses a preference for wings or groups of beds in existing "non" ethnic organisations. They do have to be able to meet the needs of immigrants, particularly when they are in crisis and pain, losing their capacity in English, and lonely and isolated.

A researcher found an Arabic speaking man in an Anglo nursing home. He had been in Australia forty years. He was seventy six, maybe eighty. He needed a hearing aid and glasses. I asked the sister at the home to organise it. Four months on nothing has happened. (Worker, ethnic welfare organisation).

A slightly less dramatic situation faces the hostel sector (though immigrant communities have not expressed high preferences for hostel care). If we suggest that one half of the needs for hostel care on the conservative figures to

---

1 The Department has no current information on the proportion of "mainstream" beds or places currently filled by immigrants elderly. The Nursing Homes and Hostels review did not collect this data either and made only passing reference to the needs of the immigrant elderly. The Department is currently seeking ways of collecting this information. The problem is further compounded by the problems the Department has had in actually defining what information it needs in assessing applications for approval for nursing home benefits. Thus applicants now have to indicate their country of birth and whether or not they speak a language other than English at home. Perhaps the more useful way of seeking the information would be to determine what language people feel most comfortable in and see it as a priority in quality of care to ensure they are able to receive and impart information about their condition and needs in that language.

EQUAL DISAPPOINTMENT OPPORTUNITY? RESIDENTIAL PROGRAMS CHAPTER 5. 10
hand are to be derived from existing services, and one half from new institutions, then the 44,000 new places will need to contain at least 4,500 ethno-specific places (assuming only 50% of non-English speaking background want such places), while some 4,500 places will need to be found amongst the existing 41,000 places.

The social environment in which the Department of Community Services has to develop and implement policy is complex and requires great sensitivity, not only to the cultural expressions of the immigrant experience, but a sensitivity to the way in which institutional racism locates the problems of immigrants in their ethnicity. The challenge to the Department is to understand the way in which Department practices can either reinforce or erode the constraints that immigrants face.

The Department is a complex entity itself and there are many views and patterns of experience amongst staff. In the next section we wish to explore the perception of the issues amongst both senior officers charged with the development of policy, and program officers in the field who are charged with its implementation. As will become evident it is no easy task to ensure that the flow of information up and down the chain of command is effective nor that the perceptions at the top reflect the reality on the ground.

5.2 DEPARTMENTAL PERCEPTIONS OF THE ISSUES

I'm sure that when I get older, whether I'm a person of ethnic background or not, I'm going to want to have contact with a wide range of people and that's why I would never want to go near a retirement village because I think that locks you into dealing only with older people. (Senior officer, DCS, State Office).

Access to mainstream services tends to be the easy answer ... it's probably particularly inappropriate in the area of aged care. (Senior officer, DCS, Central Office)

The Department has recognised the major problems experienced by ethnic communities in responding to the needs of older people for residential and other services. Historically ethnic communities have been unable to develop effective responses in the voluntary sector for three significant reasons. They
have not had the organisational capacity to raise the necessary funds, nor the organisational capacity necessary to manage large scale programs. Secondly, because many ethnic communities are concentrated in inner urban areas or well settled areas, it has been extremely difficult for ethnic communities in recent years to break the guidelines on the proportion of nursing home beds to the overall population. The consequence of this has been the location of ethnic nursing homes at great distances from the concentration of the communities who might use them, with significant implications for community support for people in those homes.

Thirdly there has been a general resistance in many communities to the notion of nursing homes. This latter perception has in the past been seen by the Department as a 'cultural' characteristic of ethnic minorities; the end result of such cultural preferences is that that Department under its traditional programs need not therefore make any special arrangements to meet the needs of these communities. The traditional practice would be quite simply for the families of the elderly to look after them; or so some DCS officers would hope.

'It seems to me that culturally, people from non-English speaking backgrounds don't look for residential care .... in other words there's not the demand.'  
(Program officer, DCS, State Office).

'It's culturally alien to live in aged care villages or to live in an institutional sort of environment ... [but then] the degree of isolation the people experience in the mainstream facility is such that no one really wants to experience it, if they've got suitable alternatives.' (Program officer, DCS, State Office)

However, most recently the Department has generally recognised (in the Nursing Homes and Hostels Review) that nursing homes are unattractive for people no matter what their ethnicity or cultural background. Indeed the Department has now committed itself to implementing the basic philosophy of the Nursing Homes and Hostels Review. The philosophy proposes that:

1. Aged people and people with disabilities should as far as possible be supported in their own homes in their own communities.
2. Aged people and people with disabilities should be supported by residential services only where other support systems are not appropriate to meet their needs.

3. Services should be provided in an atmosphere and using processes which promote as far as possible rehabilitation and restoration of function. The manner in which services are provided should develop and enhance personal freedom and independent function of all residents.

4. Services should be based on the recognition that for many people discharge to a less supported residential service or to a community based support service will be a possible and desirable outcome. (Australia, Department of Community Services, 1987).

The Office of the Aged was established to advise the Government on issues affecting the elderly. From the outset the Office has required all its staff to be competent in responding to issues of relevance to the immigrant elderly. The needs of immigrants have indeed been integrated into the Office's work strategy, and there is an often expressed awareness by Office staff of the importance of these issues. (This perspective is significantly different from the strategy adopted by the Office of Disability where ethnic issues scarcely rate a mention - see Chapter 7).

The clearest expression of the Department position on residential programs as they affect the elderly is the report "Strategies for Change: Report of the Ethnic Aged Working Party" (Australia, Department of Community Services, 1986b).

The report reviews the demography and cultural aspects of the ethnic aged, and examines current programs offered by the Departments of Community Services, Immigration and Ethnic Affairs, Health, and Social Security. The report endorses the government's position on mainstreaming and concludes that

1. Programs and services for the ethnic aged should generally be provided through appropriately delivered general programs.

2. To help ensure equitable access for all, general programs and services should encompass ethnic specific and/or ethnically based services or components of services: (i) to be developed within general program provisions or (ii) to be contracted to appropriate ethnic or other community agencies.

3. Where general services, programs or funding arrangements do not meet needs that arise specifically from the migration process, these needs should
be met through those special services in general administered by the Department of Immigration and Ethnic Affairs (presumable Grant-In-Aid and similar funding)

4. Users and potential users and their advocates should be able to fully participate in the design and delivery of programs and services. (Australia, Department of Community Services, 1986b:43).

In October 1985 the Minister for Community Services released modified guidelines to allow the nursing home growth control principles to be relaxed in relationship to ethnic specific nursing home accommodation. While there has been a fairly clear and sensible resistance to nursing home accommodation for the immigrant elderly, there is some evidence to suggest that were these to be culturally appropriate (by which presumably is meant sensitive, responsive, flexible and supportive along the lines outlined above - not simply zucchini on the menu) then the resistance would be far less and the utilisation rates would be higher. Those adjectives might well apply to any nursing home and presumably should be the goals of quality care for aged people who are dependent on residential care.

The Working Party proposed that, given the pattern of nursing home provision the appropriate way to proceed would be

(i) to fund ethnic organisations and ethnic communities to purchase existing nursing home beds and convert them into more appropriate forms of service;

(ii) to organise liaison arrangements so that planned new nursing homes could contain ethnic specific wings; and

(iii) only in special circumstances should new nursing homes for the ethnic aged per se be supported.

This approach is designed both to increase at a fairly rapid rate the nursing home beds available to the ethnic aged, while at the same time not undermining the Department's general strategy of reducing the proportion of nursing home beds in relationship to hostel beds in the overall residential service area. It is also evident that if older people from smaller ethnic groups were indeed to receive quality care which responded to their needs then a great deal more flexibility than currently exists would need to be created.
There was some disagreement amongst senior officers as to how flexible these arrangements should be. On one hand one state based senior officer was most reluctant to accept proposals which would allow 'different' needs groups to be housed in the same complex eg units for old people, childcare provision, day care centre etc. He argued that this concentrate groups which suffered stigmatisation already and was 'bad' human services practice. A totally opposite position was taken by another senior officer who recognised that existing guidelines would make such responses difficult. He argued that it was up to senior management to demonstrate its capacity to break through these constraints and respond to innovative and appropriate ideas wherever possible.

The Ethnic Aged Working Party was aware that considerable development work needed to be undertaken to establish priorities in areas of need for the ethnic aged. In particular a community development strategy was necessary to actually identify organisations capable or willing (after effective training and support) to implement initiatives in high need areas. The continuing dependance on voluntary/ charitable/ religious/ private initiatives in these areas and the absolute refusal of the Commonwealth to initiate programs which it would manage itself, means that even where the Commonwealth identifies (correctly) high need groups and develops innovative strategies, if no sponsor can be found then the project lapses whatever the need might be. This is a considerable policy problem and cannot be pushed to one side. It is exacerbated by the EWAP decision not to proceed with the AIMA suggestion for Aged Program Development Officers who were to be given exactly this community development role. EWAP suggests an officer in each state branch could carry out this liaison, development and support function.

Overall then, the Department has broadly recognised that major changes are necessary and that innovation will require a great deal of sustained work by Department officers. The crucial problem areas that emerge from this are:
1. The capacity of staff both in terms of time and skills to implement these general initiatives and to stimulate innovative proposals;
2. The dependance on the private nursing home sector and the use of 'carrots' to stimulate them to employ ethnic aides etc., has already been demonstrated to be a fairly unsatisfactory strategy in relationship to children's services. It depends on the goodwill and commitment of the private nursing home sector and large voluntary organisations, neither of which have shown...
much interest in the past in developing flexible solutions to aged needs, and cannot be relied on to do so in the future.

3. It requires a review of guidelines and a willingness of staff with responsibilities for supporting or rejecting applications to be flexible and creative.

4. It requires close co-operation with the Commonwealth Department of Housing and the states to allow the emergence of new forms of housing - minimally supported accommodation, such as that provided through the Illawarra Housing Trust for Spanish grandmothers, is dependant on short term Community Employment Program funding. This now faces an insecure future. No commonwealth or state programs can apparently accommodate the particular pattern of resources needed to allow the project to continue.

The Ethnic Aged Working Party also identified the importance of defining standards of care and developing effective geriatric assessment teams which would respond in detail to particular and varying needs of people of non-English speaking origin. It recommended for instance that the Commonwealth/State working party on standards in nursing homes ensure that the standards currently being developed for nursing homes include requirements to ensure that the care and lifestyle provided reflect the cultural and religious background of residents. Yet the training of nursing home inspectors and their manual does not include any reference to the needs of the ethnic aged and therefore no advice on how to assess the performance of nursing homes on these issues.

The Department of Community Services has identified the general issue of independence for elderly people. It has not looked at how quality of care issues for immigrants relate to the other guidelines it has developed. Given this confusion, it becomes extremely important to understand how immigrant consumers, their advocates and organisations, and those institutions likely to have the carriage of such program goals perceive the issues.

5.3 ETHNIC ORGANISATIONS

The reasons that they don't use nursing home facilities in this area are

(1) the cultural background (2) the language (3) the food requirements
(4) the fact that the whole administration etc is done by Anglo-Saxons
in this area and the ethnic community thought if they went into a
complex like that they would be put away to one side and not catered for in the ways they felt they should be. In other words they were feeling like they were treated like second class citizens. (Committee member ethnic organisation).

Clearly on the ethnic-specific nursing homes there aren't going to be that many groups coming forward because they'd be frightened by the size of the task - for example, current expenditure is about $1 million a year for a nursing home - or they're going to lack the infrastructure organisationally to run one. (Senior officer, DCS, Central Office).

The organised ethnic communities have carried on a major campaign over the past five years to place the issue of ageing immigrants firmly on the social policy agenda in Australia. The first stage in that process was attempting to convince government that organisations based on "ethnic community" were legitimate institutional avenues for the expenditure of tax-payers funds. This first stage seems to have been effectively achieved, though not without some increasing confusion about the meaning of an ethno-specific service (as discussed above in Chapter 3.4).

The highest priority expressed by ethnic organisations is for the development of nursing home beds in areas close to the geographical and social centres of those immigrant communities. That problem has in part been addressed by the identification of ethno-specific funding as being outside the regional nursing home target figures.

The second priority, expressed particularly by ethnic peak organisations, has been for the government to establish guidelines for funding and for quality of care which would require nursing homes supported by government funds to develop appropriate services and employ appropriate staff. Thus a nursing home which claimed to be meeting community needs and seeking government support to that end would need to be able to show that it was openly accessible to and being used by the diversity of the immigrant aged in the general locality. It would also have to show that it had developed sympathetic programs and services and was employing professional and ancillary staff who were able to communicate with and support clients.
Residential facilities would also have to demonstrate structures of participation, incorporating the development of a user rights mechanism. Thus for instance the contracts between clients and nursing homes and hostels would be provided in a language that the client and/or her family could understand.

There is a great deal of difference between the perceptions of ethnic peak organisations concerned with general policy development, who are often fairly finely attuned to the debates about appropriate types of service etc, and those organisations concerned with delivering a service. It is fairly clear that many "ethnic organisations" are desperately concerned to create nursing home beds, without necessarily considering the broader quality of life and management issues which the wider aged care environment is now having to take into consideration. The implications here are that these issues need to be explored with sensitivity and energy amongst ethnic organisations. It is surely inappropriate for government to provide unquestioning financial support to organisations to pursue strategies for the care of the immigrant elderly, which are deemed to be no longer appropriate, if not downright harmful, for people who are of Anglo-Australian background.

A number of ethnic organisations have also expressed their continuing concern that the innovations and programs they would like to develop are impossible given current government guidelines.

Community groups would like to provide accommodation with support that is brought in as necessary, rather than ... the on-site service arrangement we require of hostels. It's hard to make that work because of the requirements attached to the personal care subsidy.

(Program Officer, DCS, State Office)

The Vietnamese at Fairfield established a house to accommodate a range of old, homeless, families in crisis, all under the one roof. They applied for funding from us for care of the elderly. It is not possible for us to do it because of the set-up.

(Program Officer, DCS State Office)

On philosophical grounds I think there are very very serious problems with [linking services together like that]. I think we've come to maturity
in the human services area recognising that there are considerable difficulties in having those very difficult target groups provided for in the one environment. That's my personal view. I'd dissuade them under any cost about going down that path.

(Senior Officer, DCS State Office)

The desire to establish living arrangements that do not accord with philosophies current in Australian society can create problems for ethnic organisations. They exhibit a gut response to having their view of how best to meet their own needs relegated to the garbage heap by people who have little understanding or sensitivity to their lived experience both in their countries of origin and in Australian society.

There is an emerging view that the most appropriate way to go for smaller or more dispersed groups may be ethno-specific units or wings in larger institutions. One home might develop an expertise in working with Turkish people, while another might respond to Sinhalese and Rumanians. Over time a regional network could develop where a concentration of expertise and skill concerning a particular immigrant community or a number of immigrant communities could develop. The onus would not be placed on small immigrant communities to raise funds and establish management structures for institutional care. Rather those organisations with the skill in institutional care could be led to modify their practice and develop more appropriate, sensitive and humane strategies along the lines suggested above. The Geriatric Assessment Teams in each region would play a crucial role in promoting such developments and ensuring appropriate referrals. The development of better residential care altogether would of course benefit Anglo-Australians. Immigrant organisations have indicated to us that were residential facilities to become the sorts of places that they would wish them to be, the broader community would gain greatly from such a move.

Decisions have been made to expand regional Geriatric Assessment Teams as part of the revised nursing homes strategies being developed by the Department of Community Services. Ethnic organisations were particularly concerned to ensure that such teams had either on their staff or available to them on a sessional (paid) basis, people who could effectively assess aged people of non-English speaking background and liaise between the client, their medical carers, and the institutional care providers. This was consistent
with their reiterated concern that the needs in the community should be reflected in the practices of the government, and that submissions from organisations for support should be increasingly assessed in terms of how effectively they do indeed meet the needs of the communities they are claiming to serve.

5.4 SERVICE PROVIDERS

There are people out there in the community who should be in nursing homes. They are so severely disabled, functionally dependent, and we don't have the nursing home beds for them ... [The nursing home co-ordinator] was only able to place less than half and she had maybe a quarter of them die while they were waiting for respite care... we don't need hostel beds, we need nursing home respite beds ... particularly for ethnic people ... it's a cost effective way of keeping them in the community.
(State Government health worker)

The problem isn't that you can't provide for an old Polish man in a nursing home, the problem is you can't provide for anybody in a nursing home.
(Policy advisor, DCS Central Office)

It's not so much a problem with the person that doesn't speak the English but the family that we encourage to visit that will speak the foreign language and perform the habits of the country. This sometimes annoys the other people which worries the person more ... the person who doesn't speak English worries about the other people looking at them and thinking they're different.
(Executive director, Nursing home)

Their real problem is they just never bothered sometimes to learn English and have relied heavily on the family and it's too late to change that ... they have a habit problem rather than a physical problem [Referring to elderly immigrants in the nursing home]
(Executive director, Nursing home)
People have got to seek out [nursing home or hostel care] it might be more difficult to them, but there’s no barrier there.
(Executive director, Nursing home)

Services are often operated for the benefit of the people who run them ... so that somebody who runs a residential facility realises it's going to be very difficult looking after somebody who doesn't speak English, it's too hard to think about, so these people slide down the perpetual waiting list.
(Policy advisor, DCS Central Office)

The Department has placed considerable emphasis on bringing service providers to a point of recognising their responsibilities to people of non-English speaking background. Gentle persuasion has been the primary tactic, recently reinforced by a variety of incentives - for instance special supplementary grants to employ bi-lingual workers in particular circumstances. There have also recently been a number of innovations where ethnic community organisations have joined together with traditional providers, such as in the development of the Marco Polo retirement village, a joint Italian organisation and Uniting Church project in the Illawarra. However, it is likely, given the numbers of people involved and the current structure of the residential facilities industry, that so-called mainstream organisations will have to carry the provision of services for the immigrant elderly into the foreseeable future, despite the significant though probably quite limited provision to be developed by ethnic organisations.

The Department apparently feels it is dependent upon the goodwill of the private and charitable residential facilities sector to achieve its goals, as the Department provides none of these services itself. There appears to be a lack of sensitivity in the private and charitable residential facilities sector towards what might be involved in actually delivering an effective service to people of non-English speaking background.

Both Department personnel and service providers appear reluctant to try to extend knowledge and information about residential facilities activities and opportunities amongst immigrant communities. Many providers and officers would suggest that if, as a result of history, immigrant demand has been low for these services, then so be it.
The last thing that we would want to do would be to advertise the care ... I'd be surprised if people from a non-English speaking background (in) a local community don't have a better awareness of local facilities and the possibility of them getting into their local facilities than would their mainstream counterparts.

(Program officer, DCS State Office)

We should be an organisation to satisfy a need, not create a demand.

(Executive director, Nursing home)

While some staff are sympathetic to the position taken by residential facilities proprietors, that there is excessive demand and limited supply, and therefore little in the way of change is really necessary or justifiable, others take a more perceptive view. Thus one program officer noted:

The bulk of the organisations operating the services at the moment are blissfully not paying attention to the needs of non-English speaking people, while they have masses and masses of Anglo-Saxon type people on their waiting lists and there is no incentive to alter their practices.

(Program officer, DCS, State Office).

We saw little sign that the organisations understood the issues or had taken any significant action to change their practices. For instance, one executive officer of a nursing home when interviewed was asked about the training provided to staff who would be working with clients of non-English speaking background. We were assured that detailed training was given to all staff in this situation and that we could get an itemised presentation of this by contacting the Director of Nursing. This we did. The Director of Nursing indicated that no such training programs were currently or had ever been run and indeed could see no reason for such training to be given. She said that in general interpreting was done through the use of ancillary staff, or by waiting until families arrived and utilising their presence to communicate what the staff wanted to say. (The client's presumably had even less control over their opportunities to communicate what they wanted to staff).
The nursing home had developed a way of handling the problems associated with non-English speaking people. They were consigned to a private room, where they could "place their icons upon the walls". Here the staff would apparently leave them much to their own devices. Families were encouraged to visit and undertake basic nursing aide type tasks - a utilisation of the voluntary labour of the family once more in caring, except this time it occurs in a place for which fees are being paid and in which government subsidies are being made available. Presumably the personal care subsidy received by the institution was not being passed on to the family to cover their costs in visiting and servicing the needs of their frail aged member.

Consumers and potential consumers of residential care present essentially two positions. On the one hand those people and their partners who have had need of nursing home care, were scathing about the inappropriate, insensitive and ineffectual treatment that they received. Another group (of elderly Italians), comprising those had considered their futures and who were prepared to using nursing homes should they need to do so, asserted their strong preference for situations where people spoke Italian, where there was Italian food, and where they felt comfortable and not defensive about their living situation.

The third category was made up of those who had a total horror of the thought of nursing home care and did not wish to have anything to do with it if they could possibly avoid so.

We'd die if we had to go into nursing homes because we don't understand English, we can't say what we want, we'd feel lost and lonely.
(Older immigrant woman)

[I was told] ... there is no room because your wife needs to be in the nursing home section, the infirmary. But it's been three years since I applied, do I have to wait till my wife dies before I get a place?
(Older immigrant man)

But for a man, if he gets ill and comes out of hospital, and there is no one at home - for a woman perhaps a friend could help or a granddaughter etc for a visit - but for a man no one goes ... I then have
to go to a nursing home for a while because there would be no one at home.
(Older immigrant man)

For a man, a nursing home would be better.
(Older immigrant woman)

To take yourself out of your own home is like taking the heart out of the body. Because my house is small, dirty and ugly but I would prefer my house to any castle.
(Older immigrant woman)

You have to pay for the hostel ... I'd have to sell my house to go to a hostel. Perhaps in a year I die and the hostel stays there. No, my house has to go to my children when I die and I'm going to stay in my house as long as I can, and then I'll go to a nursing home.
(Older immigrant woman)

The preferences expressed by older immigrants were quite clearly to remain in their own home for as long as possible. This has three quite important implications. Firstly it suggests that the demand for traditional Australian hostel type accommodation would not be as high amongst elderly immigrants as amongst the wider population. Secondly it suggests that group supported accommodation in the locality in which they currently live could be a useful alternative. Thirdly, it implies that the Domiciliary Nursing Care Benefit has a rather more important role to play in their care. This in itself is problematic as the government has flagged, as part of its cost cutting strategy, that the Domiciliary Nursing Care Benefit may face major revision, if not abolition.

Despite a strong preference for remaining in their own homes in the community setting, the older immigrants do not hold out any expectations about the sort of familial support they are likely to receive, contrary to the often expressed myth of the range of support available from the "ethnic family". Thus a number of them supported statements such as the following:

But I say as long as I can manage, I won't trouble them because they have their own things to do. [Re support by children]
In response to this statement, another group member said

You have said the most important thing for us ....

This view was reinforced by an older woman from another immigrant community who said

Today I may feel my children will look after me when I am old, but when I get older will they really help me? My children grew up in Australia and know I don't have to be dependent on them. If this happens I will need help from the government.

5.6 CONCLUSIONS

The area of residential care for the ageing has been reviewed by government in the last three years and major changes of philosophy and practice have now begun to take effect. As part of this process the government has reviewed the situation of immigrants. However particular implementation strategies still remain problematic.

The government has recognised the failure of the residential care system in the past to respond to the needs of the immigrant elderly. In parallel to that it has also argued that the traditional means of providing support for the ageing part of the population with disabilities or experiencing frailty has left a lot to be desired. The central prongs of the emergent strategy are:

(1) to ensure as great a degree of independence for the individual as possible;
(2) where care is required it be of a high quality and this quality can be substantiated.

The government has developed a set of priorities for responding to the special needs of immigrant groups. These priorities see the provision of ethno-specific residential facility beds as a final option only. The implication of this of course is that a great deal of effort and energy will need to be expended in ensuring that so-called mainstream organisations are both confident about and competent in the provision of services to people of non-English speaking background.
A number of necessary actions flow from this. Firstly an overall strategic plan, identifying the needs of immigrant elderly, has to be developed and widely circulated. The existing report of the Ethnic Aged Working Party does not provide sufficient strategic detail nor guidance for program officers in the field.

The concept of community and familial care is of particular relevance for the aged with disabilities or in frail condition, who would otherwise be in residential facilities. Some of the issues involved here are covered in our discussion of the Home and Community Care Program in Chapter Six. Unfortunately, none of the government reports and proposals that currently exist look towards reviewing the conditions of and significantly upgrading the Domiciliary Nursing Care Benefit. The emphasis on community care options which are so apparent within the existing strategies of government necessarily require a major increased investment of time and energy and personal emotion by carers. Many immigrant carers (particularly of elderly eastern European men) do not "share the same roof", though they may live close by in rooming houses or flats. They are currently barred from DNCB. If community care of this sort is the preferred strategy of government and the massively increased "voluntary effort" of familial carers is its major implication (and in most cases this would be by the female spouses or female children of the frail and dependent person) then the only income for carers (apart from the spouse carer's pension) must come from this source.

The Domiciliary Nursing Care Benefit currently stands at $42 a fortnight, which is a trivial subsidy compared with the resources the Commonwealth makes available to nursing homes for care of similar people. This benefit should be reviewed and upgraded to the point where it adequately covers the real costs, (including potential income forgone) for the carer.

Associated with this issue is the need for much more extensive information about the opportunities for respite care, and a re-assessment of the current respite care criteria (which stands at less than three percent of beds in hostels and nursing homes). In developing "ethnic specific" nursing homes and hostels the government should consider increasing to at least five percent and in some cases ten percent the proportion of beds available for respite care. This is of particular importance for those segments of immigrant communities in which the desire to sustain people through familial support is most intense.
The development of quality of life and care standards has been a central concern of the government as a result of the Nursing Homes and Hostels Review. While the draft criteria for quality of care do seek to define the rights of clients of nursing homes and hostels to pursue their own religious and cultural practices, there is no indication that such organisations should be required to employ staff who are at the very least bi-lingual in the languages necessary in that locality (Australia, Department of Community Services, 1986c).

These staffing principles do not appear to have been incorporated into the quality of life document. The "Application of Principles" document provides a very useful set of guidelines to local committees and Department officers. However it is not currently backed by sanctions that can be imposed to try to ensure that nursing homes and hostels management actually do respond to the government's priorities.

Another crucial element in the Department's strategy is the development of regional geriatric assessment teams. These teams will increasingly play a role in determining who will be eligible for access to federally supported nursing home and hostel accommodation. It is inconceivable that these teams can do their job effectively without guidelines which require them to use skilled health/social work interpreters in the assessment of people of non-English speaking background. Regions will need to include such people as full-time professional members of assessment teams where the immigrant communities are significantly compact and large enough to justify this, and develop pools of people who can be brought in on a sessional basis in other situations.

It should be said however that while major developments have been set in train by the government and significant innovations have indeed occurred, there are still problems in a strategy which depends solely on either the good will or the enlightened self-interest (supported by small special purpose grants) to achieve its purposes. As one DCS officer concluded, 

I can't think of anybody who's going to go in to providing private care who's likely to be sensitive to the needs of people from a non-English speaking background. (Policy adviser, DCS, Central Office).

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

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

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

R 5.4 The Department should investigate the level, type and range of disabilities, and the projected changes among the immigrant elderly as a matter of priority, and do so in liaison with major consumer and service provider "mainstream" organisations. The data from this investigation should be fed into the projections in R 5.1.

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

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

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

R 5.8 The Department should amend current guidelines to allow the establishment of hostel type services in single shared houses or groups of houses, which are not required to have on-site wardens etc. This will require liaison with the Commonwealth Department of Housing and the states.

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

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

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

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

R 5.13 Training manuals and programs for Inspectors of Nursing Homes should include workshop based exploration of Quality of Care, Quality of Life, and User Rights Issues for elderly immigrants.

R 5.14 The Department, in co-operation with state governments and service provider and consumer organisations, should ensure training programs are provided for service staff.
R 5.15 Quality of Care criteria, including User Rights and Grievance mechanisms, should be enforced in assessments of "ethnospecific" services.

R 5.16 The proportion of respite care beds available on a regional basis should be increased, to a figure determined in consultation with the regional Immigrant Planning Group (under R 5.6); the availability of this service should be widely advertised within immigrant communities and among ethnic organisations.

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

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

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

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

The Community Programs Division of the Department has been recently reconstructed to include Children's Services (previously the Office of Child Care and referred to in that form in this chapter) and exclude Disability Services, which is now part of the reformed Disability Programs Division. The three broad programs with which we are concerned here are the Home and Community Care Program, the Supported Accommodation Assistance Program, and the Children's Services Program. Each Program includes a number of sub programs.

Many of the issues of access and appropriateness of services for immigrants, their children and carers are common to all the programs. In other cases particular elements of programs (or human needs) suggest specific solutions are called for.

6.2 HOME AND COMMUNITY CARE.

6.2.1 INTRODUCTION

The Home and Community Care Program is perhaps the most central strategy of the Department of Community Services in reorienting the provision of human services in Australia. It is based on a philosophy of de-institutionalisation, community care, and positive consumer outcomes. These ideological buzz words provide opportunities both for progressive and flexible activists to develop new and exciting programs for people in need, and, in many cases, a wall of words behind which nothing very new is happening.

QUESTION: How do you ensure that immigrants have access to HACC?

ANSWER: You make the service more appropriate in the local area. But it's up to the state to ensure this because it's a state administered program...but given the fact that we're not dealing directly with the public because we're not administering this program the state is, there
really isn't any need for all this training of DCS officers. (Senior Program Officer, DCS, Central Office).

The Home and Community Care Act 1985 provides for the establishment of a cost sharing program between the Commonwealth and the states to provide "home and community based support services". The aim of the program is to "provide co-ordinated community care services to people with disabilities of all ages, helping them to continue living as independently as possible in the community".

The program supports the general strategy of encouraging the development of support services to target groups living at home, while limiting the growth of residential services. There is an emphasis in the program on the development of a needs based planning model which involves "consultation with consumers and their advocates".

Priority of funding is to be given to organisations which aim to:
- increase accessibility of their service through changing hours of operation and/or the size of the groups that are serviced.
- become more responsive to the needs of ethnic communities, Aboriginals, people with dementia, people with intellectual disabilities and families with children with disabilities.
- improve co-ordination of services.

6.2.2 DEPARTMENTAL PERCEPTION OF THE ISSUES

The planning process presents the first major issue for the Department, as resources have to be distributed equitably across regions while still favouring the high priority target groups within states. Different immigrant groups may be concentrated in some regions or dispersed across many. Members of groups which are otherwise heavily concentrated may be isolated in areas where there are very few of their fellows. This is particularly the case in rural areas.

A lot of ethnic communities are very dispersed across regions. Given that HACC is a very regionalised sort of program, that makes difficulties for people to be involved in planning ..' (Senior officer, DCS, State Office).
This view was reflected by project staff in the HACC program who felt the program concentrated too much on single channel communication, and did not develop broad contacts within ethnic organisations which could facilitate the planning and decision making process more effectively. The scarcity of organised non English speaking communities is particularly critical in rural areas.

It is very difficult for us to say that we have or will in the near future, have effective representation of all ethnic communities on a regional level
(Program Officer, DCS, State Office).

Departmental officers believed they did not have the resources at present to facilitate better participation of non English speaking people in the planning process. The imminent appointment of regional HACC co-ordinators is expected to facilitate participation of non English speaking people.

The development of needs based planning utilises a combination of regional and sub-regional consultation and demographic data to assess needs. Officers in the Department have been instructed that regional plans should reflect the structure of the population.

There's going to be enough of a rational basis for planning to be able to actually produce a hierarchy of needs and start to meet those needs (Senior officer, DCS, State Office).

