

World Wellness Group

Psychosocial Safety & Wellbeing for Multicultural Workforce

INFORMATION BOOKLET

Psychologically Safe Multicultural Workforce Project

“Diversity is having a seat at the table, inclusion is having a voice, and belonging is having that voice heard”

Liz Fosslien & Mollie West Duffy,
authors of ‘No Hard Feelings’

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Introduction

The psychologically safe multicultural workforce project has emerged out of interviews and focus groups with the multicultural peer support workforce at World Wellness Group (WWG). This led to a call to action for state and national communities of practice to support and empower multi/bicultural workers.

Employed casually, multi/bicultural worker roles can experience income insufficiency, underemployment and role complexity, emotional load and vicarious trauma.

This toolkit offers strategies for multicultural organisational leaders and multi/bicultural workers to build a psychologically safe and equal multicultural workplace for all.

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Background

Promoting cultural and linguistic diversity in the workforce is one of the key components to offering a quality culturally responsive service for multicultural communities in Australia. The critical role of the multicultural workforce facilitates cross-cultural accessibility, understanding and trust between communities and services as well as addressing power imbalance.

The practice of employing multi/bicultural workers for casual 3-4 hour sessions is becoming an increasingly adopted practice by larger organisations and mainstream services to better meet the needs of multicultural communities. However, the complexity of the role and the wellbeing needs of the casual multicultural workforce has been overlooked including limited research from the perspective of the workforce. One of the reasons identified for the difficulties planning for multicultural worker wellbeing, recruitment and retention identified by the recent policy report *Building Our Bicultural Workforce* (ECCV 2005) is that funding cycles for multicultural worker programs are short-term, as well as funding climate fostering competition rather than collaboration.

Fundamental to WWG's work to address health inequities and implement systemic solutions for people from multicultural backgrounds has been the development of the multicultural peer support worker (MPSW) role. Building on the traditional multi/bicultural worker role in multicultural health programs, where the multi/bicultural worker bridges mainstream health concepts with cultural explanatory models and language support, WWG has expanded this role to position lived experience at the centre of practice. Guided by WWG's *multicultural lived experience framework*, the MPSW workforce emphasises the experiences, knowledge and understanding of people from multicultural backgrounds in regards to migration, settlement, acculturation and experiences of becoming unwell, seeking health services and recovery.

As the multicultural sector presently focuses on cultural and language supports rather than centering lived experience unique to the WWG MPSW role, this project will use the generic terms multicultural and bicultural worker.

In addition to promoting a multi/bicultural worker centred psychosocial injury prevention planning for multicultural organisations, the key aim of this project was to improve the wellbeing of the workforce, with the central approach to bring visibility and voice to the psychosocial risks inherent in the casual employment of a multicultural workforce. The workforce was supported to organise and design their own workshop named the **Queensland Multicultural Peer Workforce Futures Event** for multi/bicultural workers in Brisbane including an information sharing and co-design session. This day workshop resulted in steps towards the initiation of a state-based community of practice for ongoing peer support, sharing of resources, learnings, training and advocacy work. This can be built on to form a national online multicultural workforce community of practice across Australia.

"...the key aim of this project was to improve the wellbeing of bicultural workers workforce, with the central approach to bring visibility and voice to the psychosocial risks inherent in the casual employment of a multicultural workforce"

Multi/bicultural role background

Cohealth (2019) defines a bicultural worker as an individual "employed to use their cultural knowledge, language skills, lived experience and community connections to work with people who they share a lived experience with and mainstream organisations. Bicultural workers elevate community voices, advocate for their needs, co-design and deliver programs, share information and facilitate cultural safety."

As presented by co-health at the **Queensland Multicultural Peer Workforce Futures Event** in June 2025, other terminology used describe the multi/bicultural worker role are, cultural consultants, multi/bicultural education aid, community liaison officer, community engagement workers, cultural support workers, community connectors, peer workers and lived experience workers.

Multi/bicultural workers are key to providing a culturally responsive service by articulating diverse models of explaining illness and distress, taking into account family and collectivist ways of doing, accounting for stigma and including the lived experience of migration and resettlement.

Multi/bicultural workers work in many sectors including mental health, drug & alcohol, chronic disease, sexual health, homelessness, health literacy, settlement and family violence/ peace building. Multi/bicultural workers are not accredited language interpreters, however have a role to assist the trust and rapport building process, enabling accessibility for services, and sharing information in culturally appropriate ways.