Services are aware that they are supposed to be available to everybody ... (mainstreaming) meant that services should be designed as to be useful to people from a variety of backgrounds. I don't think that idea has got very far at all ... with most of our service proposals (Senior officer, DCS, State Office).

The current model of funding is still reliant on community organisations putting a proposal together to meet the needs of non English speaking communities; however
... little developmental work is being done. This is a mistake (Program officer, DCS, State Office).

A rational information system is being developed to facilitate planning and evaluation, and in the long term to provide a system of ongoing monitoring of the effectiveness of service delivery. This will involve services providing data on characteristics of service users and profiles of services. The situation is fairly slap dash at the moment.

There is a bit of a factor for special needs groups ... factor of disadvantage which is a composite of the different groups ... the problem I've had with that is although it looks nice ... there's practically no data to base it on. And a lot of it is guesswork (Program officer, DCS, State Office).

Many ethnic organisations have identified a priority need for community workers to work with particular communities to identify the needs of aged and people with disabilities. Yet this development and advocacy role may not be seen as "service related" and may be too limited when individual ethnic organisations attempt to sponsor such proposals.

...[It] never gets up because it is seen as not a large enough priority because it is only looking at one section of the community (Senior officer, DCS, State Office).

Officers in the program doubt the effectiveness of funding state-wide ethnic organisations to undertake development work, even though the second HACC funding round in New South Wales provided just that support to the NSW Ethnic Communities Council to train ethnic groups in how to participate in HACC.

Funding a state wide project through ECC ... [I have] a bit of a feeling you can't then afford to fund on a regional level ...[this could be] a mistake because, realistically, that project won't have an equal impact on all regions (Program officer, DCS, State Office).
Once projects are funded the next issue for the Department must be the quality of service actually being provided to consumers, and how effectively they open services up and attract immigrants.

Usage statistics will give no indication of how hard that service is working to encourage access (Program officer, DCS, State Office).

While the Department has instituted the Access and Equity policy, Departmental officers argue that the work involved in assisting services to become more accessible to non English speaking communities should fall on the state Departments involved in the program. The Department officers both recognise the necessity for action to improve access, while not feeling able to take that action themselves.

A very common attitude [ in service delivery organisations] is - we service anyone, we don't discriminate ... there is a lack of awareness of structural barriers which prevent participation ..., there is a lot of work to be done (Program officer, DCS, State Office).

The services are basically in the hands of dominating WASPish group of older people who see the service management as part of their territory of social activity who aren't willing to change ... and when people from the government suggest change they tend to see the suggestion as an attempt to push them around. So I don't think that people of non English speaking backgrounds are getting into the planning of the use of things like Senior Citizens (Senior officer, DCS, State Office).

At present there is no specific training for program staff in the Department on meeting the needs of non English speaking communities. Departmental officers accepted the need for greater awareness of these issues. Some agreed, as though it were a completely new idea to them, that experience of multiculturalism should be built into job descriptions. Specific positions should be identified as specialist 'multicultural' officers. The concept of a 'multicultural' Unit within the Department was generally supported with the proviso that the Unit has a role in providing policy direction throughout the Department rather than being a totally isolated policy unit.
6.2.3. ETHNIC ORGANISATIONS

Two ethnic organisations were specifically interviewed regarding the accessibility of Home and Community Care programs to their particular communities. Other organisations made comments regarding home and community care while discussing other programs.

The first issue must necessarily be knowledge that the program and the services under it actually exist. The vast majority of HACC funded services may be recognised as long standing patterns operated through traditional mainstream charities and state and local government bodies - such as Meals on Wheels or Home Care. Most of these organisations do very little to announce their services to potential immigrant clients in need. Few know of or utilise existing ethnic information networks.

The most effective means of communication is Portuguese radio and newspapers - if you've covered those two you've covered 90% of the Portuguese population (Worker, Ethnic Welfare Organisation).

There is always a contradiction in welfare ... why advertise if you can't fulfill the demand. but, by not advertising ... the ones who generally miss out are non English speaking people because they don't know by word of mouth ... the whole argument is - are they entitled to know? ... at least if you create the demand the government has to respond somehow ... do we keep everyone ignorant so they don't ask for what they are entitled to? (Worker, Ethnic Welfare Organisation).

People from non English speaking background need specific information programs targeted to their needs. The multilingual pamphlet (although useful) is not an adequate strategy:

Just giving out pamphlets is not enough ... even though it says if you want this pamphlet in Greek send away for it ... they come to us and we explain the same pamphlet, 80 times to 80 different people (Worker, Ethnic Welfare Organisation).

Knowledge of the availability of home support services is poor in the general community, let alone in non English speaking communities. The only service
women in the Arabic Women's Federation knew of was the Home Care Service. They knew nothing of day care centres, senior citizens centres, meals on wheels or any other services for aged and people with disabilities.

By the time migrants know about services, there is a waiting list of 500 (Worker, Ethnic Welfare Organisation).

Generally, promotion of services to non English speaking communities takes place some time after the service has been promoting itself to the English speaking communities. A frequently quoted example of this was the Home Care Service of NSW. Whilst appreciating their considerable efforts to reach non-English speaking communities, many ethnic organisations were frustrated that clients asking for services were being placed on a waiting list or only receiving one hour a week when their need was for a greater number of hours. It needs to be recognised that this situation comes about as a result of both a lack of resources and inadequate information strategies.

The responsibility for ensuring that information goes to the people in need and that the organisations can actually provide them with relevant services lies jointly with the two levels of government involved in funding services, and the service delivery agency.

If you don't know a service exists or what it is you don't ask for it, and if you don't ask for it it is assumed it is because you don't need it (Worker, Ethnic Welfare Organisation).

The HACC program has attempted to overcome the inequities of the submission based model by introducing 'needs based planning'. Yet this concept is, as we have seen, fairly hit and miss in its effects. Ethnic communities are generally critical of the funding process as not adequately addressing the needs of non English speaking communities.

Raw numbers are used as indicators without any understanding of the differing needs of different communities. Communities which are geographically spread tend to be ignored ...(Worker, Ethnic Welfare Organisation).

Trevor Lee, a consultant to the Department on planning criteria, recognises the vulnerability of ethnic communities in the needs based planning model
currently used by the Department of Community Services. His paper "Planning Community Services: Issues and Problems in Needs Based Planning for Special Interest Groups" states:

The needs of individuals and specific ethnic interest groups are amongst the most vulnerable and the most likely to be lost in the transition from policies based on recognition of individual need, to program implementation based on regional needs.

He believes:

Consultation with clients and service providers is the only way to determine the nature of needs which may require a program response. (Lee 1986:4).

There is also another issue that too often remains unmentioned. Ethnic organisations do not uncover the needs of elderly people and those with disabilities through some sort of ethnic osmosis. They are no more likely to be able to discuss the experience of hidden and isolated people and advise on their needs than an Anglo organisation lacking similar data about its users and "non-users".

We don't know very much about this. It is very hidden... I'm sure there are problems, there are a lot of old people living with families, who take on the role of housekeeper and child carer. Isolation is a big problem (Worker, Ethnic Welfare Organisation).

There is a lack of understanding of the needs of aged people and people with disabilities from non English speaking communities. Many ethnic organisations believe a good starting point towards meeting the needs of these people would be the employment of community workers to work with specific communities in assessing need. These kinds of applications for funding have so far not been successful under the HACC program.

The Government has to realise it has to provide bi-lingual people to work with these groups ... these is a need for certain communities ... to have people working with them to find out their needs (Worker, Ethnic Welfare Organisation).
Many of the Arabic women care for elderly relatives at home. Their welfare organisation organises outings for elderly Arabic people on a voluntary basis (i.e. they receive no government funds of any kind). They experience great difficulty in providing this service because they use public transport, and many of the aged people have disabilities which limit their mobility. The group was unaware of any service which could assist them. However when discussion turned to the idea of an Activity Centre for Arabic Aged there was strong interest and support.

Older people need to meet each other ... in activity centre ... they don't have anything to do at home ... they need transport ... they don't know how to use public transport (Older Arabic woman).

Transport services were considered an important part of making services accessible. The presence of an Arabic speaking worker at an activity centre was seen as very important, as was the promotion of a group predominantly for Arabic speakers. Members of the group felt a particular day could be set aside in an activity centre for Arabic speakers.

The only service women in the group had used was the Home Care Service. Some members felt that this service was not available for long enough or at regular enough intervals, although they thought it was a good service. They demonstrated the social importance of contact with the service provider, as a break in their otherwise isolated day. Most often an hour is all that was offered.

Only enough time to say 'hi, how are you?' and have a cup of coffee' (Older Arabic woman).

... things like meals on wheels. If you want Portuguese people to use it then they have to employ Portuguese people ... whether it's home care or anything they want someone they can communicate with. It's only logical! ... you need a Portuguese worker to educate the community about what services exist (Worker Ethnic Welfare Organisation).

The whole welfare system is confusing for even English speaking people ... there is a need for ethno specific services to act as central
information sources and also advocacy on behalf of communities (Worker Ethnic Welfare Organisation).

The essential role of ethnic welfare agencies in understanding the needs of their communities, getting information out and assisting in the development of appropriate service delivery models cannot be underestimated. The concept of mainstreaming was supported by these organisations, but many ethnic organisations are concerned that it is being interpreted as an "excuse not to fund ethnic communities" (Worker Ethnic welfare Organisation). In particular, the role of ethnic services is important in ensuring the needs of smaller, less vocal or less organised communities are heard and responded to.

6.2.4 SERVICE PROVIDERS
The mainstream service providers, a local neighbourhood centre, the chair of a local HACC committee, a Home Nursing representative, and a Community Health Centre worker provided information about their strategies (or lack of them) for ensuring effective access for immigrants.

None of the services kept systematic information on user profiles, while estimates of the proportion of clients from non English speaking backgrounds ranged from 30% to 90%. The services all had catchment areas in the Inner Western suburbs of Sydney.

Currently we are very low staffed. We are just responding to crisis ... makes the promotion of services in the wider community very difficult ... it took us ten years to tell people we had a service ... and now we have to start expaining we don't have it any more (Worker community health centre).

We respond to referrals rather than set out to find people because we have such a high work load ... I don't think we'd be advertising ... if we ever got to the stage where we could actually plan we would be looking at the demography of the area, and planning accordingly (Worker Home Nursing).
Generally, workers in mainstream organisations do not have planned information strategies to reach non English speaking people. They believe most non English speaking clients find them through "word of mouth". Yet this "bush telegraph" clearly needs some active and informed participants to operate effectively (if indeed it does at all). The essential role of funded workers in ethnic communities was stated by a worker at a neighbourhood centre as:

Key workers in ethnic communities are essential otherwise the community can't organise to get their needs met. If these key figures aren't there multiculturalism is a dead issue. The belief of ethnic organisations that they are the last to find out about new services was supported by this worker, particularly as "... the process happened too quickly with HACC, if you weren't there at the right time you missed out".

One critical factor in the effectiveness of service delivery to people of non English speaking background was considered to be the employment of appropriate bi-lingual, bi-cultural staff, where it was said that the issue was

Not just a question of language - it is also a question of culture. People always come back and ask for the worker of their national group, even when they have language skills and have met other workers (Worker Community Health Centre)

It seems apparent that the cultural sensitivity of a program is restricted by absence of appropriate bi-cultural staff. Two of the services employed high proportions of bi-lingual staff from appropriate backgrounds and one was restricted in its employment of bi-lingual staff. This created problems for the last service in responding to the needs of non English speaking people who were dealing with some form of disability:

We have some patients who are absolutely obsessive about physiotherapy years after they had an accident ... I had it explained to me that many Southern Mediterranean people have a very passive view of illness ... they believe that someone who is a quadraplegic, if he gets enough physio, will one day walk again ... rehab is either a miraculous cure or nothing ... how can you adjust to people's cultural
values when their values are opposite to why we're here ... it's almost like you need a completely new service (Worker Home Nursing)

People manage their disabilities in individual ways, drawing on their life experiences. The skills involved in understanding the nuances of that experience are made immensely more complex when they are presented in a language and using expressions with which the professional is unfamiliar. Too often professionals feel threatened by this apparent challenge to their competence, and turn to more easily manageable interpretations of the situation, which can involve the imposition of cultural stereotypes. Clients and potential clients, often in pain and suffering from the frustration of both physical and social isolation, quickly sense if the people they need are unsure of their capacity to cope. They avoid situations which will intensify their sense of loss and helplessness. They will seek out environments which reinforce positive elements of their self image - service providers who are both technically competent and can communicate effectively and sympathetically are therefore at a premium.

If we didn't have a Yugoslav social worker we wouldn't have as many Yugoslav clients ... it is absolutely important to employ bi-lingual/ bi-cultural workers. This is the most important factor which makes a difference in usage of services by people of non English speaking backgrounds (Worker Community Health Centre).

There are many unmet needs within immigrant communities as elsewhere. The needs which could be met through home and community care services are however rather better hidden within these communities.

(immigrant communities) keep their elderly parents at home but that has its problems ... you have the daughter and daughter-in-laws looking after the relative ... incredible pressure on these women and there is a reluctance to use respite care ... this could change if there was more respite care available of a cultural type (Worker Home Nursing Service)

There are not many Portuguese people in institutions - they're already in the community and they're being ignored (Worker Ethnic Welfare Organisation).
A day care centre is needed which is sensitive to people of different cultural backgrounds - at present there are none (Worker Community Health Centre).

Migrants using this centre wouldn't use the senior citizens centres in the area. They feel isolated among the Anglos even if they can speak English ... very important for (aged) people to maintaining cultural identity. Even the Macedonians like to be with the Macedonians and the Croats with the Croats (Worker Community Health Centre)

There is a large demand for respite care and day care programs which are accessible to non English speaking communities and organised in ways that they can utilise. Whether the program is administered by a local ethnic organisation or is organised through a mainstream organisation may not be the critical issue.

There are an awful lot of people who are in the community who really shouldn't be. The family is coping but only just ... leads to the breakdown of relationships in the family, isolation of the women ... the whole family is strained ... and the government is not providing the support which is needed to help these people at home ... there needs to be a lot more day care and nursing services - even 2 hours a day is sometimes not enough to keep some people at home ... the tradition in a lot of migrant families is to help mum and dad at home, but how can they when they are both working (Worker Home Nursing)

The operation of community care policies as they affect non English speaking communities needs careful consideration. Many people in ethnic organisations believe the emphasis is on moving people out of institutions rather than relieving the stress on families who are already caring for an aged relative at home. Mainstream service providers in this area do not have the resources to meet the current demand for their services. Yet recent studies of carers of older people with dementia have indicated that institutional care appears to do the dementia sufferer no harm, and greatly relieves the psychological trauma engendered in the carer by the experience of looking after someone whose personality is decomposing before them.(e.g. Wells and Jorm 1987).
6.2.5 CONSUMERS

Two group discussion were organised with Arabic aged women and Portuguese men with disabilities as a result of work or other accidents or as a result of illness.

Few of the group participants had knowledge of, or had ever used, any home support services. Some had contact with a community health or neighbourhood centre, and the Arabic women attend a social group for Arabic aged women. Many of the men had contact with the Portuguese Co-operative. Many of the Arabic women are widows and live alone, although some live with adult children. Most had some form of disability which limited their mobility.

Most of the Portuguese men stated their wives were their main care givers. Some had adult children who assisted them while others had no support.

Many of the women in the discussion anticipated that at some time they would require assistance to live at home. They were all strongly opposed to living in nursing homes.

I'd rather not go into a nursing home. I would like a neighbourhood centre to organise for me the services I need; home care, home nursing ... we'd die if we had to go into nursing homes because we don't understand English, we can't say what we want, we'd feel lost and lonely (Older Arabic woman)

The importance of the neighbourhood centre as a source of information about other relevant services was emphasised by a number of the women.

Both groups felt they would like any home aides or community nurses who would provide them with personal care to speak their language. Transport was a problem for some members of both groups, and inhibited their ability to shop, and take part in social activities. All listened to 2EA and found the information useful.

6.2.6 CONCLUSIONS
The HACC Program includes many services which are directly relevant to people of non-English speaking background, though often provided through organisations to which they have had no access. In some regions groups of ethnic organisations have combined to take advantage of the HACC opportunities; there has been some resistance to these advances by traditional service providers and their allies inside state bureaucracies. While ethno-specific agencies have been funded it has been on the "condition" that they are open to anyone in the needs category. There is still a preference for "mainstream" organisations by the Department, though the practical realities of putting services in "on the ground" have led to funding for many ethnic organisations. The structural support for these organisations still usually depends on the voluntary effort of community activists - a particularly fragile basis for quality long term service.

6.3 SUPPORTED ACCOMMODATION ASSISTANCE PROGRAM

The SAAP area encompasses emergency housing for women, youth and general populations. A review of all SAAP programs is currently being undertaken to assess the effectiveness of SAAP services - it has as one of its requirements the identification of gaps in service provision to immigrant populations and areas where ethnic people's needs are not being met. In view of this the SAAP section of this report will not be comprehensive. It concentrates on WESP as an example of an accommodation program relating to immigrants, does not cover General SAAP (although anecdotal evidence suggests a significant percentage of users of this service are of non-English speaking background), and deals with Y-SAAP only briefly.

6.3.1 WOMEN'S EMERGENCY SUPPORT PROGRAM (WESP)

6.3.1.1 INTRODUCTION

Domestic violence was neither a political nor social policy issue until the mid 1970's. Police and welfare workers alike were reluctant to interfere in what they considered to be the private sphere, inside families. In the mid-1970's feminists began campaigning for safe sanctuaries for women victims of male violence. The establishment of refuges was also a very practical attempt by feminists to come to grips with patriarchal oppression of women in the family which made them economically and socially vulnerable dependents of men.
Whilst it has often been said that "ordinary" women are alienated by feminists, many such women have found that the only refuge from violence has been within these refuges. The establishment of women's refuges also made it unacceptable in the private realm of the family for men to dominate women by violent means. The issue was furthermore removed from the private, individual level to that of the public and the social. Yet in the early days governments were slow to fund refuges and the early history of the refuge movement in Australia was based on both feminism and voluntarism. Refuges often had to prove they were viable ongoing concerns before funding became available.

The fact that the women's refuge movement confronts male power and theories that state that women are rightfully subordinated and dominated within the family, makes the issue a difficult one both for male dominated bureaucracy and male dominated ethnic organisations. It is interesting that the FECCA consultations found it very difficult to treat the issue of women's refuges any differently from general homelessness.

Women's refuges have been seen as a threat by the very governments that fund them, as they provide an alternative to "remaining in the family" for women. They therefore create immediate additional demands on the state which government tries to resist. This has resulted in low levels of funding, often further resulting in inadequate services. For example many refuges have been run for many years by volunteers; yet volunteers may only give a few hours a week, thus making it difficult for individual women, especially immigrant women, to relate to one worker during a period of crisis. Such inadequacies have forced much internal debate within the women's refuge movement; the dilemma of volunteerism, of self-help welfare, of resident management of services, of funding, of women and welfare, of long term homelessness and poverty of women (e.g. McFerran 1986).

Racism was also put onto the agenda of women's refuge conferences; it was put there by Anglo-Saxon women without prompting from government officials. Thus many difficult issues have been worked through in individual refuges, in women's refuge organisations and in conferences.
A wealth of experience exists amongst workers, both past and present. A great deal of reflection has occurred, particularly by immigrant women workers now working intensively with immigrant women who have been the objects of domestic violence. Much of this experience and knowledge would be exceptionally valuable to the Department of Community Services.

This is not to say that refuges provide equitable services to immigrant women. There is still overt and covert racism within refuges. Working with immigrant women takes more time and energy and places extra burdens on already overstretched workers. Immigrant women do not have the same rights within worker collectives and funding for them is often on a short term basis, for example from the Community Employment Program.

Thus issues of discrimination, access and equity for women of non-English speaking background are being addressed by the service providers. Yet frustrations remain, particularly over adequate funding for follow-up work, for outreach work and for training. Despite a growing trend towards consultation with ethnic organisations and services providers in the design, delivery and management of services; immigrant women are not being heard on this issue.

6.3.1.2 PROGRAM OUTLINE.

Objective

To facilitate provision of needed services on an equitable basis to assist women and their dependant children in need of shelter to regain and/or maintain their independence in the community.

WESP was established on the 1st January 1985 and as with the other subprograms is joint Commonwealth/State/ Territory program. It is in WESP that the Department exhibits most confusion about how best to meet the needs of immigrants. On the one hand they say there is no "general earmarking of funds specifically for NES people" (Access and Equity Papers) whilst at the same time there is discussion of the need for ethnic-specific services within mainstream services.

3(v) In keeping with the aim of SAAP the following broad objectives are followed:
- provision of an equitable geographic distribution of mainstream services sensitive to the needs of all members of a community; or
- provision of ethno-specific places for individual ethnic groups
- support services designed to help people of NES backgrounds gain access to mainstream services. (Australia, Department of Community Services, SAAP Access and Equity Statement, 1986)

It is unclear how these broad objectives can be worked out in practice. The provision of ethno-specific places for individual groups does not appear to have eventuated, though how such places could be created remains unclear. Furthermore the Department states that

"Program changes of a specific nature are not envisaged; there is scope for targetting priority in these areas within existing guidelines." (Australia, Department of Community Services, SAAP Access and Equity Statement, 1986)

6.3.1.3 DEPARTMENT PERSPECTIVES

By no means do we believe the program is an answer to a maiden's prayer . . .
(Senior Officer, DCS Central Office)

The Department identified the lack of data in order as a major problem in assessing whether immigrant women are getting access to services.

[We got] precious little co-operation from the service providers.
(Senior Officer, DCS Central Office)

Whilst the importance of collecting adequate information about the users of any particular service cannot be denied, it is understandable that workers in women's refuges are both suspicious of, and exhausted by the prospect of yet more form-filling. There has been a major struggle to achieve even adequate funding to pay workers to do basic crisis work. Confidentiality is a fundamental and crucial aspect in all women's refuges - a battered woman's life may depend on it. It is not a simple question of workers refusing to co-operate with
governments. Refuge workers are well aware of government officials (in one state - and later prosecuted) who have recently accepted bribes from violent husbands intent on tracking down the whereabouts of their wives.

It seems, therefore, that far more sensitivity is needed in co-operating with women's refuges about collecting information on users. Moreover future planning and streamlining of Department programs may not appear to be a priority for workers who are faced with being unable to meet even the immediate needs of the women in the refuges.

The Department also sees low usage of refuges by immigrant groups as another important issue. Whilst this may be true overall, some refuges in NSW report up to 90% of places taken by immigrant women, and rapid increases in the past eighteen months.

The Department sees the solution to current issues lying in adequate data and needs based planning. Streamlining the program and a general toughening up of funding appears to be the way forward. The Department also sees solutions lying in

Detached workers/outreach workers may be the most appropriate for effective service delivery. Bi- or multi-lingual staff and staff with interpreter abilities may be required for effective service delivery. (Australia, Department of Community Services, SAAP Access and Equity Statement, 1986)

Yet there does not seem to be any defined strategy for incorporating these solutions, particularly as the Department does not envisage any program changes.

At the senior level in the Department there does not appear to show much sensitivity or understanding of the situation of the immigrant woman caught in a violent, domestic situation. Senior officers used the phrase "the degree of recidivism" and "the need for rehabilitation" when talking about immigrant women who had passed through refuges, as if the problem lay in the women themselves, rather than a society that condones male violence against women.
SAAP is for the bottom of the barrel. The person who goes into one of our refuges is a person with nowhere else to go. 
(Senior Officer, DCS, Central Office)

Referring to women who enter refuges as being at the bottom of the barrel carries punitive connotations. Moreover it fails to recognise the social context in which many women are battered - massive unemployment, high costs of housing, lack of childcare.

Another issue for the Department is the need to treat the cause that leads to people requiring supported accommodation.

Many organisations appear to be dealing with the symptom, they don't seem to be attempting to treat the cause. In SAAP Mark 2 we would dig a little more into the cause of homelessness, or the cause of the crisis. 
(Senior Officer, DCS Central Office)

Yet the Department demonstrates an ignorance of the capacity of overstretched, underfunded, voluntary organisations to rectify the cause of homelessness, in this case a society which condones male violence against women. There is a vast body of research looking at the causes of domestic violence. Feminists have been campaigning for many years to improve the situation for women in order to reduce their dependence and economic vulnerability which confines them to threatening and violent situations.

Another issue identified by the Department is the splitting of the SAAP program into different areas. There is some suggestion that, particularly in country areas, all supported accommodation programs should be amalgamated. Such a move would do little to overcome the fundamental problems faced by women victims of domestic violence. They not only need to find places of safety in which they can escape immediate crises. They also have to gain strength as women, and begin to see new freedoms and possibilities of self-determination. The beginning of the process is often recognition that they are not themselves the problem, but the victims of a society denying equality to women.
Finally senior management in DCS clearly see one of the causes for concern as what they claim to be a feminist domination of the women's refuge movement.

One of the reasons they like to hide data is that they have been very strongly dominated by feminist groups and there is a mixture of large 'P' and small 'p' political influence running through that group. The feminist dominated group were particularly keen to get a women's program, it's an apartheid program, but that didn't come about, so SAAP is seen very much as a second prize. They have spent years, many of them, using levers on government and they see the provision of data as giving away poker chips in the game. (Senior Officer, DCS Central Office)

Clearly, such an antagonistic approach by departmental staff does not serve to improve co-operation between funded organisations and the Department in planning strategies of access for immigrants.

In the area of women's refuges as in other program areas, senior management also see instant solutions in the form of representative or consulting bodies.

They [women's refuges] are individual in their operations ... there is no representative body for either the women's services or the youth services. (Senior Officer, DCS, Central Office)

Program officers working in the SAAP program had a better grasp of the issues at stake in the field. They were concerned that the funding structure and reliance on volunteers had militated against both the development of ethno-specific services and against greater access to immigrant women.

It is difficult to increase the sensitivity of services to the needs of NES people ... because they depend on volunteer workers and their resources are quite limited... (Program Officer, DCS State Office)
They also acknowledged cultural problems and the difficulties gaining access to interpreters, particularly at times of crisis when there was the greatest need. They felt that more work had been done in the women's refuge area than in the general and youth refuge area, particularly in view of the fact that anti-discrimination and EEO policies were being developed by the women's refuge movement.

Program officers saw the solution to the problem possibly lying in earmarking particular jobs in particular refuges for workers from Non English Speaking Backgrounds along with the continuation of the casual pool of ethnic workers. Both these options however are not seen as the answer by many of the service providers. The earmarking of one particular job in a refuge may lead to one person becoming isolated and destined to fail, by virtue of the fact that all immigrant women would then become her responsibility. Earmarking one position could also result in refuges feeling they had done all that was required and would then employ no more workers with an immigrant or Aboriginal background.

Whilst ethnic worker pools have worked well in some states they are also seen as continuing the exploitation of immigrant women workers. The women are locked into casual work on the margins of the welfare industry, particularly if they are only paid by the hour, but expected to be available on-call.

6.3.1.4 ETHNIC ORGANISATIONS.

If you're talking about ethnic communities, you're talking about fairly conservative communities.

(Refuge worker)

For the more formal established ethnic organisations, the issue of domestic violence in the home has not been a priority. In some cases it is not seen as a public issue at all, particularly when it is not in the interest of those in power in such organisations. As part of the 1985 Community Education Program for non-English speaking communities initiated by the NSW Domestic Violence Committee, a media campaign was run on SBS radio. It provoked a significant backlash from many conservative ethnic organisations, in particular religious leaders. Thus attempts at improving information through traditional access have not always been successful.
Despite such problems however, the 1985 media campaign was worthwhile. Over a eight week period 116 women called the telephone counselling service, of which 70 callers were from non English Speaking Background. A further 42 women from non English Speaking Backgrounds called the service for information about employment, social security, immigration and legal issues- a interesting indication of the need for immigrant women to gain ready access to bilingual information. (NSW, Premier's Department, 1985)

Individuals in key positions in ethnic communities do not disseminate information which is valuable and relevant to their community.
(Nicolau 1987:60)

But of course if you send this material [on women's refuges] to my community, they won't pass it on to the women.
(FECCA representative)

The belief in the sanctity of the family held by some religious and ethnic communities and the belief that it is 'natural' role of women to remain within the family further disadvantages women.

We met a Catholic nun in northern Queensland who worked with Philippino victims of domestic violence - she sent them back to be beaten because of her belief in the sanctity of the family.
(FECCA representative)

These difficulties extend beyond the ethnic organisations into areas of the public service occupied by people with language and or cultural skills, especially interpreters.

We have had instances of the interpreter telling the woman not to disgrace the community and to go back to her husband. We find it very difficult to get sympathetic and impartial interpreters.
(Refuge worker)

Some ethnic organisations cannot come to terms with the fact that the issue of women suffering violence in the home is not an ethnic issue or rarely one of racism alone. The situations women experience result from the dominant
position of men in Australian society and the subordinate position of women. It is an issue of sexism. It is therefore hardly surprising that Anglo-Australian feminists have done as much, if not more, than ethnic organisations to help immigrant women in crisis.

The report on the FECCA consultations reiterates recommendations of many previous consultations such as more information in community languages, particularly ethnic radio and ethnic press; the need for bi-lingual counsellors, both within refuges and bi-lingual and bi-cultural staff within the Department. It also recommends that SAAP guidelines should not exclude ethno-specific services, and that more cross-cultural training be developed for SAAP personnel. But perhaps of greatest importance is the recommendation for further research -

Much more culturally sensitive methods of consultation with Non English Speaking Background groups need to be developed in order to understand the needs of Non English Speaking Background persons who are victims of violence within the family. It is clearly a priority area for further research as it is probable that dramatically different solutions will be necessary to meet the needs of Non English Speaking Background women and youth in particular. (Nicoloau 1987:65)

A number of points need to be made here. Firstly whilst we agree that some further research into this issue is necessary, a lot is already known (eg NSW Domestic Violence Committee Report). Secondly consultations with the formal ethnic organisations may not be the best way to proceed as many of these organisations find the issue controversial and difficult to address. Thirdly FECCA does not clarify what it may mean by "dramatically different solutions". For some women who are the objects of domestic violence, their only option may be to abandon contacts with their ethnic community and indeed those parts of their traditional culture which are oppressive to them as women. They may not go back to their former life because of the stigma attached to them, for many women the process of going through a refuge is also a period of personal growth and self-determination.

Whilst FECCA supports the possibility of ethno-specific refuges, we do not believe that the small ethnic organisations would necessarily want the funding
and responsibility to run such refuges. Moreover the experience of such refuge in Melbourne, run by COASIT, suggests that refuges soon become "multicultural" rather than "ethno specific". Smaller communities expressed a wish for social workers or community workers from their own background, speaking their own language.

A community worker who speaks different kinds of dialects could be a good start. Just by putting childcare centre or a refuge shelter, I think it wouldn't help that much the problems. (Ethnic Organisation Representative)

Yet such workers are not available under SAAP funding and such organisations are often rejected from Department of Immigration and Ethnic Affairs Grant-In-Aid funding and/or State Government funding. Furthermore many of the problems faced by immigrant women when they do use women's refuges could be overcome by having community workers attached to either the local refuge referral centre, immigrant women's centres, ethnic organisations or community groups. The primary role of such workers would be to liaise with the refuges.

Some smaller ethnic organisations have had experience of CEP funding for positions such as these but have not always found such positions useful in the long run. There is a growing position taken by minority groups that they should refuse to apply/accept such funding as it further marginalises their welfare needs. Moreover "piloting" immigrant women in such low paid, short term jobs is not the equivalent of true equal employment opportunity. There was no training available and the requirements of the CEP scheme that workers had to be unemployed often resulted in inadequately trained or unqualified persons getting such jobs. There was a strong feeling that if DCS were to fund such community workers they should also take responsibility for training.

The call for culturally sensitive workers by ethnic organisations can cover a multitude of situations. On the one hand it can be used as an excuse to impose conservative and oppressive behaviour towards women. On the other hand it may require a sensitivity to the background and history of the immigration of a particular group such as Filipina women. This included an understanding of the reasons for "forced" migration from the countryside to the
city and thereafter to Australia. This also can be described as requiring an understanding of cultural background.

The competence based on this sort of awareness of the political economy of migration is rarely provided by training manuals, which do little more than list "culture" and "traditions" such as food, religious observances and sex role expectations.

We need that people working in the Filipino community know our background. Because ... we are ... very close family relationship .... even if we have our own family, we are still thinking to help our brothers and sisters, our parents ... This causes marital problems .... because they want to send money home .... and then the poor wife she doesn't work, she has to ask the husband. And maybe the husband is just a common worker and not earning that much, and she wants to send some money home.

(Ethnic Organisation Representative)

Wanted: Asian woman 25-35, good looking, to marry Australian man. Must not involve her family or friends in his life. Husband must come first.

(Classified ad from Malaysian newspaper, as quoted in Sydney Morning Herald, 31/1/87)

Finally, the other major issue which has been raised many times by ethnic organisations is the need to gain access to interpreters for women using refuges. This basic and crucial issue has to be resolved, even before issues to do with ethno-specific or multicultural refuges can be addressed.

6.3.1.5 SERVICE PROVIDERS

The perception of the issues varies from refuge to refuge, depending on their sensitivity to issues affecting immigrant women. In some very important ways, to look at the perceptions of service providers in the area of women's refuges is a very different story from looking at the other programs funded by the Department of Community Services. Some service providers have been way ahead of government thinking and have been serious and sensitive to expanding services to incorporate the needs of immigrant women. Yet they
have been frustrated in their attempts because of lack of funding and lack of commitment from the Department.

Of all service providers approached, women's refuge organisations talked most openly about the need to combat racism, both within their organisations and within the wider society. The women's refuge movement has not only been ahead of government thinking. When we approached service providers we were confronted by a question as to whether we wished to talk about immigrant women as workers in refuges, or immigrant women as consumers. This contrasts markedly with the situation in the disability area where it was hard to get service providers to talk about immigrant consumers as they did not see this as an issue for them. The issue of immigrant workers was clearly not on the agenda there.

There are a lot of sympathetic women in the women's refuge movement, and if there hadn't been, there wouldn't have been employment of these women [immigrant and Aboriginal]. Somebody had to want to do it for it to have happened.... there were some intelligent, caring, Anglo-Saxon women early in the piece who saw the need to be sensitive - then the immigrant women came in and started making a fuss, so the policy of equal employment came.

(Refuge worker)

There is still a great deal of improvement to be made within refuges. New South Wales have adopted an approach which requires at least equal numbers of Aboriginal, migrant and Anglo-Saxon women workers within the refuges. Unfortunately only three refuges in NSW, out of 48, have achieved equal numbers. At the same time, 26.9% of residents from city and country refuges are immigrant women from non English speaking background.(NSW Immigrant Women's Speakout. No 3 Nov- Dec 1986) . There are 11 earmarked positions for immigrant women workers in refuges in NSW. Yet it is felt that immigrant women are often only employed as a token gesture - they are often not given equal responsibility - it was reported that in one refuge some residents were under the impression the the immigrant worker was the cleaner!

In line with pursuing a policy of equal employment opportunity NSW has also set up a support group for immigrant women workers within the refuges, even
though this support group is funded only for travel and accommodation; it has no paid worker to co-ordinate its initiatives and activities.

Other issues that have been taken up by the refuge movement have been tackling racism within refuges and attempting to provide more cultural sensitivity within the refuges.

Refuges allege to be sensitive to cultural and food needs etc, I think they talk a lot about it but I don't think it always happens ... but at least the fact that people acknowledge there may be problems is a start. For example fasting in certain cultures. (Refuge worker)

I'm interested in different cultures ... like with the Turkish women, when they get period each month they don't mingle with the rest of the family - we weren't aware of that until I went to a workshop ... ordinary everyday living, different beliefs. (Refuge worker)

One solution that has been tried within refuges has been the funding of ethnic worker pools in many states under SAAP. The success of this has varied from state to state. In at least one state the refuges have refused to use the pool, and in other states quite a degree of success has been achieved. However immigrant women who work in the refuges fear that ethnic worker pools give rise to further exploitation and marginalisation of migrant women welfare workers, as some women may only get a couple of hours work per week and yet are expected to be on call. Some workers feel that casual pools of ethnic refuge workers work best if they are organised as a collective. Here the workers can be more united, gain strength from each other and be aware of each other's skills, rather than being dissipated and competitive with each other.

Sensitive workers within refuges still see the major issue as access to sympathetic and impartial interpreters. Whilst in NSW there is a network of refuge workers who speak the various community languages and the list is circulated amongst all refuges, ensuring that at least there is access to an interpreter in a time of crisis over the telephone, this solution is exceptionally
limited as interpreters are also needed to accompany women to various government departments.

When gaining access to interpreters can be so frustrating and difficult it is inevitable that other refuge workers who do not see the issue as being overwhelmingly important may resort to other methods.

We would get people here that whoever referred would say "They don't understand or speak a word of English", but we found that with a little bit of love and a little bit of care and a lot of sign language we managed.

(Refuge worker)

Yet it is well known that immigrants with good English language skills lose ability to communicate in times of crisis when they may become very confused and nervous.

Another issue for service providers is getting funds to produce multi-lingual information. In NSW the Refuge Association has had the leaflet "A Safe Place" translated into ten languages but only have been given money from the Department of Immigration and Ethnic Affairs to print it in three languages. They have been unable to get money from SAAP funding to get the material printed.

The Immigrant Women's Refuge Workers Support Group also sees a great need to have a funded follow-up and outreach worker. Leaving the refuge, may be as traumatic, stressful and isolating for immigrant women, as leaving the family home in the first place. Yet despite departmental statements of commitment to investigating this possibility, such funding has not been forthcoming from neither DCS nor the Department of Immigration and Ethnic Affairs.

There can be little doubt that major advances have been made by the women's refuge movement to incorporate the needs of minority women such as immigrant and Aboriginal women, though prejudice and racism still remain. However one worker was insistent that in tackling racism within refuges it was also necessary to tackle the racist attitudes of Australian women residents to immigrant women residents and of some immigrant women to other immigrant
women. She felt that racism was all pervasive and not just a problem for paid workers. Whilst few workers would identify themselves as having prejudices or racist attitudes towards immigrant women, there is often a more subtle racism, such as blaming the woman's ethnicity for her problems, rather than her situation in Australian society. One such example was that immigrant women come from extended families who put more pressure on them to return home, than would be the case Anglo-Australian women. They are also seen as more materialistic.

The possession sometimes mean a lot whereas a lot of Anglo women don't seem to worry quite so much - about how will they ever survive ... they don't realise we can practically get them a pension immediately.

(Refuge worker)

Thus the "cultural" behaviour of an immigrant woman may be more to do with her lack of knowledge of her rights than anything intrinsic about being, for example, Greek or Turkish. Some cultural explanations put forward by workers stress loss of honour and the bringing of shame on the family. They stress greater degrees of materialism and of being houseproud; they suggest immigrant women traditionally do not relate to outsiders but leave it to the male in the family. These explanations may often be used to explain behaviour that flows from a combination of social and economic factors impinging on the immigrant woman in Australia. She may not relate to outsiders because of lack of English. She may be economically dependent because of greater unemployment amongst immigrant women. Moreover the reasons for migrating often half-way across the world at the expense of loss of family, friends and a known environment, are often for a better life. Thus material possessions may become very important. It is in this sense that cultural problems may be overplayed at the expense of understanding immigrant women's class position and settlement experience in Australia.

Another difficulty then as now, is that refuge work is skilled and sensitive.

(McFerran, 1986)

There is also a fear in some refuges of simply employing one bi-lingual worker whose only apparent skill may be bi-lingualism.
We wanted more of a person who was very aware of community services, the welfare system and how it works and how the refuge works, and if they understand the cultural differences and could get out there and liaise with the ethnic communities rather than have somebody who just spoke one language and couldn't do any of these other things.

(Refuge Worker)

Thus there are enormous pressures on the service providers - there is very little training and a strong possibility of burnout. Yet the need remains to employ sensitive workers who are sensitive to all groups of minority women. Many refuges are full most of the time. In 1985, it was estimated by the NSW Bureau of Criminal Research, that 11,000 women and children victims of domestic violence were turned away from refuges in NSW. It is hard to initiate multilingual information campaigns in such an environment.

The results of de-institutionalisation, particularly in NSW where women with psychiatric disabilities are being shifted to women's refuges create additonal problems for refuge workers.

We used to get a lot of psych patients, but we weren't told the truth about them. We were told that they were a victim of domestic violence, or they were homeless, or they got chucked out.

(Refuge Worker)

A combination of such situations, together with expectations by the government that a large majority of the work would be done by volunteers has inevitability meant the neglect of minority women. Now that women workers in refuges have begun to organise to improve working conditions, it is hoped that the overall service will improve. Some refuge workers point to the ironic situation where the caring virtues of feminists have also created sometimes chaotic and harmful situations in refuges. In such situations the least powerful, in particular immigrant women, have gone to the wall.

There is a close connection between struggles by feminist workers in the movement for adequate funding and decent pay and conditions and the wellbeing of all immigrant women wishing to use the service.
I think that if women are working in any way they should be paid ... the community welfare officers in NSW couldn't exist without women's refuges ... if you want to work, you work, you get paid. [The government] would let you do voluntary work forever - they get a very cheap service in women's refuges.

(Refuge Worker)

My experience has been as an activist in the movement which has worked through these issues. It meant for me personally that the five years worked shifts in two Sydney refuges I was never paid for the hours I worked. I was constantly exhausted and apprived by the contradiction in urging brave women to take control of their lives, while in my work I was being classically exploited. We were all caught in it. Breaking out was a big relief.

(McFerran, 1986)

The contradictions between State and Federal Government departments responsible for women's refuges, and fights between Federal Government departments on issues to do with immigrant women as constitute a major barrier to progress. As SAAP is a joint Commonwealth/State responsibility most refuge workers only have contact with the state government department responsible. Therefore if the Department of Community Services wants to have more of an impact in the area of women's refuges it will have to ensure greater effective consultation between the state government departments and the women's refuge movement.

Similarly the debates between DIEA and DCS with regard to responsibility for programs such as the follow-up work with women who leave refuges has to be clarified.

6.3.1.6 CONSUMER PERSPECTIVES.

Non- English speaking background women are no longer prepared to be recipients of policy and services by group and individuals who in reality do not represent us, nor comprehend or consult with us on issues affecting non- English speaking background women. (Statement of Intent, Association of Non English Speaking Background Women of Australia.)
Women and children in crisis situations in the family home lack information about where to seek help. Many do not know of their rights to Social Security benefits, they believe they will be totally without money if they leave their husbands. Some are fearful they may be deported. Immigrant women may only seek help from the refuge in dire circumstances, and many have contact with the police before they are referred on to a refuge.

Immigrant women who come to Australia to arranged marriages, depend on their husbands for information.

That's one way of getting information - from their husband, but it depends on how much information the husband is giving them, and how much they would like them to know ...they said that they were afraid that they will be like Australian women - [the husbands] don't want independent women.

(Representative, Ethnic Organisation)

The fear of being deported is well founded. Refuge workers and women consumers report that they believed husbands had arranged permanent residency for them on coming to Australia but when they attempt to separate and claim Social Security, they find that they are in fact illegal residents. This creates even more fear and uncertainty for the immigrant woman, and makes more demands on the resources of the workers at the refuge. We have already seen how many ethnic organisations, particularly those controlled by men, are not willing to give information to women and how some women are dissuaded from leaving their husbands or are sometimes advised to return to violent situations by ethnic social workers.

Not all immigrant women come from traditional isolated rural environment. Indeed many immigrant women would not be dependent on the services of refuges and be more able to establish themselves independently if it were not for unemployment and lack of childcare. Filipina Associations reported that many women have qualifications in the health professions, in accountancy, in social work etc, but because their qualifications are not recognised, are not able to work. The other problem faced by immigrant women needing refuges is the prohibitive cost of childcare. Many wish to work but cannot afford the childcare, and cannot even look for work because they cannot afford the
childcare prior to getting a job. This leads to a situation where they have no other alternative but to go to a refuge.

Women we spoke to who had used a refuge complained of being afraid of drunk and possible violent Australian women. They also complained of overcrowding and a lot of noise.

She didn't have peace of mind because a lot of the women were drunk in the night.

(Filipino women's group)

Other women felt they had been badly discriminated at the refuge: the food they had cooked had been ridiculed and even when they were told they could be reimbursed for buying food they were not. They found that the staff were less helpful to women who could not read and write English than to those who could. The women said they felt particularly frightened at night because of the amount of alcohol consumption that occurred.

The overriding concern expressed by the women was for a worker who spoke their language to be based at the refuge, together with support from bilingual social workers/community workers who would be able to pass on information about available services.

6.3.1.7 CONCLUSIONS.

In moving towards greater improvement of services for women in need of supported accommodation DCS can learn from the initiatives and debate that has already taken place within the women's refuge movement. The difficulties and contradictions in consulting with ethnic communities, many of whom do not recognise the issue of women's rights and further more, actively work against dissemination of information, is a problem that has to be addressed. The experience in the different states of casual ethnic worker pools and earmarked positions within different refuges should be further analysed with a view to improving access by immigrant women to women's refuges. Lessons from this program may well apply to other programs which have not yet started to consider the needs of immigrants.
In NSW the Women's Refuge Association has no paid administrative or back-up workers. The Immigrant Women's Refuge Worker's Support Group is an obvious source of important information for policy makers and could be adequately resourced. DCS cannot expect extensive and difficult consultations on these issues without payment or resourcing the refuges appropriately.

Another important issue, that of access to interpreters, needs to be tackled immediately by DCS. If women in crisis and in fear of their lives cannot get access to interpreters then there is little points spending vast amounts of money designing culturally sensitive training packages for workers and holding extensive consultations on the needs of immigrant women.

Clearly refuges are not the only answer to the needs of immigrant women. Many immigrant women need access to sympathetic bi-lingual community and social workers before they reach a point of crisis and need a place of refuge. Such workers could allay women’s fears about deportation and access to Social Security benefits and thus prevent a lot of unnecessary distress and violence. There is also a great need for adequate support for women leaving refuges as well as medium and long term housing. Whilst these are currently seen to be the responsibility of other government departments or other sections of the Department of Community Services, it is a limited and insensitive perspective to see the needs of immigrant women who are the objects of domestic violence as solely being those of supported accommodation.

The issue of the marginalisation of immigrant women workers in refuges needs to be tackled immediately. It is a difficult and sensitive job to work in a refuge - it is a highly skilled job and being bi-lingual is simply not enough. So in order to prevent immigrant women workers remaining on the margins and in order to achieve a sensitive service for immigrant women in refuges it is paramount that DCS supports training of immigrant women workers in refuges.

Finally in the area of WESP it is clear that DCS staff can learn much from the service providers. Much has been written and researched on the causes of domestic violence. It may be of benefit to staff to acquaint themselves with the literature and invite speakers to Departmental training sessions from women who have been involved in the movement over many years. The knowledge of
some of these women is essential if DCS is to achieve equitable access for immigrant women under SAAP.

6.3.2 YOUTH SUPPORTED ACCOMODATION ASSISTANCE PROGRAM

6.3.2.1 THE PROGRAM

Y-SAAP is a joint Commonwealth State program which began operating in January 1985. The youth program aims to help people aged 12-25 years (and dependants) who are homeless as a result of crises - usually in response to a family problem where the person has either voluntarily left or been asked to leave by parents. Services eligible for funding include shelters, refuges, referral services, day centres and child care. Funds are provided for rent, salaries of welfare officers, operational and administrative costs and to buy items other than buildings. The Crisis Accommodation Program under the Commonwealth/State housing agreement provides funds for buildings.

There are one hundred youth accommodation service providers in NSW. Youth refuges in general are run by local committees responsible to YACS. They are currently under-resourced and quite unable to meet the demand placed on them by people in need of their services, resulting in potential users being turned away - present figures indicate that approximately 5,000 young people use refuges every year, whilst as many as 15,000 are being turned away (Interview, Executive Officer, Youth Organisation). This can mean 15 people turned away from every refuge in NSW a week. In view of this they feel no necessity to advertise their services, let alone to non-English speaking people.

$49.1 million was available through this program in 1986-87. In total, 658 services were funded under SAAP in this period. The major aims of the SAAP program are:

a) To provide better and fairer funding for services, fund new services in areas of high need and move towards better wages and conditions for workers.
b) To improve the assessment of the need for services and distribute funds on the basis of need and
c) To involve service providers in advising on program needs.
Along with these general aims the Department has an outline of special assistance for ethnic groups - in this it states that there are no provisions for ear-marking funds for the provision of services to people of non-English speaking backgrounds. Ethno-specific services are not allowed - organisations can appropriately assist special groups where there is significant geographical concentration, but these services must be available to other groups needing assistance. Funding is also available for ethnic worker pools for the Youth sub-program but no program is as yet funded under this system. There are SAAP advisory committees in each state to which ethnic organisations can present their views, but there is no specific ethnic representation on these committees.

6.3.2.2 THE DEPARTMENT

Officers of the Department recognised that very little work had been done in youth refugees on encouraging access for non English speaking youth. At present there is no policy to encourage the employment of bi-lingual staff in youth refuges - this contrasts markedly with work done within the women's refuge movement where there is an EEO policy being actively pursued by many refuges.

No statistics are available on usage patterns of young people from non-English speaking backgrounds in refuges although there was a perception that barriers to access for youth of non English speaking background may be resulting in low usage rates. These barriers were perceived by officers of the Department to be a combination of two factors.

The first problem was seen as "cultural" - there is great pressure on young people from some cultural backgrounds not to leave the family. It is also difficult to determine the level of importance young people from non-English speaking backgrounds place on their parents' cultural background. In this context little is known of whether specialist or mainstream services are appropriate to these groups - most youth from a non-English speaking
background needing accommodation services would be second generation and English speaking, although this alters in the case of refugee youth.

The second barrier to access as seen by the Department was the fact that no information strategies have been devised to educate young people from non English speaking backgrounds on youth accommodation services. Once strategies have been developed it is unclear whether any resources to produce the information will be allocated given the experience of workers in the Women's Refuge Movement.

A further stumbling block in providing services to immigrant youth has occurred through the DIEA/DCS confusion. The formal DCS position holds that refugees are the responsibility of DIEA; the formal DIEA position is that youth refugees are the responsibility of DCS. Application was made through SAAP for the funding of a refuge for Indo-Chinese youth - this was refused on the grounds that refugees are the responsibility of the Department of Immigration and Ethnic Affairs.

The need in the area of young Indo-Chinese refugees is large. Of the 1,163 detached refugees receiving Double Orphans Pension, 46.2% are Vietnamese, 35.0% Ethnic Chinese, 11.4% Cambodian and 3.4% Laotian.

(NC OSS Indo-Chinese Refugee Youth Working Party, Minutes of meetings held 26/8/86, Page 3; 22/5/86 Page 2)

In addition to normal adolescent stresses they often have to cope with the traumas of the past, unresolved grief, anxieties about their families of origin, living in a mixed family, being culturally isolated from 'normal' Australian teenage life and, of course, enormous uncertainties about future employment opportunities, somewhere to live, etc.

(NC OSS Working Party on Refugee Youth, Minutes of Meeting held May 22nd, 1986, Page 1)

It is unreasonable to expect the Indo-Chinese community to be able to absorb this need, given that it is a new community grappling with its own problems of migration and responses to leaving a traumatic situation.

Who actually is responsible for meeting their needs is debatable:
Refugee minors without parents in Australia who do not settle in the care of close relatives (ie 'detached minors') enter Australia as wards of the Minister for Immigration and Ethnic Affairs (ie 'unattached minors') although the day to day responsibility for refugee wards is delegated to State child welfare authorities. (Letter from Don Grimes, Minister for Department of Community Services to Ms L Garton, President, Council of Social Service of New South Wales, 22 July 1986)

The Indo-Chinese Refugee Youth Working Party felt that DIEA believes total responsibility for refugee minors lies with State welfare authorities (Minutes 18/11/86, Page 2). If this is the case DIEA could state that DCS is responsible for funding an Indo-Chinese youth refuge since the State welfare authority in this case (YACS) is funded by SAAP for refugees. It is seen by the Department of Community Services that services to refugee minors are the responsibility of both YACS and DIEA, and therefore not eligible for SAAP funding.

The SAAP national guidelines agreed upon between the Commonwealth and the States, following consultation with service providers, specifically preclude funding under SAAP for migrant hostel accommodation and services with the primary aim of catering for groups which are the particular responsibility of the Commonwealth or State government. (Letter as above)

This is not saying that the application was unsuccessful because it was ethno-specific but rather because the group should be catered for under another department. The letter does, however, go on to say that

The guidelines preclude ethno-specific services ....

which is a reading of the guidelines that is not totally understood by SAAP program officers - the officers interviewed felt there was no clear understanding as to whether ethnpecific services can be funded. An application for SAAP funding for an ethnic specific service, firstly for young immigrant girls, is being developed by a non-Government organisation, with the belief that it has the possibility of being accepted.
The main strategies proposed by program officers are aimed at improving access to young people of non English speaking background with funds made available for training of workers in refuges. Furthermore they argue that anti-discrimination employment policies should be developed as they have been in the Women's Refuge Movement.

Program officers interviewed supported earmarking particular positions in the Department as requiring knowledge of and experience in multi cultural issues.

6.3.2.3 MAINSTREAM ORGANISATIONS

The youth refuge approached had a philosophy of being "open to kids of any background", but found that young people from non English speaking backgrounds do not use the service. Workers at the refuge felt that this was either because these young people do not know about the service, or that non-English speaking families like to keep problems within the family -

Kids that we have had here from migrant backgrounds, quite often their parents are just shock, horror, outrage and you are no longer my son or daughter
(Refuge worker)

The refuge considers the need for an outreach worker to educate families from non English speaking backgrounds on the functions of youth accommodation services only a moderate priority. At present no staff have had training in working with non English speaking communities. The service does not like to advertise because it only has eight beds and they are always full. In general, in NSW refuges are turning away three times the number of young people they can accommodate.

Services are so overwhelmed by the extent of the problems they already have that to take on...the fact that they may be discriminating against young people from a non - English speaking background, particularly in terms of the basic access question is not one that's taken on and it's not one that's comfortable for our services. (Executive Officer, Peak Organisation)
The service does little counselling and follow up, but considers these important areas. The telephone interpreter service was not made use of, and workers at the refuge experienced problems dealing with parents from non English speaking backgrounds -

In one case I had to speak to the 10 year brother who ... I'd tell him something, say 'Can you tell your mother?' and he'd come back and say 'What'd you say I forgot'

(Refuge worker)

Of the 85 member organisations of the Youth Accommodation Association none are specifically concerned with the needs of young people from non English speaking backgrounds. Usage by these groups is extremely low, although no statistics are kept. The association considers there are a number of reasons for this:

- workers and management committees are orientated to serving 'white Anglo-Saxons';
- the image of youth accommodation services is "not one that's generally palatable to the ethnic communities";
- leaving the family for a young migrant is "much more traumatic than for a young Anglo. Young women may have to leave their communities as well as their families"
- youth refuges are mixed sexes and may not be seen "as safe places for young migrant women."

The Association is planning to discuss the development of more appropriate service models for young people from non English speaking backgrounds with the Ethnic Communities Council. The development of an ethnic workers pool is being considered. An application for funding for a supported accommodation service for young women from non English speaking backgrounds is currently being developed - an idea that significantly came from the ECC rather than from the Youth Accommodation Association. Single sex refuges for young single women are eligible to be funded under the SAAP scheme (Joint Ministerial Statement on the Review of Crisis and Youth Accommodation by the Minister for Social Security, the Minister for Housing and Construction and the Minister for Education and Youth Affairs.). Yet it is not known if this would make the situation more palatable to immigrant parents -
young girls may still be ostracised from family and community if they go to a single sex refuge, and the refuge may still seem like an unsafe place.

As with the women's refuges direct contact is with state YACS officers - refuge workers do not deal directly with SAAP officers. Service providers thus receive their funding from the Commonwealth, but are supervised by the State, a situation which makes it difficult for workers to know where to make an input. They may have to negotiate with both levels of government, which can be a drain on resources, time and energy.

We're the meat in the sandwich when the two levels of government disagree which is about nine times out of ten. (Executive Officer, Peak Organisation)

Service providers feel that there is no realistic costing of services and no real planning - which is particularly evident in the new moves towards access and equity for groups hitherto denied access to services. There is a cynical belief that funding for such initiatives is simply based on, for example, halving the amount requested by the groups willing to be innovative.

When governments talk about multiculturalism in terms of providing services I don't think they're particularly serious. It's all very well to have nice policies and in some ways we can be accused of doing the same thing. Our policy on access and equity for migrant young people looks good but our ability to implement it is limited. The government even more so have wonderful buzz words like 'mainstreaming' and 'multiculturalism' but in terms of implementing it and actually putting the resources in it's not at all serious. It doesn't look at what needs to be done and the costing of it. They look at what they've already got and they say 'Oh we can afford to increase funding here' etc. (Executive Officer, Peak Organisation)

Of major concern to the service providers is that youth refuges are simply doing bandaid work due to the enormous increased pressure on their services. Once believed to have some type of development role in working with young people, they are now solely seen as the government's response to the crisis of youth homelessness - a crisis presumably which will be exacerbated by the abolition of the under 18 dole. The fact that problems
experienced by young people from an non-English speaking background require different, sensitive and more time consuming responses does not sit comfortably with refuges current role of crisis management.

6.3.2.4 ETHNIC ORGANISATIONS.

An ethnic welfare organisation was interviewed on problems of access to youth accommodation services for young women. The generation gap was identified as a major problem and the one most likely to lead to young women requiring refuge services.

A lot of parents are still ... living back in time and place where they were 20 years ago ... children have done such great growth that the generation gap ... is doubled ... For the children - they need to understand why parents behave the way they do. (Worker, Ethnic Welfare Organisation)

To have a young person running away from home in the first place is an extremely serious blow to these sorts of families. It's not something that is even considered by many families, let alone considered that it might be a good thing. So when it does happen the reaction is much more extreme than it would be for an Anglo-Saxon family. (Executive, Officer, Peak Organisation.)

Young girls from this community find their way to refuges generally as a result of conflict in the family resulting from "intimidating and dictating" behaviour by the father leading to the young person being removed by the district officer. The concept of a refuge run by the ethnic community was not supported.

"Knowing the attitude ... of our people and their emotion for family binding ... they would see it as an encouragement for children to leave home" (Worker, Ethnic Welfare Organisation).

At the same time, mainstream service providers were not considered to effectively respond to Macedonian youth, while it can be difficult to find appropriately experienced Macedonians to work in community services.

6.3.2.5 POTENTIAL SERVICE USERS.
None of the young women in the discussion group had ever heard of any young people from their community using a youth refuge. One girl told a story of a friend who was half Macedonian and half Australian who got pregnant in Year 11 and was thrown out of home and went to live with her Australian girlfriend and her parents. She did not know about the possibilities of seeking an abortion and therefore left it too late and had the child. The group felt that she could not have turned to the Macedonian community for help because they would have treated her like her father did which is as a disgrace to the family and the community. The young women said that other young Macedonian women did not understand her side of the story.

In a crisis, the young women said they would prefer to turn to somebody their parents did not know.

They (our parents) care about us too much. They don't want us to get hurt, but they also don't want to get embarrassed. (Young Macedonian woman).

Macedonian friends or older relatives would be able to understand the family situation but would often be "too influenced in the traditional ways of parents" and therefore not trustworthy, so Australian friends were more appropriate. The young women expressed their concern that in a small community private problems easily become the subject of community gossip.

Problems experienced by young Macedonian women tended to divided into "Macedonian or migrant problems" and "Australian problems". Problems that only Macedonians or other immigrants have would result in the young women turning to their Macedonian friends (to whom they are closest) or other immigrant friends. In other circumstances they would turn to Australian friends - such as becoming pregnant, where they might also be in need of supported accommodation.

You would rather leave home than get killed. (Young Macedonian woman).

The group felt that their parents overprotected them and were too concerned about their reputations. They feel this concern stems from living in a foreign
country. Macedonia has changed but the parents are unaware of this - young women in Macedonia have more freedom than young Macedonian women in Australia. One young woman who had returned to Macedonia with her parents, reported she was allowed more freedom there. Young Macedonian men are given more freedom than the women, who are expected to marry young within the community. According to them their parents are too much influenced by media reports of "maniacs let loose on the street". It appears that their parents are scared of Australian society and its dangers - their control of their daughters is not something intrinsically ethnic or Macedonian.

Advertising of youth refuge services in the Macedonian community was considered important. The young women also felt that information should be made available to their parents about these services and why they are needed so that they do not seem to be such threatening places. A young woman who had used a refuge found out about it from an Australian friend.

I couldn't stand the situation at home any more. I wasn't allowed to go out. I had a boyfriend who wasn't of my nationality. That caused big problems at home and I couldn't live with it any more. (Young Macedonian woman).

6.4 CHILDREN'S SERVICES

6.4.1 INTRODUCTION

We have a long way to go to getting the right balance between access to specifically designed services and general services...we are fairly well advanced on children's services programs but not so with most of the others.

(Senior Officer, DCS, Central Office).

There is a general perception amongst Senior Officers in the Department of Community Services that it is the childcare area that has developed the most sensitive and well thought through programs for people of non-English speaking background. There is some evidence to suggest that this is the case - though the other programs with which children's services are compared have made minimal progress. However, recent evidence suggests that the situation may now be deteriorating.
The system of childcare in Australia suffers from similar problems to the general provision of human services. There is no systemic provision - that is, no guaranteed government provided childcare program available to all Australian children. The services currently provided are not all primarily concerned with quality care. There has been a Federal commitment to the needs of immigrant communities since the childcare legislation of the early 1970's was put in place. However, most of the initiatives taken have depended on educating local communities and service providers to recognise that they have a special responsibility on these matters.

I really don't think we've tried long enough with the mechanisms that are available to us yet to say that we've got to go a route of enforcing rather than persuasion, and enabling and cajolling...

(Senior Officer, DCS, Central Office).

The preferred approach to introducing change, that of influencing organisations by demonstration of good practice, has worked most effectively where there has already been an interest and commitment from the organisations concerned - in some cases major innovations such as the Lady Gowrie multicultural teams have been achieved. However, where racist attitudes exist, the environment can be a rather difficult one in which to innovate. Not surprisingly, it is often in the areas of greatest need for creative and sensitive children's services that service providers are most resistant to such perspectives.

People were still servicing whoever they wanted to serve. We had a system of reviews that didn't work...if you find an organisation that doesn't comply there is a tremendous battle to get them to understand basic philosophic issues. And you can't not fund them, because there's such a need out in the community that not funding anybody is quite criminal. (Program Officer, DCS, State Office).