Other terminology used describe the multi/bicultural worker role are:

- **cultural consultants**
- **multi/bicultural education aid**
- **community liaison officer**
- **community engagement workers**
- **cultural support workers**
- **community connectors**
- **peer workers**
- **lived experience workers.**

Multicultural workforce challenges

Key research has highlighted the needs of the multicultural workforce. Ethnic Communities Council of Victoria (ECCV) (2025) Building Our Bicultural Workforce report identified an update on ongoing workforce challenges and gaps in Victoria.

One local initiative in terms of addressing training needs gaps, a tailored training package has recently been piloted with Victoria's mental health system. This report also identifies needs of supportive recruitment practices, supervision to prevent burnout and overwork, culturally safe group supervision spaces, and a 'community of practice' for employers to navigate multicultural workforce specific issues such as conflict of interest. The Productivity Commission has recommended that funding contracts for community services should be for minimum of seven years for program sustainability.

In 2024 the *Bilingual Health Workforce Evaluation (BHWE) project* delivered by True Relationships and Reproductive Health and the Ethnic Communities Council of Queensland (ECCQ) conducted extensive research to establish workforce recommendations. Some of the main challenges confronting bilingual and bicultural health and community care workers includes, casualisation, restricted career advancement opportunities, inadequate professional development, exposure to traumatic content, wage disparities, hurdles in recognising overseas qualifications and undefined roles. One of the key recommendations is to establish a national workforce community of practice aimed towards ongoing advocacy for the needs of this group.

Cohealth's Victorian based bicultural program values the shared language, culture, lived experience and community connections of bicultural workers. Cohealth is identified as a best practice examples in Victoria, with a potential to implement learnings to other states in Australia. Cohealth, has developed training and professional standards for bicultural workers and runs a 6 month internship program for bicultural workers. Cohealth's standards also provide inclusive recruitment guides and payment policies designed to influence the evolution of culturally responsive human resource practices. In 2022, *Supporting Bicultural workers: A literature Review* was completed to assist organisations employing bicultural workers to navigate the complexity of living and working within their communities such as self-care, boundary setting and role creep.

Some of the key challenges identified by Co-health at the Queensland Multicultural Peer Workforce Futures Event (June 2025) that multi/bicultural workers face include:

- Unclear roles and expectations
- Limited targeted capacity building
- Culture of volunteerism
- Lack of career progression
- Short term contracts & limited funding
- Lack of cultural safety
- Privileged western ways of knowing
- Tokenistic engagement
- Triggering - due to shared lived experience
- Professional boundary setting clash with cultural norms
- Professional actions can have negative impact on personal life
- High level of community expectation
- Role bleed - expectation to interpret etc.
- Subject matter expertise expected by both employer and community
- Use of personal phones/cars etc

In June 2022 *Building on Strength Developing Australia's Bilingual and Bicultural Health and CareWorkforce Policy* Brief points to the invisibility in workforce planning for the diversity of the Australian population beyond cultural safety of Aboriginal and Torres Strait Islander people. It encourages a national development of appropriate, comprehensive and relevant standards and competencies in addition to the TAFE course titled 'Undertake Bicultural Work with Forced Migrants in Australia' and NAATI's Community Language Aide test. The brief recommends that members of the bilingual/cultural workforce should meaningfully be engaged in the development of strategies to strengthen the recognition and impact of their contributions.

Enliven is a primary care partnership in Victoria and in 2018 developed the *Bicultural Brilliance, A Toolkit for Working with and as Bicultural Workers*. This toolkit sets out a framework to support best practice for recruitment and retention of a quality multicultural workforce including human resource planning tools and position descriptions. This also includes a strength based approach and guide to supervision. Furthermore, AMES Australia have published a *training guide and participant handbook* for multi/bicultural staff working with forced migrants and refugees.