There have been a large number of reports and reviews of children's services in the past five years. Many have sought to identify what it means to provide quality care. Most recently, the provision of this care has been has been set within parameters concerned with efficiency, effectiveness and the lowering of the cost of children's services.
Panckhurst, writing for the National Women's Advisory Council in 1984, has noted:

Interpreting childcare needs is a complex matter. We have to look below surface manifestations and be aware of ingrained attitudes and values. Even so, making appropriate interpretations remains extremely difficult because our perceptions of need are based on the way we experience reality and the kinds of assumptions we tend to make. It has been argued, for instance, that perceptions of childcare needs are inevitably class-related; that consequently there may be a mismatch between the perceptions of service providers largely influenced by the values and culture of the anglo-saxon middle-class in Australia, and the perceptions of migrant and working groups...similarly, the controversy over workplace childcare may be linked to class preferences...the desirability of this kind of provision was "hotly contested" by people at different socio-economic levels.
(Panckhurst, 1984:120).

Panckhurst found furthermore that immigrant parents would prefer centre based care if they could get it, to care by unrelated adults. Immigrant factory women and unemployed women alike consistently expressed a desire for workplace childcare facilities (the latter as it would allow them to take up paid employment if it became available). While Panckhurst was not sure as to the reasons for this preference amongst immigrant parents, our evidence suggests that it is the abhorrence of the alternatives that currently exist that makes this option most attractive.

Closeness offers quick reassurance for both parents and children at times of sickness and injury and may be a considerable help in alleviating parents' general anxiety and guilt feelings. Where there is a communication problem for migrant parents, visual reassurance may be especially desirable. More positively, workplace childcare centres enable mothers to breast feed infants or to have contact with children during workbreaks. Information from existing workplace centres shows that these practices do occur when centres adopt a permissive and encouraging policy. The opportunity for such contact is seen as
particularly significant for the migrant child whose contact with the mother language and culture is thus reinforced.
(Panckhurst, 1984:121).

Panckhurst also refers to the strong preference for long daycare programs, beginning before normal centres are open for business. This is particularly appropriate for immigrant parents who work long hours including overtime in factories, or who are involved in rolling shifts, or overlapping shifts. In the latter case, where different parents work different shifts, long daycare provides an opportunity for the parent on the way to work to drop the child off while the parent coming home from work can visit the child and perhaps pick her up later on in the day.

The Department's commitment to making childcare available to working parents does therefore have particular importance to parents of non-English speaking background. While children's services are focussed on working parents, particularly low income parents, the assumption may exist that just because of the high concentration of immigrant parents in these groups, they will particularly benefit from programs and services geared towards these ends. However, there is significant evidence to suggest that this may not be the case.

In the past the Department has developed special additional services to try to improve the participation rate of children of non-English speaking background. Figures from 1982 (reported in the Office of Childcare's "Strategy for improving the access and equity of programs" document) suggested that non English speaking background children had a centre-based daycare participation rate of 16.2%, and a family daycare participation rate of 11.7% respectively, compared with their estimated 21.1% proportion of the total 0 - 4 year old population. While their proportion of that population has risen, their participation rates on the basis of preliminary 1986 figures appear to in fact have dropped.

Thus in 1986 only 6.3% of children attending centre-based care, and only 2.7% of family daycare children are described as being "migrant". The Department has suggested that this reflects an inappropriate recording system on the survey returns from service providers. On the other hand, child care centres may not be recording Australian-born children of immigrants as
"migrants" themselves. While this indeed may have affected a number of cases, it might also suggest that there has been a dramatic fall-off in utilisation by people of non-English speaking background.

It should be noted that this is not because informal family caring systems are effectively supplying all the child care needs in a family (grandmothers, etc.). Indeed, innumerable studies have shown that parents are very worried about informal care arrangements, and see centre-based childcare as a crucial element in the personal and educational development of their children. Daycare is not seen simply as a place to dump children, while parents work, but rather as a vital component in the educational development of the child. Parents recognise that pre-school education may be the only additional support they can make available to their children as a prelude to the experience of the Australian education system. They understand all too well the importance of well developed English language skills as the crucial component for their children in escaping a future of blue collar toil.

The concern for pre-school education by parents, recognised by the women who took part in discussions for this report, suggests that the Department needs to clarify its multicultural goals in respect to children's services. These need careful evaluation, given the May 1987 Financial Statement which traded 600 long day care and 600 occasional care places for 1200 family day care places as a cost cutting measure. Such cuts directly harm the prospects of children dependent on more structured and professional educational approaches - such as the children of immigrants.

The tension between a welfare caring perspective of childcare and the educational perspective of childcare is well known to participants in debates on children's services. While children's services are funded in order to allow parents to work, they also exist to enable children to develop. The recent report on "Quality of long day childcare in Australia" to the Minister of Community Services prepared by the Australian Early Childhood Association

---

1 The nexus between pre-school education and child care is a problem facing immigrant parents. The Department is concerned that parents misapprehend the differences between these, and the sole responsibility of the States for pre school education. This presents immigrant parents with yet another problem. We are not alleging that the Commonwealth has "failed" to meet a responsibility which it does not legally have. Rather there is a failure in the whole system to meet the needs of parents and children. The parents are under no confusion as to their needs, only confused by bureaucratic buckpassing. This is a problem we feel the Department should address.
in December, 1986 stresses the crucial importance of effective quality of service through the development of appropriate planned curriculum.

The report refers to children from immigrant backgrounds as children with special needs. The Association report suggests that where such children exist in a centre, staff should be employed with special skills in language and child development. There should be, in addition, suitable in-service training for non-specialist caregivers, and a program of co-ordinating advisory services for both families and service providers. In particular the Association points out the importance of having non-sexist and anti-racist programs available for children from a very early age.

The Association stresses the importance of additional staff with specific skills. Yet in the new areas of the cities where many of the immigrant people settle, where there are large public housing estates, few trained pre-school teachers are available. Pre-school and early childhood teachers who have a particular interest in and a capacity for working with children of non-English speaking background are almost unknown in these areas.

Immigrant women in these areas, facing high unemployment (which is likely to increase as the government's Textile Clothing and Footwear policy leads to factory closures), require access to English for their own economic survival. In order to take-up the opportunities available through the Adult Migrant Education Program they need childcare facilities. Yet the current practice\(^1\) of giving priorities to people who are already working means that women who simply want childcare in order to attend English language lessons may find themselves facing long queues and a low level of priority. The AMES can make only a limited number of child care places available, and in some areas of major need, such as the Illawarra, places associated with AMES centres have been reduced.

A report on ethnic child care by Jocelyn Dunphy, prepared in 1982 for the Australian Institute of Multicultural Affairs evaluation of the Galbally Report\(^2\), identified the issue of high quality staff as absolutely crucial to the

---

\(^1\) This practice seems to occur even though the Commonwealth policy allows for parents undertaking vocational training or seeking employment to be accorded the same high priority for childcare.

\(^2\) The report which was buried by AIMA because of its criticisms of the conservative government's policy in these areas and its commendation of the director of the Office of Child Care's resistance to the then government's attempts to privatise child care.
development of programs. "High quality staff" comprise people who have been trained at a tertiary level, and who have the broad range and professional skills to identify the development needs of children and prepare effective programs to meet their needs.

The report by the Australian Early Childhood Association on the quality of long day childcare noted that teacher heads of childcare centres were often enmeshed in administration for a large part of their day. They could rarely give the time and personal attention necessary to the development needs of individual children.

The Department policy in relation to children of immigrants in the past has been either to establish "ethno-specific" child care services, by which is meant services run by an ethnic organisation but open to all children, or to provide supplementary support in general centres through ethnic child care aides. The supplementary support model does not encompass the essential quality of care and curriculum issues.

Analyses of the needs of immigrant parents, the development of their children, and the training and provision of staff, point towards more highly skilled workers, who are better trained and more broadly sensitive to the issues involved. However, the economic situation directs pressure in exactly the opposite direction.

The Department of Community Services Peer Review of Highcost Childcare Centres in Australia prepared in August, 1986 found that the present ratio of qualified staff to unqualified staff is higher than would appear necessary. It also found that the hours of operation beyond ten per day, and in weeks of operation beyond forty-eight, involved significant additional staff costs. The report recommended that the Department develop a policy establishing the quality of care. This policy should both satisfy its funding priorities, and be congruent with community norms and expectations. However, the report presented no evidence on what particular problems centres experience in meeting the needs of children of non-English speaking background in centres concerned primarily with one or two immigrant communities (i.e. ethno-specific services), or for general childcare centres.
Yet the report recommends a general reduction in the overall ratio of qualified to unqualified staff - so that it reaches two qualified staff for each five unqualified staff in a centre. It also proposes that centres be encouraged to move towards a ten hour day forty-eight week year. The caveat offered by the report suggests this should only occur where priority of access guidelines permit. Centres seeking to respond to groups in need of special programs and additional services, should not be encouraged to shorten their operational functioning time.

Moreover, the document does not deal with the implications for non-English speaking children or services seeking to meet their needs. In the current economic environment the report is likely to be read as recommending reductions in services which are currently available to people of non-English speaking background.

On the other hand, and in reflection of perspectives that many people from ethnic organisations have long advocated, the report recommends the Department should consider that all new centres be developed as part of larger complexes incorporating other programs. A focus on family support and the professional development of the operators should be part of such a process.

Perhaps one of the most dangerous recommendations is that on staffing. Quality of care provided in centres for children of non-English speaking background, would be seriously undermined by recommendations that voluntary labour be encouraged - particularly in the relief and administration areas. The implications for quality services, of requiring centres to use volunteer labour are hidden. The report fails to specify the likely effects on special needs groups. This occurred because the Department failed to specify this as an issue in the Consultant's Brief.

In the context of reduced funding, the shift of funding towards subsidies to places in centres rather than centre operations overall, and the resurgent concern for family day care, it is extremely important to identify exactly what the Department means by its mainstreaming strategies.

6.4.2 DEPARTMENTAL PERCEPTIONS OF THE ISSUES.
The Office recognises that the participation of children from non English speaking backgrounds in child care centres is low. The Office has a number of specific approaches to improve this situation - Ethnic Children's Services Workers, Casual Ethnic Workers Pools and Supplementary Services Grants.

Yet these approaches are not necessarily realistic responses, given the "real world" situation in which they are implemented. A recent advertisement for a local government "ethnic children supplementary services worker" provides a synopsis of the Herculean task presented to such workers and the resources available to them. The successful applicant was required to have

an understanding of different child rearing and child care practices of different Racial and Ethnic minority groups, as well as an understanding of the special needs of children with disabilities.

The worker would also be expected to have a degree or diploma in the social sciences. She would need to provide her own vehicle for the post. She would be paid up to $391 per week, with a car allowance. It is inconceivable that this level of salary could attract someone with the necessary range of skills - if such person indeed exists. While the Commonwealth provides some $4 million p.a. for SUPS child care support, the funds appear insufficient in particular cases to allow the worthwhile goals to be effectively implemented. One ethnic child care worker feared that the positions were almost planned for failure, thus allowing service providers "off the hook" as they point to their overloaded "special needs" worker. The concern of the Department to ensure that immigrant children are not disadvantaged is constrained by the limitations of resources available for this purpose.

Most of the child care centres are full to overflowing and most of the waiting lists are very long. I don't think that should mean that you don't try to develop a service that meets the cultural needs of that total community ... in the same way that some English speaking parents will be disappointed, some parents from non English speaking backgrounds are also going to be disappointed. (Senior Officer, DCS, Central Office).

Work related child care has also been identified as "particularly appropriate for meeting the care needs of migrant families". The Office recognises Family
Day Care as a particularly difficult program for people of non English speaking background to gain access:

Family day care ... is the hardest part of the program to make responsive ... family day care schemes are very white Anglo Saxon orientated ... more comfortable accepting children with backgrounds similar to their own? (Senior Officer, DCS, Central Office).

The Office has doubts about its effectiveness in getting information to non English speaking communities:

There's probably a real lack of understanding of how to get information through to ethnic communities who are wanting to become involved in establishing services, or ethnic communities whose members want to become involved in using services (Senior Officer, DCS, Central Office).

The situation is not made easier to understand when the criteria for funding of ethnospecific services is presented thus:

We still say that we're able to provide ethnospecific services ... but we doubt whether they are appropriate in many situations ... we don't think that we're yet going to admit failure in the mainstreaming area (Senior Officer, DCS, Central Office).

The Office of Child Care has adopted the principle of mainstreaming in the provision of children's services. By this it means the provision of services so that standard day care services are culturally sensitive and linguistically appropriate to the needs of migrant children (OCC Policy statement).

The Office believes priority is given to the needs of children from non English speaking backgrounds because preference in child care places is given to working parents and fee relief is given to low and middle income families. Immigrant families are over represented in both these groups. However this assumption cannot necessarily stand unquestioned. Immigrant parents may be even more disadvantaged specifically because they are concentrated in
the high priority groups but still do not get the child care services they require for their children.

The practical operation of mainstreaming is dependant on

Service providers at the local level (working) closely with ethnic groups to ensure they provide access to, and appropriate services for, ethnic minority groups ... The Department has no intention of forcing or threatening services into adopting new attitudes. Rather it seeks to actively influence services, and the community generally (OCC Paper presented to FECCA conference, Sydney, 986).

6.4.3 ETHNIC ORGANISATIONS

The ethnic organisations which participated in the discussions on child care services to people of non English speaking backgrounds shared many perspectives and experiences. One of the organisations was involved in "ethno-specific" provision of care.

The major barriers to participation of children from a non English speaking background in child care services include:

- lack of relevant information
- lack of bi-lingual workers
- lack of culturally sensitive programs
- unsuitable hours
- high cost

Many mothers found great difficulty in getting any form of child care.

My sister-in-law has to learn English but she has children ... she try to get child care but she has to wait one year but she has to learn English now. She needs to go shopping, everything you must learn English. Now she is waiting at home for a year to learn English. (Turkish mother).

Cost is a major factor in preventing many women in the Turkish community from using child care. This view was also supported by members of the
Arabic Women's Federation. Both groups knew of many women who wished to attend English classes but could not get child care services. There is a large demand for occasional care services, and services which exist are often full or in inaccessible locations (most of the women travel by public transport).

The mothers and the organisational activists emphasised the crucial need for child care services, to provide educational development, particularly in learning the English language:

One woman, her daughter is two years old. She works in a textile factory. She earns $190 a week clear and pays $70 for childcare ... she has paid that for years so her children get a good social start, learns English before she gets to school (Turkish woman).

There are reports in a number of ethnic communities of children being sent to live with grandparents or other relatives overseas because child care was unavailable, and parents had to work. The hours of operation of child care centres are often inappropriate for people working in industrial areas:

We have no family here. Nobody has any relatives. You look at the people in industry. We are the ones who demand changes in the hours of child care. They open between 9-5 ... people who work in industry - 40% are migrants. They start at 7.00am. None of the child care centres are open. It is a problem for all migrant people because we don't have any relatives (Turkish woman).

There is strong support for work based child care

It's a great thing ... you don't have problems with transportation' (Turkish Woman).

Many women in the Federation were suspicious of Family Day Care and the quality of care it could provide:

Us mothers we don't want a place where we can dump the kids in the morning ... My child was with Family Day Care for 3 months. I used to sit on the toilets and cry. You don't know what is happening to your child ... You've got nobody responsible. They get one visit a week ...
these women are not trained ... I'm not qualified to look after someone else's child ... it is training what is needed to look after groups of children' (Turkish woman).

Some ladies give children sleeping pills so they keep quiet. I'm not trusting Family Day Care (Turkish woman).

It is generally agreed in ethnic organisations that bi-lingual staff are an essential component of appropriate and accessible child care services. However, it is also recognised that many services do not make use of the resources which are available to them from the Office of Child Care and other appropriate organisations (such as Lady Gowrie) interested in assisting services to become more accessible to people of non English speaking communities.

Many child care services do not use subs workers or casual workers pool even when they have a lot of children from non English speaking backgrounds (Worker Ethnic Child Care organisation).

There is a strongly held view amongst ethnic service organisations that the Office of Child Care should establish an accountability process to either the funding or the licensing body. Such an accountability process would ensure that child care services were responsible to non English speaking communities. This would require the Office to collect accurate data on user profiles of services and to develop its own multicultural policy.

There is support for the funding of ethno-specific services on the basis of their demonstrated capacity to cater for children of all ethnic backgrounds, Anglo children included. Yet this can only be achieved if there is a careful statement of educational goals for young children in a multicultural society. The quality of care is a major concern for ethnic organisations.

It's more important to look at the quality of the service, rather than whether it is sponsored by a mainstream or an ethnic organisation. Although, if church groups can sponsor services, why not a Muslim organisation? (Ethnic child care organisation).
One major problem of extensive concern to ethnic organisations, reflecting as it does the experience of individuals in the communities, is that of information or the lack of it. The availability of child care services often does not reach people of non English speaking backgrounds.

Always the migrant communities are last to find out about new centres - so they get on the waiting list (Worker Ethnic Child Care organisation).

The Marrickville based Ethnic Child Care Unit has noted a reluctance on the part of many local councils to use multi-lingual information on child care services. Of 174 councils approached in 1985 with a view to providing them with such information, only 34 responded. Generally, the quality of information available to non English speaking communities on child care services varies markedly from centre to centre, and from one local government area to another. Ethnic organisations believed the most effective means of publicity was through ethnic newspapers and 2EA language broadcasts.

6.4.4 MAINSTREAM SERVICE PROVIDERS

Three mainstream service providers were interviewed: a local council, a family day care scheme and a community centre with an interest in child care.

The Council interviewed runs a broad range of children's services: long day care, vacation care and before and after school programs. No figures are kept on enrolment patterns but a council officer estimated that 50% of children are from non English speaking backgrounds. In the Family Day Care scheme children from non English speaking background represented one in three. Both forms of child care have long waiting lists, with the Family Day Care Scheme having 119 applications for 50 positions. The community centre representative believed children from non English speaking background were however under-represented in all forms of childcare.

The Council did not distribute any specific information on children's services to reach non English speaking communities.
It's the Aussies who miss out. All the migrants know what exists are quite happy to ring up and demand services (Worker Council)

There is no recognition in the content of Council programs that the area serviced is an area of high immigrant population. Children from non-English speaking backgrounds are viewed as a 'special needs' group. In cases of "special need" a Supps worker is thought necessary to teach language skills. However, the Council worker would have preferred to get funding for a worker to deal with children "at risk" (of violence and abuse) which she viewed as a larger problem. An example was given of a situation where a Supps worker would be appropriate:

An Arabic child who is a slow learner because no English is spoken at home and he went to a family day care mother who spoke Greek [and at the centre he needs to be taught English because his pre-centre experience has "retarded" his development].

Although the Council centres cater for a high proportion of non English speaking children, there is no policy on the employment of staff from non English speaking backgrounds:

Emphasis is on the skills the person has to offer. We have one centre where 60% (or 80%?) of the children are Phillipino. We could employ a Phillipino worker but they couldn't relate to the other children.

The Family Day Care Scheme worker felt the need for outreach workers to be employed to liaise with a number of non English speaking communities to encourage access to the scheme. The scheme had already attempted to integrate some Chinese day care mothers from the Chinese Family Day Care Scheme.

It wasn't successful. There wasn't the call for it (Worker Family Day Care).

Most non English speaking parents want a carer who can speak English so their child has the opportunity to develop English language skills. This then can create difficulties in matching the needs of carers and parents, as there
may be conflict regarding appropriate child rearing practices. The solution currently put forward by the Scheme is to have a pool of casual ethnic workers to come into the home for 'a couple of hours a day' (Worker Family Day Care).

The Scheme receives a large number of requests for occasional care, 90% of which are from non English speaking parents.

The Community Centre worker was concerned at the lack of multicultural programming in child care centres in the area. A survey had been undertaken of centres to identify what support they would need to develop more "appropriate" programs for children. There is strong local resistance to such moves, exemplified by responses at a Children's Services Co-ordinating Committee comprising child care workers and State Government children's services officers. The State Government officer stated at one point in the meeting, which took place soon after the 1986 August Federal Budget with its decimation of "ethnic services", that "Multiculturalism is a dead issue".

Another child care worker stated

I support what you say (on the need for multicultural programs in child care centres), but it's not relevant in our centre. We put up signs in different languages and they didn't come. We have some migrants but they all speak English.

A common view of access expressed in the meeting was that it simply means not refusing services to people because they do not speak English or are of immigrant origin. Multicultural programming and appropriate staffing policies are seen as optional extras rather than integral part of accessible services. At one point in the meeting the State Government officer responded to the concern expressed by a worker at the lack of response by the services to the concept of multicultural services

... and why should they? ... if they don't see it as an issue they're entitled to their own view.

6.4.5 CONSUMERS
We need child care for younger children and I can't work because I can't get child care ... it is also too expensive (Woman Turkish Group)

If I have to spend a lot of money in transport and child care I have to stay home. Even if English classes are free. We live on one income and we pay a mortgage. We can't afford it (Woman Spanish Group).

Women in both groups believed child care to be too expensive. The women knew of many women who could not attend English classes because child care was either too expensive or not available. They felt child care was completely inaccessible to non working women.

The child comes from different country, different culture and should have the chance to go to child care to learn to communicate and integrate into the community (Woman Spanish Group).

My daughter has a lot of problems at school because she didn't learn English. It effects the whole family. I can't explain anything to the teacher and I worry about her (Woman Spanish Group).

Both groups felt is is essential for children from non English speaking backgrounds to attend pre school. None of the women had children who had attended pre-school, either because it was unavailable or too expensive. Casual care was considered too expensive and required bookings long in advance. Women in both groups thought the presence of bi-lingual child care workers in centres was essential.

I want workers in both English and Turkish. My husband doesn't speak English, so how can he talk to my children if they don't speak Turkish (Woman Turkish Group).

Many women in the groups had used informal care because they couldn't afford formal services and were working. Some had stories of child abuse from carers. All were opposed to the use of Family Day Care for the following reasons:

- lack of training of Day Care mothers
- desire for an environment that incorporates their own culture and allows their child to learn English
- lack of trust that their child will be properly cared for.

There was strong support in both groups for work based child care. The women felt it would cut down on travel time and allow them extra time with their children. Most felt the hours of child care services were inadequate and favoured hours between 6am-6pm. Many of the women experienced difficulties attending classes for English as a result of lack of appropriate child care. There was support for the extension of vacation care programs for school aged children.

6.5 RECOMMENDATIONS

6.5.2 HOME AND COMMUNITY CARE PROGRAM (HACC)

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

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

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

R.6.2.4 Issues which specifically affect immigrants with disabilities and aged immigrants, as investigated by other Program areas should be included in training sessions developed for HACC personnel.

6.5.3.1 THE WOMEN'S EMERGENCY SUPPORT PROGRAM (WESP)
R 6.3.1 That the Department of Community Services in conjunction with the Immigrant women's refuge workers' support group review the earmarking of positions in refuges for immigrant workers in line with the equal employment numbers policy of the women's refuge movement.

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

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

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

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

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

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

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

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

6.5.3.2 YOUTH SUPPORTED ACCOMODATION ASSISTANCE PROGRAM (Y SAAP)
R 6.3.10 All Youth Refuges should develop Equal Employment Opportunity Plans as a condition of funding.

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

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

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

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

6.5.4 CHILDREN'S SERVICES

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

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

R 6.4.3 That greater consultation needs to take place with immigrant communities on a regional and local level to assist in the planning of children's services.
R 6.4.4 That the Department Investigate methods of extending centre child care hours and providing the necessary funding.

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

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

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

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

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

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

7.1 INTRODUCTION

Disability is the most neglected area in terms of migrants.
(Senior Officer, DCS, Central Office).

In the Handicapped Person's Review I think we can say we scored ten out of ten for access, five out of ten for having deaf interpreters there and probably none out of ten for migrants. (Senior Policy Advisor, DCS).

It's probably just a matter of innocent ignorance or fear ... people steer away from things they don't understand or aren't familiar with ... most people take the easy thing first unless you are a masochist.

[QUESTION: DO YOU THINK WORKING WITH MIGRANTS WITH DISABILITIES IS A MASOCCHISTIC THING TO DO?] Yes it probably is.
(Worker, Disability Advocacy Group)

The needs of immigrants with disabilities has been a matter for concern at Federal Government policy and planning level for sometime. However, services for immigrants with disabilities in the community have been neglected. Neither those services provided directly by the Department of Community Services, (i.e. Rehabilitation) nor services provided by the non-government sector through funds received from the Department have a record of sensitivity and effectiveness. The Poverty Enquiry, in the survey of the Australian Government Rehabilitation Service, found that immigrants were more likely than Australian born to be rejected from the Commonwealth Rehabilitation Service (LeSueur 1977).

The Galbally Review in 1978 (Galbally, 1978) suggested that lack of understanding by professionals towards injured immigrants was in part responsible for this situation and recommended a number of improvements.
The Review recommended that rehabilitation staff should be encouraged to specialise in providing services for particular ethnic groups and furthermore that rehabilitation services should recruit multilingual staff and become more aware of the cultural backgrounds of immigrants. Three years later a review of the implementation of the Galbally proposals suggested that research be undertaken so that more information was known about the population of immigrant people with disabilities in Australia. (Australian Institute of Multicultural Affairs, 1982a)

This climate of concern prompted the Department of Social Security to commission a resource kit in 1982 aimed at service providers to enable them to understand more clearly the needs of immigrants with disabilities. Subsequently the "Double Handicap Trainers Guide" (Ethnic Child Care Unit, 1983) was produced. The kit was comprehensive and informative and contained lists of resources. However neither financial nor staff resources were allocated to workshop the kit with professionals in the non-government sector. The kit appears little known amongst DCS staff and its potential has never been realised. We understand that the kit is now being updated with money under PUGS (Program Upgrading Scheme) and it is hoped that the same fate will not befall the second edition.

The Australian Institute of Multicultural Affairs (AIMA) produced "The Disabled Migrant" an annotated bibliography which covered 150 items in 4 main areas(Australian Institute of Multicultural Affairs, 1982b). The Department of Immigration and Ethnic Affairs produced "Finding the Handicapped Migrant: Conceptual and Policy Issues" in 1984. This study was aimed at finding out whether the adult migrant education program was meeting the English language learning needs of immigrants with physical disabilities in the Melbourne area. The study noted that a major problem was the lack of data on the prevalence of immigrants with disabilities. Nevertheless they arrived at a conclusion which stated that

the potential market for specially developed ELLPS(English Language Learning Programs) for both the visually impaired and the hearing impaired migrant from NES countries is somewhat limited: that the
development of appropriate programs would be very costly in terms of necessary expertise... Our view is that such programs do not have a high social priority. (Department of Immigration and Ethnic Affairs, 1984:28)

As a consequence of the Review of the Galbally proposals undertaken by AIMA, the National Advisory Committee on the Handicapped (replaced by DACA (Disability Advisory Council of Australia) retained the Centre for Multicultural Studies at the University of Wollongong, to produce a report on "Commonwealth Government Provisions for Handicapped Migrants: A review and evaluation". This report was, however, not published because of its limitations.

In 1984, 7 years after the Le Sueur report, the Commonwealth Rehabilitation Service published a forward plan for the triennium July 1984 to June 1987, 'Community-based Rehabilitation for People with Disabilities' (Australia, Department of Social Security 1984). Chapter 11 was entitled 'Equal Access - Appropriate Services: Migrants and the CRS'. It was acknowledged that immigrants with disabilities had been disadvantaged in gaining access to rehabilitation and argued that

To significantly improve this situation requires co-ordinated national strategies rather than ad hoc responses to immediate problems. (1984:92)

Ten proposals for action were adopted for implementation during the triennium (June 1984 - June 1987). A significant number of these proposals appear not to have been acted on. Those that have warranted attention have received a limited, ad hoc and often tokenistic action. There certainly have been no "co-ordinated national strategies".

Leeman conducted a survey of staff in the Rehabilitation Services in Victoria in 1986. He concluded that few staff were making use of available language resources, including ethnic counsellors. Furthermore
Compared with clients from English speaking backgrounds, considerably more know-how and skills are demanded from departmental staff if they are to provide services of equal relevance to ethnic clients. (Australia, Department of Community Services, Rehabilitation Branch, Victoria, 1986).

Many studies have emphasised that immigrants are employed in unskilled and dangerous parts of the labour market which make them vulnerable to a high rate of industrial injuries and subsequent disability. Yet the federal government's own review of handicapped programs "New Directions" 1985, failed to mention this issue. It contained but a passing reference to the problems of immigrants.

The complex relationship between country of origin, social class, disability, language skills and cultural view of disability is difficult for service providers to take into account. Unfortunately, this often leads to people of ethnic origin being excluded from services. (Australia, Minister for Community Services, 1985).

The Office of Disability pointed out to us that few immigrants were involved in the Handicapped Persons' Review consultations or the consultations undertaken by the Office in developing its priorities. The "philosophical" position taken by the Office, that it is concerned with individual needs and opposed to identifying people as members of groups, means that almost no attention is paid to those who are hidden from the mainstream. It also ignores the policy issues which emerge from a careful consideration of the common experience or structural position of groups. It also appears to directly contradict the policy goals of Access and Equity. While the FECCA consultation recommendation is not appropriate to a small office, to the effect that the ethnic officer at the Office of Disability make herself known to the outside world (there is no such person at present), the Office has yet to ensure that at least the level of group knowledge and activity as is shown by the Office of the Aged staff is developed in the Office of Disability.
The new Disability Services Act (1986) which resulted from the review, has allowed the Minister to establish a number of objectives relevant to the needs of immigrants -

(5) That programs and services should reflect the needs of people with disabilities who experience double disadvantage as a result of sex, ethnic origin and aboriginality,
(2) That services for people with disabilities should ensure that the conditions of the everyday life of people with disabilities are the same as, or as close as possible to, norms and patterns which are valued in the general community.

Don't Settle for Less, the Report of the Committee for Stage 1 of the Review of Migrant and Multicultural Programs and Services, 1986, neglects immigrants with disabilities entirely, whilst noting disadvantage in "specific categories such as youth, women, the aged, those living in rural areas, small and newly forming communities and refugees." (Australia, Department of Immigration and Ethnic Affairs 1986:49). Thus the issue has been only partially addressed by government in policy documents and often has fallen between the portfolios responsible for immigration and disability.

7.2 PROGRAM OUTLINE AND INITIATIVES FOR IMMIGRANTS. ¹

The goals of the Disability Services Program flow from the philosophies embodied in the Disability Services Act (1986) and are designed to achieve for people with disabilities "positive outcomes of competence, self-reliance, participation in the community, choice and image" (Nicolaou 1987:111). Under the DSP charitable, voluntary, local government and self-help groups are eligible for funding. The services that can be funded include the following

¹ When this research was carried out Disability Services Program and the Commonwealth Rehabilitation Service had not yet been amalgamated although the CRS was undergoing major structural change including its regionalisation of services.
- accommodation support
- respite care
- supported employment
- competitive employment, training and placement
- independent living training
- advocacy and information
- recreation
- services for people with a print disability

The Disability Services Program operates under a submission based funding model. Currently (with the exception of Demonstration Projects), the Department does not meet 100% of the costs of any service. The onus is thus put on the organisation to raise some part of the costs themselves. This has had the unintended consequence of disadvantaging the least organised groups - e.g. immigrants with a double handicap. Organisations applying for funding must also demonstrate a commitment to normalisation and the least restrictive alternative, but the implications of these philosophies for immigrants have not been seriously considered by the Department.

The Portfolio Programs Statements include a section entitled "Program for People with Disabilities Who Need Additional Assistance". There are 4 sub-programs identified:

(1) accommodation and accommodation support, which seeks to relocate younger disabled people from nursing homes to community based housing;
(2) employment and vocational training, which seeks to enhance job placement, job retention and job mobility amongst people with disabilities;
(3) community participation, which seeks to help people with disabilities achieve competence, self-reliance, participation, ability to choose and a positive self-image in the community;
(4) program management support and administration which seeks to ensure policy development, co-ordination, planning, implementation, evaluation and review of the program.
It is hard to ascertain where the direct service provisions of DCS - Rehabilitation Services - fits within the four sub-programs identified. The Services aim to "help people with disabilities enhance their competences in employment, household tasks and personal independence." (Portfolio program statements, 1987-88). Rehabilitation Services are undergoing fundamental changes with the sale of the large centres and the move towards community based, regionalised services, but centres were still operating in NSW at the time of this research and the new regional units were not in place.

It has been difficult to get an overall or national view of how Rehabilitation Services intend to function in the future as little information has been made available from Central Office on the details of "multicultural access" (for example no paper provided by Rehabilitation Services for the FECCA conference).

Few of the recommendations from the Three Year Plan have been implemented by all states. The Kern Report which provided an update on the Three Year Plan in February 1986 allocates two paragraphs to immigrants in a 128 page document. (Kern 1986). He makes reference to the still existing low rate of referral compared with the high level of need and yet his recommendation - "the need to consider appointing ethnic liaison officers"(p.24)- did not even reach the base level set by the Three Year Plan.

The commitments made in the Three Year Plan and the progress achieved (as far as we could ascertain)\(^1\) is as follows:

i) **monitoring mechanism in each state** - not apparently in place.

ii) **Central Office Review and Evaluation Team periodic review of provision** - no evidence of implementation.

---

\(^1\) Despite requests for more up to date material, following criticism of our draft report which contained the material covered here, no additional data was provided on progress towards meeting the Three Year Plan. This report was finalised after the end of the Three Year plan period, August 1987.
iii) Each state examine need for ethnic counselling/health workers - no action in at least one state, NSW; no evidence of action in NT, WA, Queensland, Tasmania.

iv) Encourage appointment of bi-lingual staff including overseas trained - no action in NSW; in fact reverse as no positions advertised during regionalisation even mention non English speaking workers or clients.

v) Central Office encourage pilot projects - no evidence of C.O. initiatives.

vi) Staff training - minimal token action on voluntary basis for staff in NSW; substantial training materials developed in Victoria; some ad hoc training in South Australia.

vii) Printed and a.v. material in community languages - progress extremely slow.

viii) Effective publicity program with ethnic press - no evidence of effectiveness or program: occasional publicity.

ix) Migrant consultative committees - no action anywhere but Victoria, where committee preceded Three Year Plan.

x) Community based programs for migrants - increasing referrals from Rehabilitation services to voluntary sector.

A number of the claims made in 1986 to innovations under the Plan since 1984 were in fact in place prior to the Plan, such as the Ethnic Counselling Service in Victoria and the Hunter Migrant Services Project. The other "achievements" of the Three Year Plan identified in the Access and Equity Statement were:

* Fee for Service Ethnic Liaison Officers in South Australia;
* Use of Interpreters extensively; where there are no ethnic counsellors or ELO's, use of the DIEA Telephone Interpreter Service;
* Two three month projects (in SA and Vic) on ethnic women with disabilities. Neither report has been made available to the researchers, despite requests;
* A single "Advisor (Access)" to handle the access issues for NESB people and women.

The 1986 plans for subsequent years tend to simply reiterate the proposals from 1984. There is no reason to believe that progress will be any more rapid in the next two years, unless the Central Office and State Program Senior Assistant Directors commit their own energy and political muscle to changing rigid, racist practices. The decision to create a single access position for half the population (women), and immigrants, is in direct opposition to the detailed arguments put forward against this amalgam of discriminated groups in Breaking In and Breaking Out (Meekosha 1986).

Rehabilitation Services vary from state to state in the amount of effort they devote to immigrants. However, once again because of no overall planning and monitoring by central office the considerable initiatives taken by, for example, Victoria and the lessons to be learnt from these initiatives have not been communicated to the other states.

Apart from Victoria, where issues affecting immigrants appear to have been incorporated into basic resource and planning decisions, there are clear indications in the practice of other states that immigrants remain ion the margins. Three month projects carried out by inexperienced staff hardly reflect corporate commitment - e.g. the New South Wales use of a brand new Assistant Research Officer to develop the demographic and community organisational data base on immigrants, services and institutions for the state$^1$.

Over the past eight years Victoria has set up of an ethnic advisory committee, an ethnic counselling program employing fifty counsellors representing 15 community languages and an ethnic services unit. Currently a multi-cultural

---

$^1$ We were asked to (and did) provide free consultancy support to this worker to enable her to do her job. It is unlikely that commercial consultants in any other area would be asked to help Department workers carry out their responsibilities.
skills project is being developed for Rehabilitation Services in Victoria by the Ecumenical Migration Centre.

South Australia have also been working on issues to do with immigrant access since 1984 when it was discovered that only 2% of Rehabilitation Services clients in South Australia were immigrant. Programs have been run for Greek women with RSI and since 1985 have been using ethnic rehabilitation workers. These measures have resulted in the percentage climbing to 9% in March 1986. The State Office has recognised its limited success with the first model of ethnic workers, and is now broadening their role, and locating them in the regions where they can be most effective. South Australia has recognised the dangers of inherent structural discrimination against immigrants. A recent decision was taken that when making an assessment about suitability of a client for rehabilitation, English language proficiency, education and work background will be disregarded. South Australia is also the only state to put out multi-lingual information on rehabilitation services.

South Australia has recognised the importance of psychiatric disabilities for immigrant women. They refer to the statistics which show that women from Non English Speaking Background were five times more likely to be diagnosed as having a mental illness. As a result of this the Western Rehabilitation Unit are running a project for women "whose primary disability was emotional distress".

The New South Wales office has conducted some bi-lingual programs in back education in Greek, Italian, Serbo-Croat, Spanish, Turkish and Macedonian. There have also been other attempts to get information across to immigrants about general programs. Unfortunately the publicity prepared in "all languages" and the video shown on SBS television all referred to the services at the Queen Elizabeth II Centre, now closed. While State Office claims that "all facilities use interpreters when required", there are many cases reported by staff where TIS interpreters are simply unavailable or not competent to deal with complex rehabilitation situations.
However it is clear that the Department’s raised profile on Access and Equity stimulated some thinking in NSW. An Access and Equity statement in March 1987 revealed major plans had been drawn up in the wake of the FECCA consultations. The new plans identified policy development, consumer involvement, staff training and development, data base establishment, specialist resources (including selection criteria), and quality assurance. However, the practice suggests that the plans have a long way to go before they are effective. One area where the Department has the chance to immediately implement these plans without serious problems - the recruitment of staff for the new regional units - sensitivity to issues of access and equity are not identified in the advertisements. The recruitment of bilingual staff or staff trained overseas (as recommended by the Three Year Plan in 1984) is not even attempted.

Moreover, while there is a general policy commitment to Access and Equity, there are some signs that the practical implementation raises issues of concern to some staff in NSW. While there is a concern to increase immigrant usage, they also feel that they may have to develop ways of stemming the tide of demands from immigrants that any effective Access and Equity plan may generate. Thus an analysis of "ethno-specific aides" made by a senior program officer in NSW expressed the fear that

...any increase in ethno-specific resources within the organisation is likely to generate high levels of enquiry to which our services may not be relevant. The implications go beyond case load control, and could require not only a sound knowledge of appropriate referral options in each region, but also some sensitive procedures for screening and dealing with inappropriate approaches (Memo 1225E, "NESB Access Strategy FECCA Draft Report", 9 February 1987).

Few initiatives have been taken to improve access by immigrants to disability services. The Disability Services Strategic Plan (26/9/1986) does not incorporate special needs groups at all. Major revisions to funding agreements
and the employment of funding consultants have also failed to identify issues relevant to special needs groups such as immigrants.

There's just not the interest in the disability field in the issue. (Senior Officer, DCS, State Office)

In the Disability Program I'd not be confident at all because we're a long way from getting any state level /regional level plan into operation that's satisfactory, and apart from what development work individual project staff might have taken on ... it reflects ... the degree of disarray with which that program has stumbled over a number of years, the lack of conceptual and policy thinking .... and ... the dearth of resources that have been devoted to that activity. (Senior Officer, DCS, Central Office)

The lack of an overall strategy is evident in the fact that the few innovations that have taken place for immigrants with disabilities have largely come from individuals either within the bureaucracy or within the community sector. Two demonstration projects (out of 116) were funded to address the needs of immigrants with disabilities - they were ADEC (Action on Disability in Ethnic Communities in Victoria) providing an advocacy and information link-up service, and Woodville Resources Centre in Adelaide which provides bi-lingual advocates. The new Disability Services Program has identified access for immigrants as one of the innovations for which funded bodies can receive a 65% salary subsidy compared with the normal 50% subsidy as from January 1988. It is debatable whether this initiative will make ethnic organisations able to offer services for people with disabilities, though immigrant communities may gain benefits from initiatives taken by anglo (ethno - specific) organisations. Careful monitoring of this program will be necessary to ensure that the dangers inherent in it do not become realised.

7.3 DEPARTMENTAL PERCEPTION OF THE ISSUES

The Department believes that the main issues involve the provision of relevant and accessible services. One of the key tasks the Department faces is "creating wider community awareness of the services which are available to
people with disabilities" (Disability Services Program Service Delivery to People of Non English Speaking Background:3).

We have gone out of our way to encourage ethnic specific projects in the demonstration projects (Senior Officer, DCS, Central Office).

The solution to the problem of access is seen in terms of getting the information out to ethnic organisations. Yet no overall multi-lingual information strategy has been developed by the Department. There is no multi-lingual information on Disability Services, while Rehabilitation Services only provide multi-lingual information in some states. Disability Services argue that there is no need to provide multilingual information because the Department only funds service providers. These organisations are assumed to employ workers with competence in English. However this assumption is misplaced because it fails to recognise that many ethnic welfare organisations are managed by non-English speaking people even though workers may be bilingual. Furthermore many of the support staff and volunteers may not have skills in English\(^1\).

The Attendant Care leaflet was not translated into community languages. The rationale was that places were severely limited and the costs therefore could not be justified. This attitude then becomes a crucial determinant of the self-fulfilling prophecy of immigrants not using services.

The other issue identified by the Department - that of relevant services - is often translated into 'culturally appropriate services'. This is an unknown and uncharted territory full of misconceptions and myths. When the reasons for immigrants not using services are identified as 'cultural', a sleight of hand occurs in which the individual is "blamed "for her/his ethnicity causing additional problems. There is very little research to substantiate statements about different immigrant communities reacting in different ways to disabilities. Neither is there evidence to confirm that the nature of certain disabilities cannot be translated into particular languages.

\(^1\) The Department will need to ensure that ethnic organisations and other service providers are made particularly aware of the opportunities to gain funding for information and advocacy services under the new legislation.
Other confusions and myth abound.

I haven't got a lot of evidence but people from Non English Speaking backgrounds can often have a very different perspective of disability. For some people it's a shame .... and yet, say with Italians it's very open. So it's surprising there hasn't been more development of services for people with Italian backgrounds. (Senior Officer, DCS, Central Office).

It's a cultural thing .... e.g . the Italian community. They are very reticent to take ... their disabled adults to a service that is primarily catering for Anglo-Saxons because their own experience at the hands of Anglo-Saxons isn't a terribly positive thing. (Program Officer, DCS, State Office).

An example given about the Greek community to do with psychiatric disabilities - the first instance is to ignore it, the second instance is to accommodate it within the family and then after that if the behaviour becomes very disruptive, just abandon the family member who is a very disturbed person. (Senior Officer, DCS, Central Office).

I think the concept of rehabilitation is foreign often to some cultures so therefore they try to reduce it to a very simplistic explanation which doesn't actually help a lot. (Program Officer, DCS, State Office).

Whilst there is no information strategy overall aimed at immigrants, the complex issue of getting information to visually or hearing impaired immigrants or to parents with children with developmental disabilities, is not even on the agenda. Information requires resources. Program officers and case work staff complain of the limited availability of financial and personnel resources for translation and interpreting. Senior management rarely raised this as an issue.
Management identifies the lack of adequately trained staff as central. They believe that the situation would improve if more cross-cultural training courses were made available and more multicultural input was introduced by the relevant tertiary institutions into their syllabi. The recruitment of bi-lingual, bi-cultural workers was seen as a less achievable solution.

There's a tremendous amount of work to be done ... that's where we don't have the expertise, background knowledge, to be able to do that alone. (Senior Officer, DCS, Central Office).

We are really very deficient in our training strategies. There is some very low level training activity, we have used PASSING as the introduction for all staff. Beyond that training strategy has been pretty woeful. (Senior Officer, DCS, Central Office).

New staff members pick up cultural awareness through osmosis ... given that all our workers are trained through [the] College, that is an obvious area where you could really have a high input right throughout their three and a half year training. (Program Officer, DCS, State Office).

I don't know whether the people that we attract to our service are the sort of very narrow, rigid people ... whether it's [the college] that trains them to be like that ... or whether they're the people that we attract, or whether we make them like that when we get them, or whether it's the health system or what. (Senior Officer, DCS, State Office).

Departmental staff are less likely to identify the problems in service provision as the result of long term structural discrimination against immigrants in both Disability and Rehabilitation Services. While strategies concerned with multi-lingual information, cultural awareness or staff training are essential, they do not necessarily overcome such structural discrimination. The history of services for people with disabilities is one dominated by voluntary and charitable organisations, dependent on public donations and the goodwill and
patronage of middle class workers and/or volunteers. When government began to intervene and subsidise disability services they were essentially subsidising well entrenched Anglo-Saxon organisations.

These organisations for the most part also had substantial funding and a substantial pool of volunteers; they could "afford" to receive only a portion of their funding from government. Under normal program funding most ethnic organisations could not raise the 20% of capital funding required, nor even the new improved 35% of salaries required.

There is not really in the developed way ... a strategy, and I think it's almost a natural consequence of that the ethnic minority interests are that have been, in fact, would have been overlooked in the way that the program is framed, in the past, haven't been addressed. (Senior Officer, DCS, Central Office).

You (don't convince organisations to deliver services to immigrants)....You basically say that developing applications for funding of disabled services for ethnic people is a Commonwealth/State responsibility. (Programme Officer, DCS, State Office).

There has been a large amount of victim blaming of immigrants with disabilities by the general community. This is especially the case for those injured in the workplace. Racist epithets such as "Mediterranean Back" and "ethnic wrist" impute malingering and fraudulent intentions to the sufferers of real and painful injuries. The charities and benevolent organisations have never been keen to support the "undeserving poor" or "malingers". Their practice confirms that this is their view of immigrants with work injuries. Yet these organisations have been the major recipients of Department funding, and the only organisations able to conform the Department guidelines in the past.

Immigrant workers with industrial injuries do not appear to be an issue at the policy making level in the Department of Community Services, though of
course they make up a significant proportion of clients of rehabilitation services. The Office of Disability are not working on this issue because it was not raised as a major issue with them in their consultations with consumers (almost none of whom by their own admission, were immigrants). Indeed, of the 65 priorities that came from their consultations with people with disabilities in the community, there is no reference to immigrants, nor to industrial injuries.

Discussion in the Rehabilitation Services area has tended to focus on the difficulties of increasing referrals, and bridging linguistic and cultural gaps at the casework level. Other issues identified (in the Three Year Plan and often raised thereafter by staff) include immigrants' lack of awareness of rehabilitation concepts, the different social meanings of disability, and "linguistic queuing". Little attention has been paid to how the structural, administrative and legislative infrastructure to Rehabilitation Services has been biased towards English speaking white men since its inception in the late 1940s (for a detailed discussion of these embedded formal discrimination against women, and immigrant women in particular, see Breaking In and Breaking Out (Meekosha 1986)).

Eligibility for Rehabilitation Services was limited until 1977 to people who qualified for the Invalid or other Social Security Pensions. This discriminated against immigrant women, who were often ineligible for these pensions. Yet at the same time, immigrants were automatically referred from DSS when placed on the Invalid Pension. The Greek Social Security case remains as a symbol for many immigrants of the punitive role of the Department and by association, Rehabilitation Services (which until 1984 were part of DSS). Once referred, as Le Sueur pointed out (1977) immigrants were more likely to be rejected for rehabilitation services. Even today, non English speaking women have the lowest rate of referral. In 1984/85 in NSW, they made up 17.1% of all women referred, whereas NESB men made up 22% of all men referred (Meekosha 1986:106). By 1986/87 they were 29% of all women and 25.4% of all men.

After meeting basic eligibility criteria, prior to 1977 acceptance for a program depended on the individual having a vocational goal. This discriminated against immigrants who could not identify vocational goals, especially if they
had been injured doing unskilled work and had no/limited facility in English. The situation has been changed since 1977, to allow for non vocational goals, but clients still need to be able to make "substantial gains" from the program. The decision by rehabilitation counsellors on whether to accept a client cannot but be influenced by their capacity to understand and communicate with the immigrant client. When work pressure is heavy, it is unlikely that counsellors will have the time to help potential clients establish an Individual Program Plan (IPP); the solution is more likely to be rejection than acceptance of someone who may turn out to be a "failure" in rehabilitation.

The other issue which affects immigrants, particularly women, reflects the reluctance of the Service to take clients with chronic conditions requiring health maintenance. Once again work injuries fall very much into this category.

The problem with the CRS has always been that if you are migrant, black or a woman, you never got a fair go. (Former Minister for Community Services).

Assessments of potential clients as to their suitability for rehabilitation, often depend on their potential for gaining work. Sponsorship for retraining does not cover sponsorship for English language learning. It appears that English language skills have to be demonstrated prior to sponsorship being made available.

We don't treat it differently to any other sponsorship case ... we'd have to make sure they have the English, written and spoken skills to do the training. (Worker, DCS, State Office).

The experience of immigrant women with the rehabilitation service is covered throughout the report Breaking In and Breaking Out (Meekosha 1986). The report integrates the issues in a final section on Special Groups (1986:231-233). We include the section here.

"The special situation of non-English speaking women has barely been addressed within CRS. They have generally been put into the 'too hard
basket'. Sweeping generalisations referring to cultural barriers have been used to excuse the absence of migrant women from CRS, as well as their apparent lack of success within the system.

You can't lump Italian women with Serbo-Croatian women. Each area is a specialist - you could go into it in such detail that you couldn't possibly get trained in every nationality. (Caseworker, CRS).

It's no good getting people from all these different cultural backgrounds altogether, people would be at different levels, there wouldn't be any point in running a group. (Caseworker, CRS).

They made a great attempt to redress the balance but they ran into difficulties on the cultural side. A number of cultures weren't allowing for their daughters to be involved in that sort of program. (Manager, CRS).

Migrant women find the overwhelming numbers of men not from their own culture overwhelming. (Discipline Head, CRS).

It is often a more sensitive issue for the worker than the client - although issues like having a young unmarried interpreter for an elderly woman occur, but this might be (either) a cultural or a personal preference, the same as having a male interpreter or a female interpreter etc. (Sex Educator).

Many of these arguments could be seen simply as excuses for failing to meet the needs of migrant women.
They (the CRS) are very reluctant to take on referrals and would much prefer ethnic organisations to deal with the cases. (Social Worker)

While cultural factors are important, for example, in the areas of English language barriers (where it is essential that interpreters and translators be used) or in the differing responses to pain, distress and disability, at other times they are being used to 'cloud the issue'.

Ethnicity was not their problem, the disability was. (State Government Health Worker)

The assumption for migrant women especially may be that once they have a disability they can no longer work, particularly if they lack skills. There is therefore little point in referring them to rehabilitation.

The attitude runs through some of the staff of what is the point of giving certain people, and particularly say migrant women, rehab. when you are not going to get a job anyway. (Worker, State Government Health Department).

In terms of their employability the situation will not improve. (Welfare Rights Worker)

Many migrant women are disabled in the work place, particularly as they tend to do the most dangerous industrial jobs. Their need for retraining is often paramount. However, they are often either channelled into English classes or back into the dangerous jobs from whence they came.

Most of the migrant women who have come through the workshop have gone onto the cleaning program. (Caseworker, CRS).

English classes are good for certain migrant women. But what would you expect from a migrant woman who has no educational background in her own language to undertake
education in English? I think that this is the only way that they can put in their books that they have a migrant woman in rehabilitation. (Consumer Advocate).

Migrant women entering the rehabilitation system need both access to interpreters and bi-lingual workers. Yet many workers with CRS do not see even this minimal requirement.

We do use interpreters but they (the clients) have to be able to survive in English......hopefully in nine months time they will have picked up some English on the factory floor to get around. (Manager, CRS).

They (the Trades Instructors) never come across them (migrant women), but they have got to sit through an hour and a half of somebody rambling on about interpreters......and there doesn't seem to be any relevance in these staff training sessions for them. (Caseworker, CRS).

The system is only slowly beginning to recognise that migrant women have special needs and therefore special responses are required. There is a virtual lack of any relevant material for them in their language. (Migrant Health Advisor, State Government).

Migrant women find the large rehabilitation centres overwhelming and many of them do not feel comfortable with the concept of leisure and the recreational activities that are provided. For many of them life has consisted of long hours of work both in the paid labour force and at home. Migrant welfare workers reported that there were major psycho-social and psychiatric disabilities suffered by migrant women . There is therefore an urgent need for trained bi-lingual workers in this area, as working with women with psychological problems through interpreters is exceedingly difficult.
Migrant women with acquired disabilities and/or work injuries are also often having to negotiate a government welfare system. It is therefore very important for CRS to respond to their needs for information and how to negotiate the system. Fewer migrant women than Anglo-saxon women appear to receive rehabilitation allowances etc. and yet their needs are very great in this regard.

One important area of discrimination in rehabilitation services lies in the area of psychiatric disabilities. It is now DCS policy not to give services to individuals whose primary disability is psychiatric. Yet we know that many immigrants with substantial work injuries are diagnosed as having psychiatric illnesses, (including "compensation neurosis"). While a physical injury may be the first disabling condition for an immigrant, a psychiatric condition may later become prominent. A third of the references cited in the annotated bibliography produced by AIMA (1982) on "The Disabled Migrant in Australia", relate to psychiatric illnesses (45), while 28 references covered work related disability. In a study of nervous breakdowns amongst Greeks, Cawte and Arkoulis (1981) discovered that such cases were to a remarkable degree associated with physical disorders which posed a threat to their psychic stability.

Casework and project staff in contact with individuals in ethnic organisations, share some of the perceptions of management with regard to cultural issues, information issues, and staff training. However they see the resource question as paramount. Encouraging staff to use the available interpreting and translating facilities would appear on the face of it to be a fairly simple request and a basic requirement for improving services. Where there are no ethnic counsellors (as in New South Wales) it is essential that workers use government interpreting and translating facilities. The variable quality and/or poor accessibility of interpreters who are not employed by DCS creates difficulties for workers forced to use them. While management heralds the use of interpreters as an unproblematic solution in the access and equity process, field work staff who have to use the interpreters recognise significant limitations.
Just getting things translated is the biggest headache of your life. (Program Officer, DCS, State Office).

If they're feeling rather uncomfortable with working with a client and there's complications [caseworkers] will try and do the opposite to what they should be doing - which is squash all in to one session where they can get the interpreter (Program Officer, DCS, State Office).

It's really difficult to get interpreters ... we were using Department of Health but now they refuse to come ... the ironical thing is that they had to cut their services to us because we were using them too often (Worker, DCS, Regional Office).

The availability of resources becomes a crucial element when making decisions about whether or not to publicise the services.

People are a little bit frightened about going out and really publicising the services ... publicity as a big thing is not a good at a time of major uncertainty. (Program Officer, DCS, State Office).

We don't actively publicise to those particular groups [immigrant] (Worker, DCS, Regional Office).

We have almost a skeleton staff and they've given us more work to do ... through the new legislation, and they've given us no new staff. Everything that isn't paper pushing is unfortunately put aside. We don't have the capacity to do more than pay out what we owe ... we're too short staffed to be haggling about things the Government has no intention of touching. (Program Officer, DCS, State Office).

This resource question focusses the attention of project and case workers on whether government, and DCS in particular, have any real intention of improving services for immigrants with disabilities. The concern exists that it may only be lip service, or so low a priority that it can never be reached with current resources.
Basically [the Government] assume that they've [migrants] been integrated, so we're assuming that they've been integrated ... under the current staffing structure we simply don't have any time to develop any proposals [on ethnic disabled] .... in fact it's been crossed off our list of priorities. (Program Officer, DCS, State Office).

To begin with, we're not spending any money or giving any priority to services for the disabled ethnic population. When there isn't any money there isn't terribly much else? .... Community groups in the ethnic field aren't terribly well versed with the financial practices and wheelings and dealings within our society. An ethnic group puts in a shoddy application and it gets knocked back ... they don't even get to the starting point because they have to be incorporated.... have to have some sort of a financial status of their own, because under the legislation ... for rental and equipment and maintenance we only give 80% so they have to come up with 20% as a minimum. (Program Officer, DCS, State Office).

Some staff unfortunately still feel very uncomfortable with issues concerning immigrants. A lack of knowledge about immigrants and the fear of being confronted by a realisation that services that they provide are inadequate, combined with increased work pressure in the name of "efficiency" , can lead some staff into a similar trap as regards cultural stereotypes as senior management .

Yugoslavs for instance, have particularly bad reaction in terms of accepting and living with a physical disability. A lot of them seem to experience, or at least showing that they experience, a lot of pain, and to be feeling very disabled by their physical condition, whereas someone else from another culture doesn't seem to so often react in that way. (Worker , DCS, Regional Centre).
We weren't going to get Indo-Chinese people as often as we might get other groups because of the suspicion of large organisations, particularly of government ones, given their experience overseas .... the few that we have had, have had really severe symptoms and really severe pain behaviour and usually don't respond to our assistance. (Worker, DCS, Regional Office).

We don't know anything about how a particular culture responds to pain differently than what we do, so we make an assessment on how we respond to pain and put that on them, so we might classify a Greek woman as being neurotic because of her particular symptoms, but that might just be the way that she expresses her pain. (Worker, DCS, Regional Centre).

What is remarkable about these insights is that they are usually based on one or two experiences the worker might have had with a particular immigrant from a particular country. These impressions are then combined with insights from other professionals working in the field, with the result that a new cultural stereotype or myth or piece of simplistic and contentious knowledge is born. Ethnicity or "culture" then becomes the factor used to explain a particular reaction to disability. This ignores an explanation from the point of view of immigrants in pain, unable to communicate, in an alien environment, seeking to have themselves taken seriously. The converse of this stereotype is that of the Anglo-Saxon who shouts in English at people who do not understand English, in frustration and in expectation that volume who overcome the listener's lack of knowledge of English.

Other workers in DCS do understand the complexities of the situation - that the broader context of the experience of immigration, settlement, work and subsequent injury and disability are as important, if not more so, than what might be termed the "cultural baggage" an individual immigrant might have brought to Australia.

Rehab counsellors have some idea where the Anglo-Australian worker is coming from, what the perceptions and experience may have been
that they bring to a situation, but with people from different ethnic backgrounds, they really don't have that information, they don't know where they're coming from and this can create a real problem for the rehab counsellor in interpreting and responding to the individual client. (Policy Adviser, DCS, Central Office).

Other workers are very much aware that a major cause of disability amongst immigrants are industrial injuries. They are also aware of the complex interaction of the workers' compensation system and the racist attitudes that prevail generally in society.

There are other problems for these case workers which the Department has failed to address in any systematic and overall policy development.

Typically those clients [with industrial injuries] get referred late, because any client in the compensation system tends to get treated by private hospitals or ... doesn't necessarily think in terms of rehab till things have started to go wrong, or they're not getting their payment any more ... migrants represent a reasonable proportion of those people. (Program Officer, DCS, State Office).

However, in this instance, it can be easy to lay the blame for the situation on the "victim". Rehabilitation workers may feel that the person concerned has not availed her/himself of rehabilitation until it is too late for it to be of much use.

Other DCS workers complained that migrant welfare workers in the community sector explain rehabilitation in terms of getting back to work/finding a new job, echoing an issue identified in the 3 year plan.

The basic problem.... is their lack of English skills. Specially from a counselling point of view ... it's very difficult going through an interpreter. Most of them come along expecting to go back to work - not only do they have poor English but they've come from a manual background commonly and they're not going to go back to work immediately because of the years of retraining, first of all in English, as
well as in job skills .... we can't meet those expectations. (Worker, DCS, Regional Office).

Immigrants are not alone in finding it difficult to interpret a service which claims to value vocational goals while denying that it can help individuals find employment.

The problem is that we tell our clients we can help them find work but we know we really can't, and we know that most of our clients really know we can't, and we know they know we know we can't, but the ethnics don't know when we say we can help them get a job that most times we can't... so they get upset when we don't fix them up and get them a job. This is a an example of a cultural problem (Sir Humphrey).

Workers and management within DCS sometimes perceive that the problem for immigrants with disabilities is not as extensive as for Anglo-Saxons. This view reflects their belief in the extended ethnic family and/or ethnic welfare organisations caring for people with disabilities.

In different cultures families perhaps take more of an active role in helping out in these sort of situations and see it less of a responsibility of government programs. (Program Officer, DCS, State Office).

This argument can be seen as an excuse for inaction, and there is concern that it survives among DCS staff.

That's an old argument [that ethnic communities look after their own] which is basically there to save the government money. And to abdicate responsibility for a group of the labour force that they enjoy the benefit from, but aren't willing to serve. (Program Officer, DCS, State Office).

Few management or project staff in DCS saw overt racism in the area of disability and rehabilitation services as the reason for neglect of immigrants. Explanations were more likely to point to the autonomous nature of disability
organisations, which although funded, in part, by DCS raise substantial portions of their funding from elsewhere and so are resistant to being told to address issues of concern for immigrants.

Disability Services provides most of its funding to non-government organisations who do what they want anyway, and if they decide that they're not going to deliver services to people of Non English Speaking Background, well there are no checks on that anyway. (Senior Policy Advisor, DCS).

However, none of the service delivery organisations with whom we spoke had ever been asked by DCS to develop programs in this area.

A census of disability service providers was undertaken for the Department by McNair Anderson in September 1986. While the census form asked each service for the number of clients whose first language was not English, and of these who could speak and not speak English adequately, no data was collected on the language preferences or national background of individual clients. A major opportunity to provide "hard data" on disability and immigrants was thus lost. The responsibility lies with the Department which failed to identify this issue in its brief to the consultants.

Preliminary results on the number of services with clients whose first language was not English reinforce the existing evidence that services have generally failed to respond to people of Non English speaking background. Some 68% of services had no clients for whom English was not a first language. A further 18.4% had between one and five such clients. Unfortunately, it is not possible from the data to determine what proportion of clients have parents or carers who do not speak English.

The overwhelming issue raised by officers was of the need to provide "culturally appropriate services", echoing once more the issues identified in the Three Year Plan, and repeated in later Access and Equity documents. Yet remarkably never once were we given examples of what might constitute a culturally appropriate service. It was usually suggested that more research
was needed into the so-called cultural reactions to disability, such as how Greeks respond to pain. Lack of understanding of immigrant cultures has created something of an impasse, providing a reason for doing nothing. This can be a cause of fear and anxiety for officers, a mystery for them when questions were asked about how to improve services for immigrants.

It's an immense task to get the cultural appropriateness of every group.
(Senior Adviser, DCS).

Consultation processes with ethnic organisations were also the cause of much concern. There was a belief that peak ethnic organisations should/could provide training and neatly packaged explanations of all the different cultures. Rarely was there any conception of the need to understand the commonality of experience of many different immigrants that results from the migration experience. There was a fear of "doing something for one ethnic group" resulting in responses from other ethnic groups demanding the same treatment.