In 2018 the Federation of Ethnic Communities Councils of Australia (FECCA) published the *Bilingual and Bicultural Workforce report*. This report highlights the need for a nationally accredited bilingual worker course. The research indicates that bilingual/cultural workers not only lack appropriate pathways for training, accreditation and professional development, they often face challenges in moving out of low-level and frontline roles within organisations. These frontline roles with heavy client interaction can lead to high stress roles and lack of opportunity to advance in careers. Bilingual workers may be subjected to unrealistic expectations around workloads leading to stress and burnout. ECCQ and Queensland Health progressed the possibility of developing a Certificate IV for bilingual health workers modelled on the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care. The pilot course was run in and in November 2011 the Certificate IV in Primary Health & Community Care was accredited nationally by the Australian Skills Quality Authority. 50 students had graduated from the course by 2013. However this did not continue due to the financial barrier for potential students.

Psychosocial risks & injury

Safety in the workplace has always been a responsibility of both employers and employees. The types of mental injury sustained in the workplace can range from mild such as anxiety, ranging to severe such as burn out or workplace related suicide.

According to data from Office of Industrial Relations Queensland workers' compensation scheme statistics 2022-23, mental injury claims for about 6,318 or 6.8% of total statutory claims with $68,136 costs per claim and almost 200 days off work. For primary mental injury the total cost paid by WorkCover has increased from $51 million (in 2017-18) to $209.2 million in 2023 - 24. 73% of workers with primary mental injury returned to work compared to 93% of workers with physical injury.

In March 2024, the Mental Health Lived Experience Peak Queensland and Queensland Lived Experience Workforce Network conducted extensive research and published the *Psychosocial Hazards in the Lived Experience (Peer) Workforce - Project Report*. The project identified the psychosocial hazards unique to the Lived Experience (Peer) workforce in Queensland. Twenty-one Lived Experience (peer) workers from Queensland reported that the highest reported injury symptom is described as increased anxiety. The most common psychosocial hazards reported were, lack of role clarity, exposure to traumatic events or materials, poor organisational justice and harmful behaviours.

Three psychological hazards unique to the Lived Experience (Peer) workforce in Queensland were identified in the survey results as: moral distress/injury, disregard of emotional work and labour, and epistemic injustice. Survey participants identified moral injury and values clash as the psychosocial hazards in the workplace which impacted the most on their mental health and wellbeing.

One of the main areas of risk for multi/bicultural workers is vicarious trauma. In 2025 as a result of international research, the report *Mitigating Vicarious Trauma: Adopting an occupational safety approach* recommended an organisational response to addressing vicarious trauma beyond the individual responsibility to self-care. It was found that when workers are repeatedly exposed to the suffering of others through their work, there can be a significant psychological impact. From meetings with over 70 experts across seven countries the project presents insights into ways to redesign workplace systems to evidence based approach to both prevent and reduce the impact of occupational exposure to psychosocial hazards.

The most common psychosocial hazards reported were

- **lack of role clarity**
- **exposure to traumatic events or materials**
- **poor organisational justice**
- **harmful behaviours.**

Psychological safety discussions in the workplace

Interviews & focus group results

In-depth interviews and focus groups with the casual multicultural peer support workforce were conducted to identify priority issues relating to psychosocial safety and wellbeing.

Strengths of the workforce were identified :

- Resilience and high motivation for contribution to society
- Commitment, lived experience and empathy for the nuanced needs of the community and gaps in service delivery
- Generosity to help and advocate with time, resources and spirit
- Sense of meaning, commitment and purpose in the job
- Celebration of cultural knowledge, skills and experience
- Multicultural peer support workforce reference group as a positive structure for peer support, creating change and forming a voice on workforce issues
- Social events that improves sense of belonging and inclusion among multicultural peer support workers
- Certificate IV in Mental Health Peer Work as supportive and suitable pathway for developing relevant skills
- Timely payment and payslips were appreciated.

Job security

- Ongoing casualisation of the role and need for set part time or full time hours
- Income insufficiency and juggling multiple additional jobs and study
- Cost of transport to job without a car
- Perceived unfairness and discrimination in recruitment, promotion and permanent job opportunity. Perceived sense of exclusion to internal job applications
- Lack of a clear pathway to job matching level of qualifications and experience. Need for advice about local courses and pathways while completing process of qualifications recognition
- Need for job application support and career coaching such as addressing fear of rejection or managing self promotion
- Need for advance notice for the job bookings
- Fear of being penalised by not being offered further job opportunities
- Need for opportunities for local work experience, networking and local referees/ references
- Local qualifications not leading to suitable job
- Managing formal tests such as IELTS and Registration bodies.