Whilst management feel knowledgeable and skilled to make priorities about the needs of the Anglo-Australian community they feel unable to apply these yardsticks to the immigrant communities. They tend to see them as being "apart from" the rest of the population, yet at the same time they fear attacks of insensitivity on the grounds of breaking cultural taboos of which they are not even aware.

Management see solutions in the rehabilitation area as largely dependent on the regionalisation process incorporating the needs of immigrants in a dynamic way. This has been identified as the most effective avenue to "multicultural access". Yet this strategy may fail to come to terms with the realities of the regions. Given the massive demand on the service, it is quite possible for a regional unit in an area of high immigrant population to concentrate solely on Anglo-Australian men.

Access isn't easy for a lot of people so it's doubly hard for people of Non English Speaking background. (Senior Officer, DCS, State Office).
I think referrals often happen as a response to being hassled, so if no one hassles they don't seem to do it. (Program Officer, DCS, State Office).

This effectively *laissez faire* strategy cannot but be translated in practice as immigrants being treated as a special group who will be dealt with after regionalisation has taken place. This is further exacerbated by two contradictory features of the regionalisation process. Firstly because it takes longer to work through rehabilitation issues *effectively* with non English speaking immigrants, it costs the Department more in staff time compared with an English speaking client. However regionalisation stresses *efficiency*, which means reducing the average staff cost per client. The solution in an environment of strained resources points to dropping immigrants off the end of the queue.

There is also a problem with the capacity of some managers in Rehabilitation Services to come to terms with racism and discrimination by casework and reception staff. A minority of staff will simply not change their attitudes and behaviour, and may have to be moved somewhere where they can do less damage. For the majority of staff, it is a positive move by management that it has retained external expert consultants such as the Ecumenical Migration Centre in Melbourne, to develop more effective training programs.

Disability Services and Rehabilitation Services management are relying on the implementation of the "new" objectives, such as positive consumer outcomes, to effect change for immigrants. What would be needed to ensure positive consumer outcomes for the immigrant population?

The priority is basically on the outcomes for the client and the clients to the best of my knowledge are viewed as an homogenous mass. There are no categories within that mass. (Program Officer, DCS, State Office).

Another definition of positive consumer outcomes was
Measuring end results rather than input. People have to develop skills, to operate at sophisticated levels to measure what's achieved. Not how many forms processed or how much money they've spent. (Program Officer, DCS, State Office).

Yet the new, sophisticated corporate management strategies for evaluation do not necessarily take account of the fact that immigrants are still not able to get into the system in the first place. Many of the new buzzwords, or new "bureaucratic-speak" (such as multicultural access) can be easily used to cover up inadequate knowledge of the problem at hand and a minimal understanding about how to improve life situations of immigrants with disabilities.

Positive consumer outcomes - if you translate that into another language I don't think anyone would understand what you were talking about (Worker, Ethnic Welfare Organisation).

When we talk about positive consumer outcomes at management meetings.... we're only talking about what the government or department would see as positive, like this many people in a job, or this many people off the dole now ... I don't think they would see it necessarily as client perceived positive consumer outcomes. (Worker, DCS, Regional Office).

7.4 ETHNIC ORGANISATIONS

Neither the data nor existing literature on this subject highlight any social or cultural customs which prevent any ethnic group in our community from seeking and using assistance in relation to caring for a child with disabilities. Rather it appears that co-ordination of services, confusion which may involve some language barriers, differing expectations of existing services and poorly developed ethnic support networks all contribute to some of the areas of disadvantage which have been highlighted. (Garrick, 1986:16)
Ethnic organisations are no more intrinsically concerned with the needs of people with disabilities than is the wider Australian society. They can exhibit similar degrees of prejudice and hold similar stereotypes about what are deemed appropriate roles for people with disabilities.

It is not entirely surprising that disability has not been a major area of concern for ethnic organisations. Current emphasis by these organisations on the needs of the aged can be understood both in terms of the fact that large numbers of immigrants who arrived in the post-war years are now looking to the government for services and support in their old age, while many of their children are understandably anxious that they do not have to carry the total burden of care for their ageing parents.

Conversely, immigrant families with disabled children or immigrants with disabilities themselves, do not form such a power bloc within the ethnic communities and therefore their needs are rarely articulated so prominently. Indeed immigration policy has sought to exclude potential immigrants with disabilities. Thus it was assumed in government policy that there were no immigrants with disabilities entering Australia. Once here, they may become disabled or have children with disabilities, but that was not a visible issue.

Disability issues are particularly important to immigrant women, both as carers of relatives with disabilities and as sufferers of incapacitating conditions and disabilities themselves. Their needs are particularly hidden. It is therefore important that government funded consultations with the ethnic organisations do not become dominated by middle class men.

Our research confirms the belief that disability is the last great untouched area in ethnic welfare. There have been a few isolated individuals and small organisations lobbying on behalf of immigrants with disabilities, but with little impact to date. To a large extent they have therefore been neglected, indeed, discriminated against both by traditional disability organisations and by their own community welfare organisations.
Therefore, it is no more likely that ethnic organisations \textit{en masse} understand the issues involved in the complex inter-relation between ethnicity and disability than does the Department of Community Services. Yet both look to the other to provide information about the extent of the need and future strategies.

We have gone out of our way to encourage ethnic specific projects in the demonstration projects. (Senior Policy Officer, DCS, Central Office).

There are of course exceptions to this general trend; a few organisations have been working on the issue for some time. It was largely the work of the Ethnic Child Care Development Unit in Sydney that was responsible for the training guide "The Double Handicap" prepared for the Department of Social Security. The Ethnic Communities Council of NSW in its submission to the Handicapped Program's Review, "Ethnic People with Disabling Conditions" in November 1983, identified four major difficulties faced by immigrants with disabilities. Unfortunately there has been little response to their analysis and recommendations. The submission identified the issues as:

(1) the recognition both of the incidence of immigrants with disabilities (probably severely underestimated), and the recognition of need (underestimated due to the myth of the extended family and that immigrants support their own in need).

Travaglia (1986) speaking on behalf of the ECC in the consultations with DCS, argues that although the Australian Bureau of Statistics 1981 survey of people with disabilities indicates that people with from Non English Speaking Background comprise 21% of people with disabilities, these figures are almost worthless. She concludes:

We have evidence therefore that the number of disabled persons in the ethnic communities is at least if not greater than in the general population (Travaglia 1986).
We know that they are not likely to use services such as rehabilitation or traditional mainstream charitable organisations and therefore are quite likely to be hidden from public statistics. Our research confirms evidence put forward by Krasovitsky (1982) and Garrick (1981) that there is no more support amongst immigrants for people with disabilities than in the general community.

(2) Lack of utilisation of funding. This refers to the submission based model currently operated by DCS which discriminates against ethnic organisations because of the necessity of raising part of the funding, and relies on the community sector to identify needs.

(3) Immigrants with disabilities underutilise existing facilities. This results from a lack of information, inappropriate assessments, lack of interpreters together with all the other well documented barriers which prevent immigrants from using welfare services across the board.

(4) The perception that the main problem for the immigrant person with a disability is their ethnicity. This increases the tendency to refer immigrants to under-resourced ethnic welfare agencies rather than to government services. Other ethnic workers fear that this trend will continue at an even greater pace as a result of the move towards community based services (particularly in rehabilitation services). Ironically, as DCS encourages more consultation with ethnic organisations, this may result in heightening the awareness of DCS staff about the value of these organisations in "handling" hitherto "difficult" clients, even though they do not possess the capacity, skill or resources to effectively meet the legitimate rehabilitation goals of the clients so referred. Our research confirms that with the closure of centres underway, community agencies with bi-lingual workers are receiving referrals for which they are simply not equipped. As resources become even more limited, referral on to somewhere else becomes the only option.

Ethnic community groups feel that they are now expected to subsidise and provide rehabilitation services for migrants, yet no resources, training, and facilities of assistance are being offered ... the CRS
seems to wish to push this responsibility off onto ethnic communities instead of providing bi-lingual staff, appropriate programs, multi-lingual information and good facilities (Kalisperis, Mapolar, and Singer, 1984:6).

Assessment procedures are often inappropriate because linguistic and cultural issues particularly affect children from a non-English speaking background with developmental disabilities (Rodopoulos 1981, Garrick 1981, Krasovitsky 1982). Garrick (1986) in research with 140 families in the inner suburbs of Sydney, found that Australians had used early intervention services such as speech therapy and physiotherapy more than immigrants, and that immigrant parents of children with developmental disabilities were more frequently to psychiatrists than Australian parents. He concluded that the problems for immigrant parents, in particular the stress of coping with a child with disabilities, are actually greater than for an Australian parent.

Some field workers in ethnic community organisations also suggested that there may be more children from an Non English Speaking Background being labelled as learning disabled or slow learners than from the general population. This could simply result from linguistic problems with English and from irrelevant intelligence testing; this can be compounded where the child has a hearing impairment. Leeman (1986) notes that because Australian intelligence tests have an Anglo bias they could actually put immigrant children at a severe disadvantage. Little information is available on this important issue. Yet we are not aware of any existing studies which have sought to test the extent or validity of these concerns.

Another important assessment issue concerns language regression following trauma. In such a situation workers need to be aware of the problems involved in correct diagnosis and rehabilitation support.

Unfortunately it appears that some ethnic organisations have helped feed misconceptions and generalisations to service providers which may offer ready made excuses for maintaining the status quo. One myth is that certain medical conditions cannot be translated into some languages - e.g. autism into
Vietnamese. It is proposed that immigrants cannot understand complex terminology such as 'work therapy'. Once again a person's ethnicity is blamed, rather than a system which produces medical and rehabilitation terminology that neither Anglo-Australian nor immigrant can readily understand. To say that a condition cannot be translated for example into Greek or Vietnamese, becomes a veiled means of stating "this person comes from a backward traditional society so we have no responsibility for trying to explain their disability to them".

The appalling truth is that, in general our professionals emerge with degrees and diplomas in developed ethno-centrism. This partly accounts for the emphasis in the literature on cultural explanations ... an overemphasis on culture, on ethnicity, often obscures the fact that we are all, of whatever origin operating within a highly structured set of social, political and economic relations. (Bottomley, 1981:22)

Statements such as "ethnic communities, in general, are ignorant about rehabilitation because most have no experience of it in their countries of origin" (Kalisperis, Mapolar and Singer, 1984:3) can all too easily be translated by professionals into meaning "rehabilitation is foreign often to some cultures" (Program Officer, DCS, State Office). Clearly, few people have experience of rehabilitation prior to having experience of disability - a completely different statement from that which asserts that rehabilitation does not exist in countries outside Australia. Issues that affect all people undergoing rehabilitation - such as the belief that they will be "fixed", or obtain a job - become identified by ethnic welfare workers and then misunderstood by rehabilitation professionals as an "ethnic" problem. The fact of the matter may be that these issues are even more extreme for an immigrant with a disability because of their class and financial position in society than for anglo saxons. They are less likely to have access to any other means of financial support - such as superannuation or disability insurance and less likely to be able to undertake retraining.
Documents and training kits produced by ethnic organisations may attempt to explain 'cultural differences' with generalisations. These further get translated by department personnel into more generalisations such as:

- Disability services programs are culturally different from those of other countries.
- It is agreed that ethnic sponsors are better able to meet the needs of the ethnic community.

However, it is acknowledged that some occupations are not considered culturally relevant to some ethnic communities. (Internal paper, DCS NSW, Debriefing of DCS participants who attended FECCA consultations 28 November 1986).

In this context the words culturally different and culturally relevant are accepted as meaningful, though neither are specified nor clarified. The consultants retained by DCS in Victoria to develop training materials are well aware of this problem.

We could give a thumbnail sketch of the culture of inhabitants of a southern Italian village, a northern European city, or a minority community in South-East Asia, but it would not necessarily apply to rehabilitation clients from that background any more than the beer and prawns model applies to any given Anglo-Australian. It is at least as important to understand the effects of settlement undergone by all immigrants. (Ecumenical Migration Centre, 1987.)

Ethnic organisations, in consultation with government departments, arrive at diverse solutions to the problem in hand. This often confuses Departmental personnel who may express a desire for one homogenous group of immigrants to come up with specific, concrete and fixed solutions. Travaglia (1986) saw the solution to this problem, in DCS working with already existing services for people with disabilities to ensure - (1) employment of bi-lingual workers (2) compulsory in-service training (3) interaction with ethnic community welfare agencies, and (4) a pool of bi-lingual ethnic consultants. She also recommended that the Department should set aside a specific
section of the Disability Services budget for ethnic communities. Finally she argued that more research and dissemination of information on the needs of immigrants with disabilities needs to be undertaken.

The Ethnic Communities Council of NSW in its submission to the Handicapped Program's Review in 1983 made a number of important recommendations. They proposed that rehabilitation services should help immigrants with workers' compensation problems (reiterating a major recommendation of the Galbally Report in 1978), that the department should fund bi-lingual services based on the citizen advocacy model, and that funding structures and criteria should be innovative and flexible. Yet many of the recommendations that have come from ethnic organisations over the past six years (since IYDP) have not been taken on board. The funding of the two demonstration projects by DCS is scarcely an adequate response to the issues.

The differing opinions from sectors of the ethnic communities regarding appropriate solutions can appear contradictory. Despite considerable evidence that the extended family cannot and does not adequately care for family members with disabilities, the FECCA recommendations (Nicolaou, 1987) include seeking to modify the family reunion program with special concessions "to allow extended family members to immigrate into Australia to assist in caring for disabled family members".

The FECCA recommendations also focus on much more community consultation as a solution - in particular the appointment on disability advisory committees of immigrants with disabilities from Non English Speaking background. There are difficulties in making sweeping recommendations on consultation which do not take into account the support and resources necessary to make such representation meaningful.

The issue of volunteers is particularly important as many services for people with disabilities are dependent on volunteers, the majority of whom are women. Yet opinions differ on the role of volunteers. FECCA (Nicolaou, 1987) suggests that "the special role of volunteers from Non English Speaking
Background families and communities should not be overlooked ... training of volunteers in CRS is vital". Yet migrant welfare workers feel that the development of volunteer networks to care for immigrants with disabilities is not necessarily the best solution.

She [the Greek group volunteer co-ordinator] was doing a tremendous amount of work. She is the mother of a disabled child ... she just wanted to give a little bit of time. She didn't have the skills, she was put in way out of her depth. (Worker, Service Provider).

Substantial agreement exists amongst the ethnic organisations that immigrants with industrial injuries are a neglected group. Government has systematically failed to respond to this group. The neglect stems in part from stereotypes that have been prevalent in the wider community - for example, that Greeks, Lebanese and immigrants from the Mediterranean area are predisposed to malingering illnesses, conspiracy and defrauding the worker's compensation system. These views appear to have permeated the Department of Community Services. Conscious or unconscious racist and discriminatory attitudes and practices may exist towards immigrants with industrial injuries (Meekosha, 1986:247).

The Disability Services Program has not to date funded organisations concerned with workers' compensation issues. Rehabilitation Services whilst addressing these issues in some states has not had a very good record in other states. Little encouragement for middle aged immigrants to make use of the services has been reported by ethnic welfare workers. There is more than an occasional reluctance and/or inability to use interpreters. The structural requirements of Rehabilitation Services have discriminated against industrially injured migrants in the past.

Jordan, whose study of permanent incapacity invalid pensioners in Australia (1984) examined 500 claimants for invalid pension in the early 1980's. He concluded that:
The statistical summary of the AAT [Administrative Appeals Tribunal] cases suggests that the typical claimant was a middle aged immigrant from a non-English speaking country, poorly educated and often with a rural background who supported himself and his family by unskilled or semi-skilled work and might have done so for another 20 years but for an incident on the job resulting in lengthy medical treatment, payment of compensation and an apparent disability (Jordan 1984: 208).

He described the characteristics of the applicants who had to proceed to the Administrative Appeals Tribunal for review. While 19% of claimants overall had poor English ability, 31% of applicants for review had poor English; similarly, while 19% of claimants had occupational injuries, 54% of applicants reviewed had such injuries. While 24% of claimants had spinal injuries, 59% of applicants reviewed had these injuries. Thus immigrants are experiencing major problems in gaining the invalid pension, especially if they have an occupationally based spinal condition.

Another major issue of concern to the ethnic organisations is immigrants with psychiatric disabilities. Whilst the new legislation includes people with psychiatric conditions, as a result of Opposition amendments in the Senate, it is the policy of Rehabilitation Services not to accept people whose primary disability is psychiatric. Yet immigrant welfare organisations report that for many immigrants the psychiatric condition may become the major cause of disability, although originating in a physical disorder or work injury. Thus for immigrants it is often the interrelationship between the injury/or disability and their subsequent social and financial outcomes, that leads to psychiatric disabilities and breakdowns.

It is an obligation of medical and social work practitioners who work clinically to know the flavour of ethnic distress.

(Cawte and Arkoulis, 1981:10).

Migrant health and welfare workers also voice concern at the possible connections between the incidence of developmental disability amongst Indo-Chinese populations, and the experience of chemical warfare (such as Agent
Orange), and/or Depo-Provera forcibly given to women in the camps in Thailand.

Serious communication problems can exist between parents and children, where the child has either developmentally disabilities or is deaf or blind. There are a number of families where the children have learnt to sign in English, while the parents only speak their own language, which may often be dialect (and thus be without a national sign language). It is therefore necessary for them to learn to sign in English before they actually learn English - and their communications skills may thus be very poor. This becomes even more exhausting, as much communication thus depends on interpreting the body language, particularly where the child also has developmental disabilities.

Many of these issues have led some immigrant parents to establish ethnospecific services for people with disabilities, such as Handital in Sydney. There have been enormous expectations placed by parents and the Department on these services to deliver the goods, yet they have had very little support.

The thing that struck me about [an ethnic disability organisation] they didn't properly research their clientele... DCS wasn't closely enough involved ... they give you the money and then they let you sink or swim...groups don't often get the support they need...they don't have the skills initially ...while there is lip-service paid to 'yes, they're a powerless group' there's very little effort put in to following it through. (Disability Peak Organisation spokesperson).

Disability activists fear that ethnic organisations might well be making the same mistakes as Anglo-Saxon communities have done in the past by setting up of rigid, separatist organisations such as sheltered workshops.

I don't really want to see the creation of separate organisations set up for each group. If anything is going to change it is better to set it up in an
existing advocacy organisation and bring ethnic workers to it. (Disability Peak Organisation spokesperson).

7.5 SERVICE PROVIDERS

The services that we fund are very traditional services and have not particularly addressed that issue. (Senior Program Officer, DCS, State Office).

[HOW WELL DO DISABILITY ORGANISATIONS MEET THE NEEDS OF IMMIGRANTS?] Not at all ... there is very little co-operation between organisations because funding from DCS is very competitive. Nobody tells anybody anything very much ... it's nearly like private enterprise and the client falls in the middle. (Worker, Disability Organisation).

As so little occurs, there is little to report on how service providers in the disability field address issues to do with the needs of immigrants. At best there is a recognition that there is an unmet need, but rarely is it seen as being within their responsibility to take action to change the situation. At worst, attitudes to immigrants are highly discriminatory and are posed in terms of the deserving and the undeserving. "Real" disabilities are those suffered by Anglo-Saxon populations - because the disabilities that immigrants claim are not genuine. They are malingers or have "acquired" a disability with the intention of defrauding the social security system. They are also seen as awkward, demanding and unrealistic.

(About a Greek patient)......how can you adjust to people's cultural values when their values are the opposite to why we are here...this man doesn't want independence. He wants to remain in a passive, receptive role unless he is completely better...it's almost like you need a completely different service. (Worker, Service Provider).

(For immigrants) Rehab is either a miraculous cure or nothing. There seem to be nothing in the middle.(Worker, Service Provider).
Service providers are not alone responsible as little encouragement has been given to them by governments to look at the needs of immigrants. In 1985, DCS produced a handbook "Residential Services and People with a Disability" (Le Breton, 1985). Le Breton provides a step by step analysis of service planning and delivery, working through issues concerning accommodation options and management of these services. There is nothing in the handbook that looks at the special issues for people from a non-English speaking background. Yet Krasovitsky found in 1982 that 67% of the residential institutions she surveyed did not use interpreters even though they had immigrant clients, a further 60.9% of sheltered workshops surveyed did not use interpreters.

Some current trends and philosophies within DCS may have actually discouraged organisations from looking at the special needs of immigrants. Normalisation is one such philosophy.

If a person of an ethnic background ... becomes a minority in the community and is treated as a minority, then they are likely to be devalued by that society. If they participate in the extensive normative range of activities ... they are less likely to be devalued. But I would, at the end of the day, argue if that doesn't occur, if there's not some personal social integration of those people into the wider community then they will continue to be devalued. (Senior Officer, DCS, State Office).

Another trend is that the person with a disability should be viewed as an individual, capable of self determination, rather than as a category of disability. Whilst this is a radical and progressive move, it has led to service providers indicating that to look at the special needs of immigrants would single them out as being different - something the new philosophies seek to avoid at all costs. Special needs arising from language, diet or religion, are virtually ignored, as are their different experiences within Australian society - even though their "individuality" can include all these factors.
We have to constantly develop policies which concentrate on the individual, not on groups. (Policy adviser, DCS).

An officer in one disability organisation contacted for this project insisted that there was no point in being interviewed, the organisation not only did nothingspecial for immigrants, but moreover would see it as quite wrong to do so. It was concerned with the individual with a disability not with distinct groups that have been singled out for attention!

Apart from a sensitive worker operating in isolation, "ethnicity" was not highly visible on the agenda of peak organisations, lobby groups or direct service providers within disability services. Comparatively straightforward issues such as the need to use interpreters had not been addressed. The more complex issues such as how the current emphasis on de-institutionalisation favours Anglo-Australians who are more likely to have been institutionalised than immigrants, for example in eligibility for the attendant care scheme, had simply not surfaced.

Immigrants with disabilities or their advocates are largely unknown on the managing bodies of direct service providers and peak organisations. The few individuals who provide an exception to this rule are usually not representative of any ethnic organisation. Staff employed by peak organisations for people with disabilities sometimes expressed the view that as immigrants have their own peak organisations (e.g. the ECCs) then it was not their responsibility to take initiatives on immigrant issues. Umbrella groups and peak organisations usually function by having representatives from specific disability groups on their boards. This makes it very difficult for immigrant groups to get representation as few formally organised immigrant groups exist of people with disabilities. They are excluded from mainstream disability groups by virtue of the fact that no attempt has been made to provide services for immigrants and this further excludes them from involvement in the umbrella groups and peak organisations. In this way a circle of exclusion from access to services and policy advice to Government closes around immigrants.
Whilst some of the peak organisations have established women's sub-committees and women's project officers to deal with discrimination against women with disabilities, similar moves have not been made for immigrants. Most service providing bodies did not put out information directly aimed at the immigrant population, although Disabled Persons International (DPI) (NSW) had applied to the Department of Immigration and Ethnic Affairs for a worker to make relevant information available to people from non-English speaking backgrounds with disabilities and their families. The aim was to help them to gain access to current services. That application was based on the fact that immigrants with disabilities have largely been ignored both by government and non-government organisations.

No, I can't say we do [put out information aimed at the ethnic communities] ... it does keep cropping up occasionally, because it's not easy to hone in on it, it's a bit amorphous, to find out exactly what to tell them first. (Executive Officer, National Peak Organisation).

Service providers have a similar view of the issue as do many government personnel. They hold to similar myths, stereotypes and discriminatory attitudes. Some believe that immigrants keep themselves to themselves, and if they have a sick member or one with a disability then the family will cope. If they cannot cope then it is the responsibility of the ethnic organisations to lobby government to provide services.

What they [the ethnic communities] have to do is to be aware of what there is to plug into and exhort all the members to hop out and get into it. (Executive Officer, National Peak Organisation).

There is really a big hole with ethnics and disability ... mainly because ethnic people don't go outside their own culture. (Worker, Disability Organisation).

There was little suggestion that mainstream disability organisations should attempt to change in order to provide for the immigrant communities. Even
more discouraging was the fact that there was little feeling that anything could be done apart from encouraging "ethnics" to do something for themselves.

Do you think it's presumptuous of us to try and persuade ethnic communities to get in and use more services if they've got a natural reluctance because of what they think is culturally appropriate or whatever (Executive Officer, National Peak Organisation).

Professionals are concerned with the difficulties involved in changing the attitudes of immigrant parents of people with developmental disabilities. They felt that that immigrant parents are particularly overprotective and unaware of the current trends, such as independent living. Once again, this was seen to be more or less in keeping with immigrant tradition and cultures, be it Italian, Greek etc. rather than as being socially determined. The views of professionals contrast sharply with the parents' own definition of the problem - the lack of information about their children's condition, and/or development from professionals and their struggle to get the problems they perceive recognised and treated accordingly (see also below, 7.6 Consumers). These parents lack information to a greater degree than do their Australian counterparts. They are more likely to be socially isolated and less educated. Their attitudes and fears can in turn be intensified when disability service providers view ethno-specific services as incorporating very traditional, institutionalised philosophies.

When asked if service providers publicised their services in the ethnic press, or on ethnic radio, a standard reply was:

There's no need to advertise at all because we have plenty of clients (Worker, Disability Organisation).

This contrasts sharply with the view of an ethnic welfare worker that

What is important is using radio in an educational sense, talking about disability, the causes, the symptoms, the treatment.
Finally, perhaps the most disconcerting attitude, which is certainly racist in effect if not in intent, was one which claims immigrants that do not fit (Australian) conceptions of what constitutes a genuine disability.

If someone's got a genuine back complaint ... they're a disabled person .... A lot of people on invalid pension aren't disabled in the sense that we call disabled. [They are] chronic, unemployable, alcoholics or ... it'd be really interesting to try to look into those migrant statistics ... They're there for socio-economic reasons .... they're on the invalid pension but they're not people that would ever require the sort of disability services and things. (Executive Officer, National Peak Organisation).

Organisations that have taken on board some issues to do with immigrants and disabilities, especially those resulting from work injuries, include workers' health centres, some women's health centres and women's centres. However these organisations have not been funded under Disability Services programs, because until recently they were not eligible for such funding. Funding for work in these areas has often been marginal and short term, such as under the now defunct Community Employment Program.

Most disability service providers in the non-government sector, while having some immigrant clients, have made little or no effort to meet their specific needs - whether it is in terms of residential services or casework and support services. In the period 1985-86, the Royal Blind Society had 99 immigrant clients out of a total of 2421. However they provide only a few recorded cassettes in the major community languages, while many language groups have no access to spoken material which is up to date and relevant to their interests.

Individual workers within such non-government organisations are often aware of many of the issues, and conscious of the great need. But they often have enormous caseloads or such extensive geographical areas to cover, they are not able to commit the time and resources necessary. At the same time some
of the consumer organisations such as DPI (NSW) have recognised the issue, but have not been encouraged by funding bodies such as DCS to either submit project proposals, or once having done so, given the financial backing to carry them out.

7.6 CONSUMERS

Most the families I know ... they don't even know what type of disability the child has. We have to find out sometimes, contact the doctor, the local clinic, whatever is necessary to get the information. (Worker, Ethnic Welfare Organisation).

The diversity of the disability experience means that simple generalisations cannot be made. It is also very difficult to obtain the views of consumers or potential consumers of disability services in any overall sense. They are, by and large, not using the available services. There is no accurate data as to the sorts of disabilities immigrants endure - a problem magnified by the Department's apparent incapacity to gather this data even when the opportunity exists to do so.

Immigrants with disabilities are extremely isolated. Yet there can be no doubt that they exist, and exist in much larger numbers than are recognised by either service providers or government departments. The main message from consumers was "we exist, we need help, we have genuine disabilities". If the "flavour of ethnic distress" can be summarised then it is the psychological and emotional distress sustained in the effort to prove that their disabilities are genuine and that they genuinely need help. This is especially true of unskilled workers in the lower-socio economic sectors of Australian society who have often suffered greatly in the workers' compensation process and then suffered at the hands of a seemingly uncaring and often hostile health and welfare system.

These people have rarely made use of specialist disability agencies and are often not even aware of their welfare rights, such as to social security benefits.
Far from fitting the cruel stereotype of immigrant workers as "compo bludgers", they and their families are often in dire poverty with no sense of the future, surrounded by all the strains and stresses that such a situation brings.

All the men are suffering from depression due to being unable to work due to their injuries. They feel to blame that they have brought misery and poverty to their family. They feel like social outcasts in their community and feel that their friends and relatives do not understand how they feel. They would like to be useful to society again, if they were given the opportunity to some type of work. They feel that the Government should not cast them away because they can no longer do heavy work. They feel isolated and home-bound and due to this marital problems occur. They have to live with pain-killers and other medication but the worst is the economic situation. They cannot afford to meet their financial commitments. (Group leader, Greek adults with disabilities)

If the situation for immigrant men is difficult and misunderstood, then the situation for immigrant women with work injuries is even worse. They are often expected to carry on their duties within the home whilst at the same time the family income is diminished, putting them under even more pressure. They feel even more dispensed with than do their male counterparts - their sense of rolelessness and degradation of self can be overwhelming. (See Meekosha, 1986b for an analysis of this process).

Some individuals demonstrated the mythical nature of the extended family and extended support systems. Men frequently told us "My wife does everything and she is ill too". Groups who have come to Australia as refugees may have non-existent support systems; at best they are insecure. There are some single people migrating to Australia, such as young Polish men, who after a disabling accident may find themselves totally isolated and without any close support.

They said they wished that people would get it out of their heads that because Maltese are a large community and have been settled here
for a long time that they don't need help. Most of the people there at the meeting all needed help - they truly expressed it. (Group leader, Maltese carers of adults with disabilities)

Financial issues are paramount both for carers of immigrants with disabilities and the people themselves. It is a hard, if not impossible task for workers injured in their twenties or thirties with small children to maintain a family on compensation payments.

In his opinion Australia is not the promised land that everybody talks about in Portugal. It is not true that Australia helps much the migrants and he is prepared to repeat this statement in front of the Prime Minister. For two years he did not receive any money from the insurance company and had two small children to support. He is only 36 years old. (Group leader, Portuguese men with disabilities)

For those who have migrated to "the promised land ", the onset of disability may strike an even more depressing chord than it does for Anglo-Australians. If they are also linguistically isolated and retraining means first learning English, the situation is particularly difficult. Whilst disability for many in Australia currently means a life of poverty, due to lack of job opportunities and low social security benefits, for immigrants as a group, it is often more extreme. In general they occupy a lower socio-economic position in Australia.

[Portuguese man with back injury] has been here since 1953, when he was unemployed he didn't even know Social Security existed so he didn't get any benefits at all. He only found out about Social Security very recently. (Group leader, Portuguese men with disabilities).

They feel because migrants do not know their rights they are given the runaround, when they ask for a service and are kept waiting for long periods to receive an answer. (Group leader, Greek adults with disabilities).
Many immigrants who experience Injuries have some contact with the rehabilitation system. Some gain access to physical rehabilitation support. Very few appear to receive financial sponsorship from the Department to enable them to pursue retraining programs. The Greek group included people who had some experience of rehabilitation, though often with fairly poor outcomes. None of them had ever been told of sponsorship opportunities for training and education.

Two major issues emerge from the experience of former Rehabilitation Services clients. The centres such as Queen Elizabeth II sometimes offered an important service to people who were severely disabled - where regular physiotherapy and social contact are vital for the reconstruction of both body and mind. For injured men with some English, who thus need only irregular access to interpreters, and who are being treated in the first six month segment of their rehabilitation, the centres were viewed positively. Indeed, one former client, discharged as a quadriplegic, misses the regular support and activity at QE II. He now vegetates at home, deeply depressed and bored, unable to attend local activity therapy centres or sheltered workshops due to his poor English and their lack of capacity to communicate with him. The gains made in personal self concept and physical strength while at QE II, are now deteriorating rapidly. Rehabilitation Services seems unable to provide effective follow-up.

Another client, a woman with severe back injuries, had a very different experience. Her husband had to give up his job and the family were living on his spouse carer's pension. Her major problem was attending QE II regularly for treatment. She found using public transport painful and difficult. She was not offered sponsorship to learn English as part of a retraining regime. While she had access to an interpreter during her physiotherapy, she was not provided with an Individual Program Plan in Greek, either in writing or on audio tape. She developed no sense of self-efficacy in the rehabilitation process, and finally QE II referred her out to the "community". She now attends a social support group as her only limited activity, where she attempts to learn some English. Her physical and vocational rehabilitation has otherwise effectively ceased. She is bored, in pain, and extremely frustrated.
Parents who are carers of children with disabilities find the financial burden particularly overwhelming. They are also not likely to know of any extra support available, such as the handicapped child's allowance. Their caring commitments prevent them from working the long hours and overtime necessary to bring in an adequate wage.

The choice between ethno-specific or mainstream services is not the issue at stake for many individuals or their carers. Their paramount need is to communicate with the service providers - make their needs known and understand what is being said to them. Of equal importance is the need for empathy from professionals and practical help from the services. Service providers often effectively communicate to parents that they see them as "backward" and "overprotective". Yet parents feel at a loss when no one explains to them the details and implications of the situation. This can result in services only being contacted at points of major crisis, by which time the sympathetic and long term work needed to avoid these crises may not be possible.

Parents often feel they do not understand their children's disability - and furthermore that they have no understanding of what is happening to them. Their children may have no English language skills, either because of lack of special education, or because they are recent immigrants. Therefore many activities such as recreational programs for children with disabilities are not available or relevant to them. If they do know about the services such as respite care, they may still be unwilling to use the service.

It is difficult for them to put their child into somebody's hands that they cannot communicate with (Worker, Ethnic Welfare Organisation)

The family was complaining that it took the doctors nearly two years to pick up on things like that [the fact that the daughter had a brain tumour]. I don't know if that's because of the language ... the social worker at the special school said that the doctor was not really responsive to whatever they asked him. He refused to give information
even with an Anglo-Australian worker coming with her. (Worker, Ethnic Welfare Organisation)

There is also concern amongst parents in the ethnic communities that their children may be misdiagnosed or wrongly assessed.

[A mother] who has a two and a half year old girl was told her language is very much delayed - she is actually quite good but just doesn't know the language [English]. The girl couldn't understand what the therapist asked her to do, so they think she is very slow. (Worker, Ethnic Welfare Organisation)

Some of the Vietnamese parents were quite keen to see the establishment of a group home for Vietnamese children where Vietnamese workers would be employed. However, they were concerned that for such a project to become a reality, they might have to become involved in the management of such a home. They were not keen on this added responsibility.

7.7 CONCLUSION

A crisis exists for people with disabilities from non-English speaking backgrounds. Their very existence is unknown, they are sometimes not even considered to have "genuine" disabilities. The few organisations that are funded (under the now defunct CEP) to work specifically with non-English speaking people such as the Ethnic Child Care Development Unit in Sydney find that they are overburdened with casework. Yet their ultimate aim is to carry out community work with the existing services and make them more accessible and more aware of the needs of immigrant people.

Overall, it is apparent that there is little understanding of this crisis situation by either the Department of Community Services or service providers. The fact that immigrants with disabilities constitute a multiple minority group means in essence that they do not fall neatly into any category/area of responsibility. The formal ethnic organisations have been slow to pick up on these issues and are themselves divided on the answers. They often seek simplistic
solutions. The recruitment of yet more volunteers, a situation that many parents and carers find totally unacceptable, is one such proposal.

The disability organisations - be they service providers or peak organisations - for the most part expect the ethnic organisations to do the work. These bodies appear to have given very little attention or thought to changing the nature of their services to meet the needs of immigrants. One very large disability service provider would only change if given additional resources. Attempts by some staff to have existing resources (significantly drawn from government) reallocated to ensure some minimal "ethnic access", was rebuffed by management.

The "new" philosophies of normalisation, the least restrictive alternative and de-institutionalisation, enshrined in legislation and policy commitments, are rendered almost meaningless for a group of people who "have not had the opportunity" to be institutionalised in the past. While the new approaches are to be welcomed, government still has to extend its concerns to those with double handicaps - immigrants, Aborigines, women. Many immigrants have no alternatives to poverty and isolation, let alone the least restrictive ones. Normalisation may often mean being forced to integrate into a racist, Anglo-Saxon, paternalistic society.

There is however some light on the horizon. Rehabilitation Services in Victoria have made attempts over the past 8 years to come to grips with the situation. In the light of this experience, management in Victoria has moved beyond these first steps to a more integrated and flexible system. They recognise that the needs of immigrants are central to their responsibilities as rehabilitation professionals - not marginal, add-on afterthoughts. Ethnic advisers have now been appointed to two regional units, replacing the former co-ordinator position. All ethnic counsellors are now attached to specific units so that all staff working in rehabilitation will get to know at least a couple of counsellors and the positive roles they can play. In addition programs are being developed in co-operation with the Adult Migrant Education Service for people with disabilities. The lessons from Victoria need to be widely disseminated to other parts of Disability and Rehabilitation Services.
There is also an emerging consideration by some disability activists of the funding of peer counselling programs particularly for people with a double or triple disability (see Meekosha 1986 for a review of the international literature on double disability and innovative responses such as peer counselling).

Time is of the essence for both Disability and Rehabilitation Services. The changes currently taking place such as regionalisation and de-institutionalisation provide excellent opportunities for the Department immediately to make the needs of immigrants a high priority. They should at the same time look to intensive work in the field with already established disability organisations. There is also a need for substantial funding of community organisations providing services to immigrants. This is too difficult, demanding and responsible an area to be dependent on small, one-off grants. Comprehensive, long term and substantial funding, enabling the employment of qualified and or experienced staff is the major way to bring the necessary expertise into the non-government sector. Training and/or recognition of qualifications of bi-lingual workers in the field is another necessary immediate step.

Most DCS staff appear extremely uncomfortable with the issue of immigrants - and cannot interpret the hostility often directed towards them by ethnic organisation activists frustrated by the long history of inactivity and broken promises. This stems in part from the lack of department policy and in part from their own sense of lacking a grip on the issue - immigrants with disability are an unknown quantity. DCS staff need to overcome their fear and reticence.

There is a simple starting point. Staff can discard the belief that they need a comprehensive knowledge of all the cultural attitudes to disability as well as a knowledge of disability services overseas, before they can begin to carry out their responsibilities to immigrants. They do need sensitivity to the dynamics of settlement processes and the perceptions clients might have of their role.
In this area, as with domestic violence against immigrant women, staff cannot rely on the established ethnic organisations to bring to the Department knowledge, information and strategies for the future. Only a few key participants in ethnic consultations with the Department will have had any experience of disability, unless it is within their own family or unless they are employed in welfare. It is important to realise that able-bodied people active in ethnic organisations are as much afflicted and confronted by disability and their own potential vulnerability as the rest of the population. At the same time there are a few workers in the field of ethnic health and welfare who have extensive knowledge on which the Department can draw.

DCS also has to develop a strategy on how to help immigrants with psychiatric disabilities, and industrial injuries. These are two huge areas of need which are currently low on, if not absent from, the priority agenda of the Department. In view of the Department’s reiteration of principles of Access and Equity, and the evident difficulties it sustains in their implementation, rather more effective corporate action is necessary.

7.8 RECOMMENDATIONS

R 7.1 That a taskforce/working party on immigrants and disability be immediately established within the Department, drawing on outside experts, with a brief to recommend priority action in both Rehabilitation Services and Disability Services. The external experts on the Task Force should be remunerated where necessary. In the first instance the Taskforce should report progress to the Minister and Secretary within 12 months. It should look in particular at:
1. The low rate of referral and high rate of rejection in Rehabilitation Services.
2. The implementation of the recommendations in the Three Year Plan of Rehabilitation Services(further reiterated in the Access and Equity Statements).
3. How the new philosophies of normalisation, the least restrictive alternative and deinstitutionalisation apply to people of non-English speaking backgrounds.
4. Initiatives taken within Rehabilitation Services for immigrants; it should critically assess these initiatives and disseminate the findings to all the states.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

R 7.13 That in the newly established/enlarged regional units within Rehabilitation Services, a needs survey be conducted of the local immigrant population and ethnic resources. Additional resources should be provided (e.g. staff or consultancy) to develop this material.
R 7.14 That rehabilitation workers liaise more directly with immigrant access workers in TAFE colleges with a view to helping immigrants gain sponsorship and gain access to special bridging courses.

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

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

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

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

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

R 7.20 That Disability Services should consider publicity/marketing campaigns, in conjunction with suitable community organisations aimed at overcoming the myths in the community that immigrants with disabilities are malingerers, compo bludgers etc. (as conveyed in the NSW Government Workcare advertisements).
R 7.21 That Disability Services should consult with organisations funded to help people with hearing impairments and/or visual impairments about the special difficulties of immigrants and/or their children with hearing and/or visual impairments.

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

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

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

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

R 7.26 That Rehabilitation Services should initiate courses for immigrants with disabilities in areas to do with rights, such as the Workers' Compensation System, Social Security System, Anti-discrimination legislation.

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

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

R 7.29 That the Department release in full the report Breaking In and Breaking Out (H Meekosha), in light of its coverage of issues concerned with the rehabilitation of immigrant women with disabilities.
CHAPTER EIGHT IMMIGRANT WOMEN AND THE DEPARTMENT OF COMMUNITY SERVICES

8.1 INTRODUCTION

The division into migrants (male) and dependants has served as a basic guideline in recording statistics and in policy making. In research it has contributed to creating and perpetuating the invisibility of migrant women ... [it] has led to a conceptualisation of migrant women as followers, dependants, unproductive persons, isolated, illiterate and ignorant (Morokvasic, 1981: 15)

Discussion on the needs of immigrant women has often been absent from government sponsored research into immigrants in Australia. Research that has been carried out generally assumes that subject immigrant is male; women, if included, are included as dependents of said subject male, or are at least marginal to what are perceived to be the main issues at stake.

In recent years, coinciding with the International Decade of Women, research and/or consultation has included the needs of women, largely because of increased lobbying by immigrant women's groups. Yet in the reports that have resulted from such government inquiries, their needs and views have often been included in the form of an "appendix" or special section. Furthermore they have usually been treated as a homogenous whole, irrespective of their past experiences, national or cultural origins or class position in Australian society. This has often perpetuated stereotypes of immigrant women - stereotypes that relate to notions of their being traditional, backward, isolated and totally without power.

Whilst this report attempts to integrate gender issues throughout, it was thought necessary to include a chapter in order to draw together all the important elements whereby immigrant women relate to community services. In addition, the Access and Equity policy of the government requires the Department to pay special attention to the needs of immigrant women.
Women relate to community services in three main ways. Firstly because of their key role in the family they relate as carers: as mothers, wives, daughters. The welfare of the immediate family and sometimes that of the extended family is considered their prime responsibility. Whether it involves a search for childcare or a day care centre for elderly parents, the care of a sick husband, or the arranging of appointments with the doctor or the school, the responsibility usually falls on the woman's shoulders.

They are also major recipients of community services in their own right. Immigrant women are often economically and socially vulnerable and much more likely to have to depend on the services of welfare than men, especially in times of crisis. They are more likely to be single supporting parents; they are more likely to be unemployed; they are more vulnerable to homelessness and poverty than men. They are the victims of sexual harassment; they are the victims of domestic violence; they constitute the majority of the aged poor and are more likely to be the surviving partner. Young immigrant women feel the strain of being caught "between two cultures" more than do their brothers.

Finally, immigrant women relate to community services in the role of workers, both paid and unpaid. They are increasingly forming a super-exploited group of welfare workers within the voluntary or community sector. Whether qualified or not, they work in short term, unsupported, untrained positions where often they are expected to continue working as volunteers when government funding is discontinued (a situation which will strike them with particular ferocity with the cessation of CEP funding.)

As special "ethnic workers" they can be ghettoised within community centres, given less responsibility and afforded less power in collective decision making than their Anglo counterparts. Thus the recognition of the needs of immigrant women in the welfare industry has been a two-edged sword. On the one hand, it has entailed a struggle to have the need accepted for special positions that are culturally and linguistically relevant to the situation of potential consumers. But it has also meant that immigrant women as welfare workers often constitute a further minority within an already underpaid, under-resourced voluntary sector. Moreover, once an "ethnic worker" is employed Anglo-Australian organisations may then feel relieved of their multicultural responsibilities, as all immigrant clients referred can be handed over to this worker.
8.2 THE COMMONWEALTH DEPARTMENT OF COMMUNITY SERVICES

The Commonwealth Department of Community Services has three major pathways for meeting community needs in the areas for which it is responsible. These are (a) direct grants to organisations, (b) joint funding of programs with the State, (c) direct services - rehabilitation.

8.2.1. Community programs

Supported accommodation

The Women's Emergency Support Program (WESP) has implications for immigrant women both as workers and as women who are the objects of domestic violence. Women's refuges are in many ways unique. They are different from other community services because they arose out of the struggle by feminists in the women's liberation movement. Women raised issues of domestic violence in the public arena and demanded that governments fund safe houses for abused women and children. Most refuges wish to define their own agendas, programs and monitoring. They resent undue interference by Federal Government departments. However, as in other areas, the Federal Government increasingly sees women's refuges as being funded to provide a distinct service on behalf of the Government. It is increasingly concerned to have a major say in their future directions.

Refuges in Australia have been largely run by middle class women - feminists and charitable/religious women. They have not tended to take into account the specific situation of immigrant women, in particular their varying cultural frames of reference and their settlement experience in Australia. (This is also true of other women with a minority status such as Aboriginal women and women with disabilities.) However, committed workers within the movement have begun to address issues of racism and the employment of immigrant women within the refuges. The impetus for change in this direction has come from feminists and immigrant women - not from senior officials - while innovations and proposals for change are way ahead of government consideration. Some feminist refuge workers have already initiated debate on the content of particular programs for immigrant women. They are now demanding adequate resources such as follow-up workers for immigrant
women who have left refuges, and workers to contact immigrant women in danger of domestic violence.

Nevertheless, there remain major issues for immigrant women who use refuges; the failure to have their interpreting needs recognised together with the lack of available interpreters, the failure by refuge workers to recognise both their cultural needs and their settlement experiences and difficulties in Australia as well as racism and abuse from other residents. A further issue is the shifting of many women with psychiatric disabilities to women's refuges, as a result of "deinstitutionalisation". A concentration of these women can create a disturbing environment. While this also affects Anglo-Australian women, it perhaps is a more devastating experience for immigrant women who are particularly fearful and isolated and who may be able to understand little of what is happening around them.

Immigrant women as workers in refuges experience a relative lack of power in the collective decision making. They may be reluctant to participate in such a model, often because of being overawed by complex language and issues. (Although this is not necessarily an "ethnic" issue as such, that is one resulting from tradition and culture - as feminist collective exist overseas - in Greece, Turkey, Italy etc.). They often have less choice of shifts than their Australian counterparts, and their work conditions are sometimes worse than the Australian women. Immigrant women workers also have become the meat in the sandwich in the tension between DIEA and DCS over funding responsibilities as part of the debate over mainstreaming.

Youth supported accommodation program

Little consideration has been given so far to the special needs and experiences of young immigrant women. Little information is available either from the refuges themselves, the relevant peak organisation or the Department of Community Services.

Young immigrant women are often effectively (though not intentionally) being denied access to an important community service. They have no real organised lobby which could attempt to make effective changes on their behalf. Yet our research has shown that many young women from non-English speaking backgrounds could be in need of supported
accommodation, but are less likely to know of their rights to it than their Anglo-Australian counterparts. Young women we spoke to complained of the rigidity of their parental views, feeling that many of their parents have been trapped in the values and mores that existed in their home country 20 years ago. They felt strongly that information on the rationale for and content of community programs in the form of a discussion group/dialogue could be run for their parents. In this way they could be made more aware of their daughters' needs and experiences.

Apart from the issue of parental constraints and rigidity, many of the issues raised for young immigrant women were similar to young Australian women. A major fear was that of pregnancy, yet they had little or no knowledge of where to go for help - highlighting the need for information on sexuality and contraception.

Youth refuges in general appear to have given very little thought to the needs of young immigrant women, particularly as they are already heavily overloaded, often full and turning away young people. Moreover staff are often inexperienced, overworked and rarely have had training on multicultural issues.

Children's Services

The relationship of immigrant women to children's services requires an understanding of the background to migration. Despite the passing of assimilation and a government commitment to the philosophy of multiculturalism, many studies on immigrants focus on how well they have adapted to the host society and what supplementary services, if any, are needed in order to ease their adaptation. These sorts of analyses overlook the key function of migration which is essentially economic: immigrants are recruited as potential labour power and there are many economic advantages for the host society to do this. One of these advantages is that the receiving society bears only a fraction of the cost of that labour - that is, childcare, schooling, training etc.

Unlike many other countries, the recruitment policy of Australia has not only been aimed at single male labourers. It has had a policy firstly of family formation and then of reunification. The extra costs involved in this policy are
something of a contradiction when viewed against the economic reasons for encouraging immigration. One of these costs is the provision of childcare - although it could be argued that one of the reasons for a family reunification policy is the provision of free childcare by grandmother.

Some attention has been given to the need for childcare for immigrant women in Australia and various reviews have been carried out (for more detail see Chapter 6.4). Nevertheless in 1986, only 9% of children attending centre based care in NSW, came from a non-English speaking background, and only 5% of those in family day care came from a non-English speaking background. This is consistent with the view that the mother has prime responsibility for childcare. Yet immigrant women are present in the workforce in larger proportions than their Anglo-Australian counterparts, and the widespread availability of an extended family of older women to care for the children has been shown to be a myth.

Despite the fact that childcare is the area of Community Services in which, at first glance, most appears to have been done, childcare has been described as "the area of maximum despair". The needs of immigrant women have to some extent been made visible, yet due to increasing cost, they are not able to make use of the facilities that do exist. Strategies adopted by the Department, such as Supplementary Grants, Resource Centres, Ethnic Worker Pools, have only really worked when there has already existed some commitment by service providers. The laudable goals of multicultural childcare for all children have increasingly been eroded. These goals have been reduced to ensuring that access for children from non-English speaking backgrounds is not denied and that some cultural inputs for some children are made by some centres.

One myth claims that many immigrant women are working simply to "advance their material status" in Australia. That immigrant women only view childcare as a child minding service is another. Our research indicates neither of these statements are true. Their wages are essential to the family's economic survival. Furthermore, crucial educational aspects of childcare/preschool education are of great concern to immigrant mothers as they see this provision seriously affecting the future educational attainment of their children.

Children's Services are a prime example of how important it is to conceptually separate the experience of immigrant women from immigrant men. There was
strong opposition by immigrant women to family day care; they found it inadequate at best and dangerous at worst. At the same time, many immigrant men, particularly those who are leaders of ethnic organisations see it in a favourable light. They see it as cheap, a way for immigrant women to earn a small amount of money and it keeps them in the home. Although not overtly articulated, it is also a means of retaining male control over the cultural socialisation of the children, by ensuring that they are not exposed to different environments at early ages.

Immigrant women are also workers in children's services - firstly as a highly exploitable pool of labour working in family day care. (This is if they are successful in obtaining employment in family day care as many schemes require women to be competent in English.) Secondly they work as aides in what is rapidly becoming the most poorly paid in the area of community services. Many immigrant women have overseas qualifications in this area but could not gain entry to such jobs in centres. They are often shunted into being childcare aides. Access to childcare courses is limited because their English skills are apparently tested harshly, whereas their other languages are rarely tested, if at all. Yet, at the same time mainstream childcare organisations complain of not being able to recruit suitable bi-lingual staff.

**Home and Community Care - HACC**

This program is designed to bring together a variety of ad hoc services and develop planning to meet the needs of priority groups including people from non-English speaking backgrounds. Once again, the role of immigrant women in relation to this program is crucial. Firstly immigrant women are potential recipients of HACC services. Many of the services traditionally in this area have often been extremely rigid, racist and sexist.

Immigrant women with disabilities have found it hard to articulate their needs and even harder to gain adequate home support. Myths of the malingering immigrant are doubly compounded for immigrant women, who are only seen to be working for "extras". They are also likely to be employed in areas not known for their safe working conditions, and/or not covered by workers compensation provisions. Increasingly immigrant women are working as
domestic workers, (for example Spanish cleaning women); as outworkers; and in other jobs on the margins of the labour market.

Women who have disabilities that are not immediately visible, such as back and musculo-skeletal work injuries are not as likely to be referred to home and community care. It has been documented that across the board women with disabilities are at a great disadvantage compared with men in gaining access to home care. For example, women are more likely to enter nursing homes than men because they are less likely to get adequate home support (see Meekosha, 1986).

However, almost nothing is known by governments about the incidence of immigrant women with disabilities other than industrial disabilities. Immigrant women with arthritis, with multiple sclerosis, with osteoporosis, and with other degenerative and chronic conditions who may need access to HACC services, are an unknown quantity.

There is substantial evidence to suggest that immigrant women are increasingly being diagnosed as having psychiatric conditions. Such diagnoses may be simply wrong due to poor medical assessment and lack of interpreters. Physiological conditions may be overlooked. Conversely the psychiatric conditions may be a consequence of the settlement experience and/or the women's experience of the health system. There is certainly not enough information and little attention in terms of research has been directed to this area. But we do know that it is exceptionally difficult for women with psychiatric disabilities to get adequate home and community care.

There are more ageing immigrant women in the community than ageing immigrant men (except amongst some Eastern European groups). They are strongly opposed to entering nursing homes and prefer to stay in their own homes - independent of their children for as long as possible. However, services designed to aid independent living for elderly women are rarely known by or accessible to immigrant women. There has been increasing attention paid to the needs of the ethnic aged but not necessarily to the special needs of ageing ethnic women. Yet, in their old age they are likely to be more isolated, have less facility in English, be less powerful and poorer than their male counterparts because of their previously disadvantaged position in Australian society.
Many immigrant women share many of the concerns of other aged women - income security, health, self-image. One discussion group was not so much concerned with ethnic meals-on-wheels but expressed a preference for an "ethnic version of Gloria Marshall" showing that concern for their own fitness and health maintenance was as important to them as it is for the rest of the community. Yet policy makers view elderly immigrant women in the same way as immigrant women in general - as traditional and bound by "culture" without much reference to their current situation in Australian society.

Isolation, loneliness and the need for adequate transport and mobility are issues raised by elderly immigrant women - the need for day care and activity centres where their own language and support systems are available is clearly very important. Adequate transport is of particular concern since immigrant women are not likely to be receiving work related pensions and are therefore less likely to be able to afford expensive transport.

The employment of immigrant women within the home and community care sphere is a major area of concern. Increasingly ethnic organisations such as FECCA (during consultations with the Department and at its, Immigrant Women's Conference) are arguing for the recruitment of women as volunteers. Described as a "necessary evil", but "unavoidable" in the area of immigrant welfare by some ethnic advocates, our research showed that many immigrant women are in the worst possible position to become volunteers; those in the lower socio-economic groups are in paid work out of economic necessity, often working long hours in arduous jobs.

As employees within the home and community care area immigrant women are open to exploitation. They may get fewer hours work than their Anglo counterparts because of racist attitudes amongst service providers who are their employers. Some employers express the view that their English is not adequate to send them into Anglo/Australian homes. There is also a tendency to establish ethnic ghettos within HACC programs where immigrant women will be employed on short term temporary jobs (usually with labels such as special ethnic worker).

Finally in the HACC area, the unresolved tension between a needs based policy and the reality of the submission based model for funding creates the
increased likelihood of poor services for the most vulnerable and the least powerful - that is older immigrant women and immigrant women with disabilities.

8.2.2. Disability Services.

Immigrant women, with disabilities or as carers of people with disabilities (children, spouses, parents etc), have been ignored by both service delivery agencies and by government. We consider that across the spectrum of community services disability has been the most neglected area. In future planning it should therefore become a major priority issue. Women are at the centre of the disability maze. Immigrant women have the fewest resources to negotiate and survive this maze, and yet are given the least support to do so. They are particularly vulnerable because they are in essence a multiple minority group - a "too difficult" category - which scarcely warrants any attention from traditional Anglo-oriented funded services.

People with disabilities have been divided into the deserving and undeserving areas. The undeserving are those least likely to fit a picture of what is considered to be a disability in our society. Thus while immigrants have high rates of industrial injuries, the charitable agencies and the peak organisations have not responded well to them. Furthermore immigrant women are often misdiagnosed and mistreated particularly in the area of RSI and back injuries. There is strong evidence that women develop psychiatric conditions as a result of the iatrogenic processes in the medico-legal/workers' compensation system. Moreover if immigrant women are injured at work it is assumed that they can always go back into the home and continue with their domestic and familial duties. There is also evidence to suggest that they are diagnosed as having anxiety neurosis because of their inability to articulate pain and fear, to express emotions, and because they have no opportunity for counselling in their own language.

Immigrant women also are likely to suffer specific disabilities, such as thalassemia, and complications due to Depo-Provera for refugee women. It is also probable that cardiac disease and diabetes is increasing for immigrant women due to their low socio-economic position, a changed diet, stress of migration etc. Yet few professionals working within DCS or outside the department in the disability services field could actually name any specific
disability that might be more likely to affect women from non-English speaking backgrounds.

There is also some suggestion that developmental disabilities due to both Agent Orange and Depo-Provera might affect the children of refugee women. Immigrant women themselves are less likely to have congenital disabilities (due to exclusion from immigration) but their children may, particularly due to environmental pollutants - such as the high lead levels detected in children in heavily polluted industrial areas such as Port Kembla, NSW.

Immigrant women have fared poorly with regards to use rehabilitation services. Evidence contained in the report "Breaking In and Breaking Out" (Meekosha 1986) was further confirmed by this research. Many of the guidelines, rules and common practice make it difficult for immigrant women to either enter rehabilitation or gain access to the services, especially sponsorship. Awareness of the needs of immigrant women in general by rehabilitation staff was reported as being low. Immigrant women who do gain access to rehabilitation tend to be unskilled industrially injured women and the historic emphasis on vocational retraining has discriminated against many of these women. In some instances rehabilitation services are sending women back into those areas of the workforce where they were injured in the first place.

Women are the main carers of people with disabilities. The extent of developmental disabilities amongst children from non-English speaking background may well be hidden and therefore underestimated. For many immigrant women with children with developmental disabilities the burden of work in the home, work in the labour force and caring for children proves to be overwhelming. Yet they are unlikely to know about available services, such as special education, social support, respite care and counselling as almost none of these services provide multilingual information.

Ageing immigrant women who have adult sons or daughters with developmental disabilities, while facing the same issues as their Anglo counterparts, may be less able to gain access to relevant services due to their relative isolation if they have been caring for children with disabilities all their lives. Women are also often carers of husbands who have acquired
disabilities whilst in Australia; it is not uncommon for industrially injured women to be also caring for husbands with disabilities.

Ageing immigrant women also may have disabilities such as arthritis, visual impairment, deafness, Alzheimer's, strokes, senile dementia, osteoporosis, nervous system disorders, cancer etc. Professionals often feel that when ageing immigrant women have such great physical and medical needs as are produced by these disabilities, then their particular cultural or language needs are largely irrelevant or an excessive demand on the system. However ageing women with disabilities are in an acutely devastated situation and therefore have greater needs than ever before for sensitive services.

8.2.3. Residential services

The report of the Ethnic Aged Working Party "Strategies for Change", November 1986 made no mention of the issues of particular relevance to elderly women. Yet an extremely high proportion of the frail aged are women, and this proportion will increase over the next twenty years. On the other hand the "Strategies for Immigrant Women" (February 1985) noted that women were predominant among the very old, and were far more likely to have problems communicating in English. So the greatest need for residential services is by immigrant women who may already be looking after ageing and/or sick spouses.

The needs that older immigrant women have for social, economic and health support are rarely met. Similarly immigrant women are more likely to survive their husbands and need nursing homes in their own frailty. Prior to this situation they are likely to be called on to be volunteers if they are "less" elderly to provide community services to the "old" elderly. For immigrant women the culmination of all these processes can often result in intensified isolation - loss of social networks, loss of the means of communication (described as reversion to mother tongue) and loss of access to information.

They are less likely to receive positive social reinforcement for the tasks they are doing and they are less likely to be stimulated into creative independence. The patterns of social expectations about the role of women in Australian society are perpetuated when daughters are required to stay at home and look after their elderly parents. Yet social expectations by and of women are
changing, and therefore the chances are increasing that elderly immigrant women may become more isolated than in previous generations.

Economic conditions are worsening and changes in textile, clothing and footwear industries are putting many immigrant women out of work with the consequent impact on the family income. This lessens even more the likelihood of immigrant families being able to support elderly parents. Assurances of Support required by the Federal Government as a condition of family reunion are likely to have severe consequences for elderly immigrant women. Their children are finding it increasingly difficult to make the financial contributions necessary. In these circumstances, elderly immigrant women can often be asked to leave the family home, but without English skills or the means to financially support themselves, they are destined for dire poverty.

8.3. CONCLUSION

The staff of the Department of Community Services and service providers funded by the Department stress the difficulties they have meeting the needs of immigrant women, and the difficulties the women themselves experienced in "adjusting" to the services provided. These difficulties were explained in terms of their "ethnic" background, their language difficulties, their cultural preferences and traditions, including their supposed position in the extended family. A divide exists between "us" and "them" - the "modern" trained professionals on the one hand and the "traditional", sometimes peasant, women not used to "modern" society on the other.

These explanations in part form convenient myths and serve to perform three functions. Firstly they justify the exclusion of immigrant women from community services. Secondly they justify the exploitation of immigrant women as community and welfare workers. Thirdly they justify the placing of heavy burdens on immigrant women as sole carers of their own elderly, children, sick and relatives with disabilities.

Yet many of the difficulties that immigrant women face arise out of their migration experience, out of their settlement experience and out of their economic exploitation in the Australian labour market. "Culture and "tradition"
are used as simple, often inadequate, explanations of complex processes and interrelations. Immigrant women only become "ethnic" in Australia.

[The immigrant woman's] difficulties are ... seen as things that she brought with her from her ethnic background, rather than actual, material difficulties which she has had to deal with [just like working mothers and single parents] in her daily life in Canada. It is in this process of attribution that ethnicity arises for immigrant women. By attributing immigrant women's situation to their ethnic background, the assumption that there is a causal link between their ethnicity and what happens to them in Canada is made. This argument ignores that their experience is part and parcel of the social organisation of Canadian society. This is an error in the social worker's conceptual apparatus. (Ng 1981: 105)

Service providers believe to an extent, that the situation would improve if immigrant women were to start to understand our modern ways. If they could, for example, understand collective decision making in women's refuges or understand "our" way of childcare, or understand 'our' way of caring for the elderly by voluntary work, or understand the purpose of rehabilitation, then the "problem" would be solved.

A typical explanation for the low take up of services by immigrant women was that they are unfamiliar with such services because they do not exist in these women's countries of origin. Yet there is a women's movement in Greece which is concerned with autonomy and self determination for women. There is childcare in Poland available so much as of right that recent Polish immigrants are distraught at the poor level of provision in Australia. There is rehabilitation in Italy - where for instance Italian design and technology has been applied to overcoming mobility problems for people with disabilities. In many of the countries of origin of Australia's immigrants, there are more widespread, more accessible and cheaper services than in Australia.

That immigrant women do not understand rehabilitation because they have no experience of it in their country of origin is an interesting example of how their ethnicity is used to blame them for their ignorance and relieve the service provider of major responsibility. The claim that rehabilitation services do not exist in their countries of origin reinforces the notion therefore we are "modern", they are "traditional".
The possibility that immigrant women could have a more sophisticated understanding and/or expectation of certain services than Anglo-Australians is unthinkable. The idea that some of them are not only qualified, but highly qualified to undertake jobs within community services is unimaginable. If service providers' attitudes towards immigrant men tend towards being racist, then providers' attitude to immigrant women borders on paternalism and racism.
CHAPTER NINE

TOWARDS A NON-RACIST DEPARTMENT:
CONCLUSIONS AND RECOMMENDATIONS.

9.1 HOW CHANGE OCCURS

The Department of Community Services is a new Department with a charter for positive open change, a charter which demands that old, rigid, tight institutions be dismantled. A new Department whose Senior Officers identify its mission as service to people in need. It is a new Department which identifies priorities in overcoming discrimination against women, Aborigines, immigrants, and the poor. Yet these goals must be pursued in a political and economic environment which demands that all "special interest groups" absorb the pain of economic restructuring. In such an environment a major change in priorities and practices requires a concerted strategy.

We suggest that there are five broad issues that need to be canvassed in determining what elements are necessary in a strategy to implement changes effectively and efficiently on behalf of immigrants. These are:

(i) the myth of the neutral and compliant public service;
(ii) the role of the personal commitment of the Minister;
(iii) the importance of the private agendas of Senior Officers;
(iv) the influence of peer group assessments of what is an efficient and effective officer; and
(v) the capacity of organised interest groups to influence priorities.

The litmus test of the final strategy for a non-racist Department lies not the alone in the policies it develops; it also lies in how the Department allocates its resources in terms of staff and money. If we take these elements in order, we will see that change in practice is possible, though it requires sustained and repeated effort.

One need be neither James Hacker nor Sir Humphrey Appleby to have a degree of scepticism about the formal model of policy advice and political decision-making enshrined in the traditional Westminster system. Governments do not simply decree that Access and Equity will occur, and then wait for instantaneous implementation to come about. Indeed the creation of
special units such as the Office for the Status of Women and the Office for Multicultural Affairs stand as clear indications that the traditional structures of the bureaucracy are rarely amenable to challenging traditional practices. This is particularly the case for practices that have bolstered a senior service which was and is predominantly of English speaking background and male. So it is not sufficient for a government to simply instruct senior public servants to bring about change.

Likely problems, resistance tactics, insecurities, perceptions of threat, all have to be identified and addressed. The Department of Social Security officers who spoke to the Jupp Review of the skill their Department had developed in evading implementation of AIMA proposals are but one example of the problem. They noted the way in which special migrant units could be created, staffed with temporary personnel, while lacking resources, and have all the Department's responsibility palmed off to them. Inactivity by the Department could be defended by reference to the existence of the units.

The Access and Equity report to Parliament of April, 1986 identified DSS and DCS as two departments where change was occurring. The Report particularly commended DSS, whose Minister, Brian Howe, had repeatedly requested progress on immigrant issues by the Department and demanded a Strategic Plan for this purpose. The commitment to these goals by senior officers increased as Howe continued to flag the issue. Resources leaked into migrant service units as senior officers expended energy in meetings finding resources. The effect of this process was to increase the priority accorded migrant needs. In DCS Don Grimes' commitment also pressed the Department. The FECCA grant of $50,000 was a Ministerial initiative. Grimes was personally committed to dragging what he saw as a rigid and bureaucratically fixated Department into a far more innovative and flexible state of mind and action. A converse situation existed in the Department of Prime Minister and Cabinet, which had strongly resisted proposals raised by the Jupp Review, that it should be the locus for a policy and monitoring function on multicultural and ethnic affairs. Its Ministerial head, the Prime Minister, was seen as fairly "relaxed" on the "ethnic issue", and only became "committed" in the wake of the fiery ethnic organisational reactions to the August 1986 Budget cuts. These Budget decisions were claimed to mark "the demise of multiculturalism". Once the Prime Minister's attention had been attracted, his Department moved to establish the Office of Multicultural Affairs.
The previous Prime Minister, Malcolm Fraser, had expressed a long-term personal commitment in this area - his Department's concern did not survive his departure, and his creation, the Australian Institute of Multicultural Affairs, lasted scarcely any longer. Its policy influence definitely died with Fraser's passing.

So personal Ministerial commitment may be necessary to move the bureaucracy along. But it is not sufficient. Some more permanent tactic is needed.

Some more junior officers of the Department have suggested to us that a crucial factor in change is whether or not a policy is part of a senior officer's private agenda. If it is, the informal power networks will be activated. Less important goals will be traded with colleagues for more important ones, resources will be switched from other programs, private energy will be expended in developing links and doing favours. If Access and Equity for immigrants is only a bureaucratic goal and not a personal agenda item, then it will soon be recognised as such. For instance, none of the three most senior Department officers actively participated in the FECCA consultations. The Secretary accompanied the Minister when he appeared in Sydney and Canberra. The two Deputy Secretaries did not appear. Many officers read this as a sign of "second level" priority - their promotional chances and performance reviews would not be massively improved by energetic activity in this area.

On the other hand, the carriage of the EAWP report was given to a senior officer (FAS Lindemayer) with some acknowledged professional expertise in the area. He had a previous career in the Department of Immigration and Ethnic Affairs, and brought with him another former DIEA officer to implement the bulk of the DCS residential programs related EAWP recommendations. Thus, the EAWP policies which have been accepted by the Department and implemented are seen to be "stronger" as a result of key personnel being perceived to have private agendas which require them to successfully pursue these issues.

The private agendas of a few officers, while important, also form a fairly fragile basis on which to rest the survival of a total strategy for meeting the needs of immigrant communities. People move, new agendas replace the old, and
unless a fairly unbreakable formal network overlays the informal arrangements, the long term prognosis is not good.

To overcome this problem at least one of our Departmental respondents proposed some structural solutions. Public servants, he suggested, implement programs. This usually means they have to spend money on specific targets. If the Department specifies the targets, earmarks the funds, and monitors implementation, then the public servant's desire to perceive herself/himself as efficient and effective will lead her/him to act as the policy indicates. Furthermore, she/he will want to ensure that services funded under programs do meet the goals for which they contract, and she/he will provide support etc. to enable this outcome. If she/he identifies a lack of skill or resources, she/he will request training or additional management input until the problem is overcome.

This model depends on public servants behaving rationally. While there is no reason to believe they will not do so when possible, the pressures on their positions may render the model less than perfect. Quite clearly something approaching this model is required for the Program Budgeting system of the Department to work at all. But a data base to assess the success of targets set can be problematic. It is not only women's refuges which are reluctant to provide detailed client data to the Department. Childcare centres have clear difficulties, as do nursing homes, sheltered workshops and nearly every other service funded by the Department. In addition, earmarked dollars do not guarantee anything about the quality of service or the quality of life experienced by the recipient of the service.

We are thus left with external sources of influence to ensure that "change" is implemented and sustained. The Department has a number of advisory structures - councils, committees etc. - which provide avenues of contact with the "outside world" or the "community". Yet these methods do not necessarily guarantee that ethnic organisations or immigrant communities more generally, can have their various interests articulated. The state-based Welfare Advisory Committees do not have any "ethnic" member as a matter of course. Indeed the issue of "ethnic access" had appeared on the agenda of only one state committee (Victoria on rehabilitation services), in the two years to December, 1986. The Disability Advisory Council of Australia has no formal links to any ethnic organisation, and has not dealt with "ethnic issues" since its formation in
1983. The SAAP advisory committees have not been able to resolve the question of how "ethnic needs" should be represented in their discussions, and in many cases the ethnic representative is male. The new Aged Care Advisory Committees which will have a determining role in approving nursing home developments in the states will have "ethnic representation" - but from what source is not yet clear. The Children Services Advisory Committees are the only advice venue in which ethnic organisations have had a role (usually one position) for an extended period.

Most Department officers recognise that the political process dominates decision-making procedures. They note that this puts less organised groups at a disadvantage in pressing their causes. Indeed, part of the hidden agenda in Need Based Planning may well be as much the erection of a defensive barrier to the political lobbying of well-organised constituencies, as overcoming the problems of submission-driven resource allocation. Yet as one senior officer noted, in a time of resource constraint letting new players into the game when the "pot" is shrinking simply increases competition.

The Department was clearly both frustrated and energised by the FECCA consultation experience. Senior officers found it difficult to identify the point of the exercise aware as they were of the very real constraints on resources. The government had signalled that few if any new project proposals would receive the endorsement of Cabinet's Expenditure Review Committee so that the consultation process might well raise expectations for new services that the Department had no possibility of implementing.

In this climate the test of the Department's commitment to change, to "equitable access" as the Jupp Review described the goal, will depend on the reallocation of already committed resources. Immigrant communities are thus competing at the margins - and more organised immigrant groups are thrown into conflict with the least organised and more vulnerable "Anglo" Australians. It is a sad and miserable competition, one of desperation seeking to outbid despondency. In some areas, such as the Illawarra in New South Wales, ethnic organisations have joined together to better argue the general case - such as that made by Illawarra Ethnic Aged Action in contesting the rigidity of HACC guidelines. In other areas ethnic organisations are ill-equipped to tackle the institutional "old boy" network. In such circumstances they simply bemoan their fate, articulating an anger and sadness at losing out once more.
In the meantime those large institutions maintain their dominance of human services, responding to those whom they recognise as "legitimate", and alienating those who are deemed "foreign" or "alien".

How then can the Department in the midst of contradictions of philosophy and practice, swing the social services industry into a more "effective" and "appropriate" provision of the things that immigrants need in order to survive? We turn now to our recommendations for Department action.

9.2 CORPORATE STRATEGY

There is still a mistrust among some sectors of the "ethnic welfare industry" that the Department is "fair dinkum" on ethnic issues. The Department has made some gains as resources begin to flow to some projects. But the quizzical hostility remains widespread.

The first move must be a corporate strategy which identifies the issues at stake and presents an anti-racist program to resolve them. We therefore recommend that:

R9.1: The Department, over the joint signatures of the Minister and Secretary, issue a detailed position statement on its role in a multicultural society, its goals, and its commitment to the allocation of significant resources to pursue these goals. The Mission Statement of the Department should be amended by the addition of:

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

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

9.3 INTERNAL INFORMATION

The constantly changing personnel in the Department means that communication about multicultural policy can become fragmented. Program staff have a confused view of Department policy while middle level policy officers may have rather too inflexible attitudes to innovation and program modification. An important means to address these problems lies in effective internal communication.

We therefore recommend that:

R9.3: Access and Equity policies and implementation strategies be widely circulated to all staff, and be placed as a continuing item on the agenda of state management committees. Management should also ensure that the issues are regularly raised in joint consultative councils with staff representatives as part of the industrial democracy procedures.

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

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

9.4 COMMUNICATION

Insofar as knowledge is power, immigrants need information about services and their rights. They also require easily understood information about alternative solutions to problems, information about disabilities etc. The Commonwealth has effectively committed itself in principle to ensuring this
information is available. To ensure this commitment is realised, we recommend that:

R9.6: DCS program and sub-program summaries, and innovations (such as the Attendant CARE leaflet) be prepared in Plain English, and translated into major community languages. These translations should be made available to all the relevant funded organisations, state government outlets, through DfSEA contact lists, and to the ethnic media, and be available on audio cassettes for immigrants with visual impairment.

R9.7: Existing projects to publicise programs and services which are awaiting translation, should be funded immediately. These include the DACA handbook, women's refuge leaflets etc.

R9.8: User Rights material should be provided in Plain English and translated for distribution as in R 9.6.

R9.9: The Publicity Section should be upgraded with at least 30% of staff allocated to developing and circulating material on "ethnic needs". Publicity personnel should be trained in working with the ethnic press and radio. At least 30% off the publicity budget in every program area should be directed towards communication with people of non-English speaking background.

R9.10: Given the crucial importance of ethnic radio as a primary source of information, the Department should examine the feasibility of a multicultural services radio unit. This unit would develop and produce material for dissemination through 2EA, 3EA and the Public Broadcasting Sector. An 18 month pilot project which canvasses co-operation with other Federal and State Departments should be funded out of allocations from program areas. The feasibility project should examine sub-program priorities, co-operation with broadcasters, use of radio for the immigrant "print-handicapped", and related issues. The unit might be attached in the first instance to 2EA in Sydney or 3EA in Melbourne.

9.5 RECRUITMENT AND TRAINING OF DCS STAFF

Staff competence and confidence are crucial factors in the successful implementation of initiatives of benefit to immigrants. The Department has
thus to ensure new staff have the skills and orientation necessary, while seeking to improve the capacity of existing staff to implement Department policy. We therefore recommend that:

R9.11: All positions advertised should specify an understanding of issues of importance to a multicultural population as a necessary criterion for appointment and promotion. In addition targets should be set for the Senior Executive Service to include at least ten percent officers of non-English speaking background.

R9.12: Advertisements seeking staff to work in areas of high immigrant density should briefly describe the environment and indicate the expectation of the Department that staff will be expected to respond to a range of clientele. This applies to professional, clerical/administrative and clerical assistant staff.

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

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

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

R9.16: All staff should be offered the opportunity to participate in Access and Equity Implementation Workshops. In Program areas all staff in public contact, all supervisors and senior managers, should be expected to participate in such a workshop. Staff seeking promotion should be counselled by their
supervisors to participate in such workshops. All staff should be informed of progress in their Division on achieving Access and Equity goals.

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

R9.18: The training section should be requested by senior management to develop a Department wide Access and Equity training program in cooperation with state offices. The Program should employ external consultants and include realistic resource material.

9.6 FUNDING POLICY

The Department has a variety of policy positions on the issue of earmarked funds for immigrant services. These range from support for earmarking to the point of allocation of a fixed amount of money each year (in Residential Programs for the ethnic aged) to opposition to earmarking and a requirement that all services be available to the "whole community" (in Youth Supported Accommodation Program). There is an emerging consensus however that groups suffering discrimination need two avenues of approach to resources. The first avenue requires them to be supported in the open competition for resources under general program guidelines. The second avenue recognises the legacy which has been left by the historic distortion of services. In this latter case special allocations are necessary which are not subject to open competition from outside the specified needs group. This situation applies to services as well as organisations. We therefore recommend that:

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

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

R9.21: If the Department accepts the proposals for the funding of services developed by the Arthur Andersen and Co. consultancy, to the effect that the 15% additional funding for salaries under the Disability Services legislation be earmarked for innovation support, then all innovation project proposals should include consideration of the needs of non-English speaking background immigrants and their children (as detailed in R7.?).

R9.22: Each program area should identify an annual amount of money within its budget to be allocated to improving the quality of services available to non-English speaking background immigrants. These "earmarked" funds should be available for:

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

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

The Department has begun the long process of focusing primary attention on the experience and interests of the clients of funded and direct services, rather than on the owners and controllers of those services. This reorientation is evident in all program areas, though in some cases more energy to date has been invested in the statements of intentions and plans than in their realisation in practice. The most important moves lie in the statements on Quality of Care and the procedures under discussion for User Rights. However, these directions, the aims of which are an improved quality of life for service consumers, have usually not addressed the issues affecting non-English speaking background immigrant consumers. We therefore recommend that:

R 9.23: The Department prepare (in Plain English) a statement on Quality of Life Goals, which is translated into community languages. The statement should indicate the roles of the Department in aiding individuals to achieve these goals. The implications for people of non-English speaking background should be specified. For instance, people with visual impairment in community or residential care need information and communication in their own languages, on tape or radio, or in person. The process of second language loss needs to be recognised. The constraints on independence which limit the quality of life for elderly immigrants need to be addressed. Each broad program area should develop its own statement for translation and wide circulation.

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

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

The Department's dependence on state voluntary and private sector organisations to deliver the services for which the Department is responsible, generates reciprocal obligations between the parties. However, the Department has been very reluctant to cut off funding to services which do not meet Department guidelines. The Disability Services legislation is a first move, and provides a five-year transitional period in which existing services are expected to adapt to the new philosophies of care. In Children Services and other Community Programs the Department has expressed extreme reluctance to offer anything stronger than "encouragement" to those service providers which the Department would like to be more responsive to "ethnic" or "multicultural" needs. This procedure, based on demonstrations by innovative organisations of good practice to encourage the others, has hit "brick walls" with some recalcitrant service providers. Moves are in train to develop contracts in which the Commonwealth buys services from service providers on behalf of consumers. The next step is more detailed contract compliance, with the Department prepared to withdraw funding from organisations which are unwilling to implement programs which relate to the expectations and preferences of immigrant consumers. We therefore recommend that:

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

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

9.9 DATA BASE

The constant and legitimate complaints about poor quality data and the consequent difficulties in developing effective needs based planning require sustained attention. The Department requires this information in terms of its general planning; individual program areas require it to plan and assess the
effectiveness of services; and service providers require it to meet the
responsibilities on which the Department is now insisting.

R 9.28: Each service provider be requested, in its reporting on client usage,
to identify:

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

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

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

R 9.30: The Department should extend its current long-term planning on data (in WELSTAT and the Victorian Pilot Project on joint data gathering) to include an examination of service information data in languages other than English. The research currently underway at R.M.I.T. on computer-based multilingual information on the recognition of overseas qualification could provide an entry point to this issue.

9.10 TRAINING AND SUPPORT FOR FUNDED ORGANISATIONS.
The increasingly active role played by DCS in identifying priorities for funded organisations carries a consequent responsibility. The Department has to provide the opportunities for staff in funded organisations to improve their confidence and competence in priority areas. In addition new ways of identifying and meeting needs have to be developed. We therefore recommend that:

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

(a) establish training units within tertiary institutions, with the task of developing training programs for workers in non-government funded organisations, focusing on the issues involved with meeting the needs of people of non-English speaking background;

(b) provide locum cover for staff going on such training programs;

(c) support staff exchanges between government, non-government and tertiary education sector personnel;

(d) provide studentships within tertiary education institutions for staff with language skills and/or overseas qualifications not recognised in Australia:

R9.32: The Department act as sponsor for joint action research projects in cooperation with the states, local government, tertiary education institutions and the non-government sector. There projects, for the purposes of demonstration and innovation, should be funded to allow:

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

(b) the development of information, advocacy, innovative service delivery and community development projects in the geographical/policy areas involved;

(c) the documentation, evaluation and dissemination of results of the projects.
R 9.33: The Department should sponsor a series of state workshops on normalisation, PASSING, and their implications for immigrants (particularly women).

9.11 PROGRAMS FOR IMMIGRANT WOMEN

The situation and experience of immigrant women forms the hidden side of "Sharing Community Care". As carers they have available the fewest support services, and least access to relief. As workers in manufacturing industry they are the most vulnerable to "industry reconstruction". As workers in welfare they are most likely to be in marginal, poorly paid and highly stressed jobs. As mothers their children are less likely to be cared for in conditions of which they approve. As clients, they are likely to have poorest access to information about their rights and the services available. Often the services that do exist are incapable of responding to their expressions of pain, of need, of frustration, of anger, of concern. In many cases they are now likely to live longer lives than their anglo-Australian peers. They are also going to be prone to the diseases of "affluence" - cardiovascular complaints, diabetes mellitus, dementia. As widows they may be left even more isolated, threatened and powerless than English speaking women. Thus in all the areas with which the Department is involved particularly, attention needs to be paid to the situation of immigrant women - in the Australian context. We therefore recommend that:

R9.34: All DCS program and sub-program managers, and the Offices of the Aged and Disability, prepare an information paper which documents the situation for immigrant women in their areas of concern, and identifies the steps taken which reflect this situation. In particular, the difference between male and female situations should be specified where these have program amplifications. These papers should be released as a composite report of Department priorities.

R9.35: All training programs for Department staff and service providers should pay particular attention to the needs of immigrant women.

R9.36: The Department's public information strategy should be planned to take account of the situation of immigrant women, and a significant part should be focussed on "targetting" women. (e.g. in the ethnic press, ethnic radio, pamphlets etc.).
R9.37: A review of childcare services should be undertaken to ensure that the particular concerns of immigrant women are addressed; in particular, the review should assess:

(a) the appropriateness of current arrangements for family day care;
(b) the implications for working immigrant women of action arising from the "Peer Review of High Cost Centres";
(c) the potential for work-linked childcare centres being developed by the Department in areas where employers of immigrant women are reluctant to initiate such centres.

R9.38: The Department should prepare an impact statement on the Government's Textile Clothing and Footwear Policy and its regional effects on immigrant women. The statement should delineate proposed Departmental action.

R9.39: Special attention should be paid to welfare careers for immigrant women. Funded employers should be required to develop affirmative action programs, while short courses and studentships should be made available for further staff development.

9.12 STRUCTURAL MODIFICATIONS TO THE DEPARTMENT

Many of the proposals listed above require the Department to lift the priority to be accorded issues affecting immigrants. They also demand a rather more carefully thought through set of policies and ancillary actions. However, certain innovations are also necessary. Most of those relate to communications with clientele and service providers. We therefore recommend that:

R9.40: That an Immigrant Access Action Unit of three officers (initially) be established in Central Office, in parallel to the EEO unit. The IAAU would have a Central Office/Department wide role, and serve as an avenue to improve information flow between the states and across programs. The functions of the Unit would be:
(a) provide advice and support to Program and Sub-program Heads in the development of the plans identified in R9.2;

(b) monitor progress on the plans;

(c) liaise with Training in the development of training programs to ensure Immigrant Access goals are included;

(d) liaise with Publicity in the development and dissemination of information;

(e) act as clearing house on innovation, and publicise issues through the supplement to the Community Services newsletter;

(f) liaise with all divisions on research and other consultancies to ensure all studies include appropriate data on immigrants;

(g) liaise with national peak organisations of service providers, consumers etc. to ensure issues affecting immigrants are given priority;

(h) liaise with the three Ministerial advisory units (Policy Co-ordination Unit, Office for the Aged, Office of Disability) to ensure policy considerations relevant to immigrants are sustained;

(i) liaise with the Office of Multicultural Affairs to ensure free flow of information and policy development;

(j) participate in the stimulus to research and debate on policy related issues relevant to immigrants, e.g. normalisation, community care;

(k) co-ordinate the national network of designated state-based program Immigrant Access Action officers, convene conferences, maintain communication;

(l) provide an avenue for contact with the Human Services Radio Unit proposed in R9.10.

R 9.41: The Department, its review of "advisory structures", ensures that all committees which remain with deliberative powers (e.g. Aged Care Advisory Committees etc.) include people skilled and experienced in working with people of non-English speaking background. These people cannot "represent" an "ethnic interest", but should be selected for their expertise and capacity to contribute to informed debate on the issues. They should be neither "token" nor "professional ethnics". Where these structures are established under legislation, it should be amended to ensure such representation.
9.13 RESEARCH

The Department represents a major repository of experience and expertise. The librarians and research officers play an important role in collecting and disseminating data. However, current research goals are unclear and state and Central Office divisional priorities may often overlap or bypass each other. We therefore recommend that:

R 9.42: In order to ensure a rationalisation of overlapping responsibilities between the Department of Community Services and the Department of Immigration and Ethnic Affairs, and to prevent confusion and hostility within the community, a medium term Community Funding Liaison Committee should be established to report to both Ministers. The Committee should comprise officers from both Departments and staff attached to both Ministers.

R 9.43: Corporate Services Division, in consultation with the Office of Multicultural Affairs, Program areas and the states, develops a national research agenda on community services and immigrants, which is funded appropriately. The agenda should be publicised and both external consultants and internal researchers engaged to carry out the projects. This scheme should work in tandem with the Action Research Innovations Program proposed in R9.32, where appropriate. Results should be published in a Research Series, under the advice of an external series editor or editorial board (compare with Department of Social Security Research Reports, Department of Immigration and Ethnic Affairs and Adult Migrant Education Program Research Reports). Topics of immediate importance include:

(a) Disability and Rehabilitation: an international comparison of countries programs and outcomes;
(b) Disabling conditions and Ageing Immigrants in Australia;
(c) Respite Care needs of Immigrant Carers;
(d) International patterns of childcare;
(e) Community Development Strategies and Immigrant Communities.

R 9.44: The Department publish the report "Equal Disappointment Opportunity?", as a resource for training and program development. A Plain English synopsis should be translated into community languages and
circulated through ethnic organisations and other service providers. The synopsis should also be made available on cassette tape in community languages and in Braille in English. Free copies of the report should be made available as a matter of urgency to all the groups which participated in the consultations and research.
REFERENCES


Aged Care Coalition. If only I'd known: A study of the experiences of elderly residents in boarding homes, hostels and self care units. Sydney: Australian Consumers Association; 1986.


Arthur Young and Company. Information Consultancy Report for the Department of Community Services, Canberra: Unpublished; N/D.


Association of Non-English Speaking Background Women of Australia,. Statement of Intent: (Unpublished).


Australia, Department of Community Services. An Overview of the Growth of Non-CRS Rehabilitation Services. Canberra: Commonwealth Rehabilitation Service (Rehabilitation Planning Section); May, 1985.


Australia, Department of Community Services. Access and equity in the delivery of Federal Government services and programs to migrants: Three year plan: Department of Community Services; 1986.


Australia, Department of Community Services. Draft: Quality of Life and Care Standards in


Australia, Home and Community Care Program. Community Respite Care Sub-Program Guidelines: Unpublished; 1986.

Australia, Department of Community Services. Sharing Community Care: A guide to programs and services provided by the Commonwealth Department of Community Services. Canberra: Department of Community Services; 1986.

Australia, Department of Community Services. The Home and Community Care Program: Commonwealth priorities for service development. Canberra: Department of Community Services; 1986.


Australia, Department of Community Services. Overview and recommendations of the Nursing Homes and Hostels Review. Canberra: AGPS; 1986.

Australia, Department of Community Services. Staff Induction Handbook. Canberra: Department of Community Services; 1986.

Australia, Department of Community Services. Submission by the Department of Community Services to the Review of Migrant and Multicultural Programs and Services. Canberra: Department of Community Services; May, 1986.


Australia, Department of Community Services. Peer Review of High Cost Child Care Centres in Australia. Canberra: AGPS; August 1986.

Australia, Department of Community Services. "Strategies for improving the access to and the equity of DCS programs for women, Aboriginal people and people of non-English speaking background"; August, 1986.

Australia, Department of Community Services. Disability Services Strategic Plan: for presentation to the Management Group meeting: (Unpublished); September, 1986.

Australia, Department of Community Services. Equal Employment Opportunity Program. Canberra: Department of Community Services; October 1986.

Australia, Department of Community Services. Ethnic Communities and The Home and Community Care Program. Canberra: Department of Community Services; November, 1986.


Australia, Department of Community Services. Portfolio Program Statements 1987/88. Canberra:

EQUAL DISAPPOINTMENT OPPORTUNITY? REFERENCES. 2


Australia, Department of Immigration and Ethnic Affairs. Access and Equity in the Delivery of Federal Government Services and Programs to Migrants - Briefing Notes for Implementing Departments, Authorities and Agencies. Canberra: Department of Immigration and Ethnic Affairs; August 1986.


Australia, Department of Social Security. Grant-in-Aid Scheme: Grants to non-government organisations towards the costs of employing social welfare workers to assist migrants. Canberra: Department of Immigration and Ethnic Affairs; April 1985.


Australia, Department of Social Security. Survey of Special Benefit Recipients. Canberra:
Statistical Services and Analysis Section, Research and Statistics Branch Development Division; August, 1986.


Australia, Office for the Aged. Access and Equity for Non-English Speaking Background Persons to Departmental Services: Unpublished; February, 1986.


EQUAL DISAPPOINTMENT OPPORTUNITY? REFERENCES. 4


Bonacich, E. "Class Approaches to Ethnicity and Race". The Insurgent Sociologist; Fall, 1980; X(2): 9-24.


Bottomley, G.; de Lepervanche, M., Eds. Ethnicity, Class and Gender in Australia. Sydney: George


Centre for Youth and Community Studies,. Report of the committee of the 1986 review of migrant and multicultural programs and services: Ethnic Youth: their assets and aspirations. Melbourne: School of Community Studies, Phillip Institute of Technology; June, 1986.


Cocks, E. "Roadblocks to appropriate services for persons with an intellectual disability in Australia". Australia and New Zealand Journal of Developmental Disabilities; 1983; 11(2): 75-82.


Collins, J. "Immigration and class: the Australian experience". in: Bottomley, G.; de


Dunphy, J. Review of Child Care Section of Galbally Report. Deakin University: (Unpublished manuscript prepared for the Australian Institute of Multicultural Affairs, March); 1982.


Ethnic Affairs Commission of N.S.W. Eighteen Years After...The Turkishsettlement experience in N.S.W. Sydney: Ethnic Affairs Commission of N.S.W.; May, 1985.


Ethnic Child Care Development Unit. Cultural Diversity Papers Kit. Sydney: Ethnic Child Care,
Family and Community Services Co-operative Ltd.; 1983.


Growing Older; March, 1976; 6(3).


REFERENCES


Hicks, A. Ethnic Liaison Project. Perth: Department of Community Services; September, 1986.

Hill, R.C. "Race, Class and The State: The Metropolitan Enclave System in the United States". The Insurgent Sociologist; Fall, 1980; X(2): 45-60.


Horvath, B.M. An Investigation of Class Placement in New South Wales Schools. Department of Linguistics, University of Sydney; (Unpublished); May, 1986.


Leeman, B. People from other than English speaking backgrounds and access to disability services: equal and culturally relevant access to appropriate and effective services for ethnic people with intellectual disabilities,. in: The Australian Group for the Scientific Study of Mental Deficiency, 22nd National Conference. In the Community or Of the Community. University of Sydney: The Australian Group for the Scientific Study of Mental Deficiency; August, 1986.


Mayers, M.G., Norby, R.B.; Watson, A.B. Quality Assurance for Patient Care: Nursing


Migliorino, P. Home and Community Care (HACC) and The Ethnic Communities. Sydney: Ethnic Communities' Council for NSW; 1986.


Munday, B. "International Seminar on Innovatory Social Projects in Community Development: Copenhagen, Denmark., Eurososocial Reports; 1986; No.29.


New South Wales, Department of Youth and Community Services. Home and Community Care Program Data Requirements: Unpublished; 1986.


Nicolaou, L. Thank You For Asking Us - Please Do It Again! A Study of the Australian Community Services and their relevance to Ethnic Communities. Sydney: Federation of Ethnic Communities' Councils of Australia; February, 1987.


Norman, C. et al. Multiculturalism in the New South Wales Department of Youth and Community Services. Sydney: Community Development Bureau, Department of Youth and Community Services; August 1983.


NSW Immigrant Women's Speakout; Nov-Dec. 1986; 3.

O'Brien, J. Discovering Community: Learning from innovations in services to people with mental retardation. Massachusetts: Massachusetts Department of Mental Health; 1986.


Shergold, P.R.; Nicolaou, L. Why Don't They Ask Us? We're Not Dumb!: A study of the experiences of specific target groups in Australia, Volume 1. Sydney: A submission to the Review of Migrant and Multicultural Programs and Services by the Federation of Ethnic Communities Councils of Australia; May, 1986.


Wells, Y.; Jorm, A.F. Evaluation of a Special Nursing Home Unit for Dementia Sufferers: A Randomized Controlled Comparison with Community Care: Unpublished; 1987.


Wolfensberger, W. "A reconceptualisation of normalisation as social role valorisation". Mental Retardation; Spring 1984; 34(2): 22-25.


Yuval-Davis, N. "Ethnic/racial divisions and the nation in Britain and Australia". Capital and Class; Summer 1986: 87-103.