Job clarity & control

- Insufficient induction to job and role
- Lack of role specific training
- Low level of decision making power and control and minimal direct feedback
- Lack of role clarity between multi/bicultural staff and practitioner impacting client outcomes
- Lack of importance on continuity of care for rapport and engagement and appropriate therapeutic closure between client and multi/bicultural worker
- Clarity around levels of responsibility with increased client complexity
- Pre & post briefing as essential for each job engagement
- Lack of role clarity when multi/bicultural worker identifies gaps in service delivery
- Lack of clarity with critical incident management
- Peer led tasks and lack of adequate follow up and support by practitioners.

Reward, recognition and support

- Frontline line positions with perceived low value
- Lack of reward for multiple years of service to organisation
- No opportunity for superannuation, paid leave or salary sacrifice
- Over qualified and underemployed
- Lack of opportunity for promotion
- Safe, fair & dignified complaints and grievance procedures as avenue for change and identification of safety concerns including outcomes feedback
- Sense of accountability to community is not valued
- Lack of basic resources needed for the job including phone and office to go to report for the job
- Lack of formalised professional debriefing opportunities
- Ongoing identification of unmet needs in their communities resulting in volunteerism.

Professional training opportunities

- Need for comprehensive annual calendar or job specific training that reflects the complexity of the work and to offer a common language among all casual and permanent staff
- Training to improve moral and sense of ongoing growth
- Knowledge topics to include legal & police, domestic violence/peace building, mental health (including suicidal risk), homelessness and drug use
- Supports belonging, loyalty and reputation of the organisation.

Vicarious trauma exposure

- Exposure to high level stress including family & domestic violence, drug use and youth suicide in own communities
- Triggering of trauma related lived experience
- Identifying warning signs of burnout and compassion fatigue
- High emotional load of job.



Where to from here

Psychological injury prevention planning by multicultural organisational leadership for the casual multicultural workforce, is critical given the known risks.

The establishment of both state and national multicultural workforce communities of practice and networks will offer a platform for sharing information and resources, building multicultural workforce capacity, peer support and identify opportunities for advocacy and collaboration. This will support the voice and visibility of the multicultural work profession and the establishment of national standards that embeds psychological safety in the workplace.

The Federal Government should resource the establishment of a national online community of practice for bilingual and bicultural health practitioners and workers to facilitate ongoing sharing of best practice, tools and resources to support the workforce.

(ECCQ 2024)

As part of this project, a need emerged to establish a statewide and national multicultural workforce network in order to offer a platform to meet the needs of the workforce. This network can have the added benefit of easing organisational pressures around recruitment, retention, professional development and career progression.

Some of the identified needs includes:

- Identify common challenges between organisations
- Establish key competencies of a multi/bicultural worker role in different sectors of health, trauma recovery, settlement, mental health and chronic disease
- Build deeper belonging, connectedness and peer support
- Shared training opportunities
- Multi/bicultural worker led content and processes
- Establishing best practice protocols
- Represent the needs of the workforce at a state and national level
- Advocacy for accreditation and skills recognition
- Support with resources to practice the role while maintaining professional and ethical boundaries
- Explore international models of cultural mediation that can be used for the Australian context
- Advocacy for funding and grants for professionalised and sustainable multicultural workforce
- Continuous evaluation of needs

Recommendations

1. Systemic solutions

- Multi/bicultural worker led state and national multicultural workforce network to develop a national workforce framework that defines competencies, career pathways, professional development, standards for psychological safety, recognition, advocacy and accreditation.
- Create a national accreditation system for multi/bicultural workers that includes recognition of overseas qualifications and pathways to certification.
- Sustainable funding for multicultural health initiatives, with evidence suggesting 7 year cycles, to enable transition of casual roles to part-time or full-time positions with clear contracts and job security.

2. Organisational solutions

- Comprehensive onboarding, exit process and ongoing training/capacity building for multi/bicultural workers including comprehensive psychological and physical injury prevention planning
- Fair and inclusive recruitment procedures including transparent job application processes
- Develop psychological safety protocols including trauma-informed supervision and access to mental health support
- Feedback loops related to each job including pre & post debriefing
- Structured and accessible grievance and complaints procedure
- Multi/bicultural worker peer support mechanisms
- Organisational practices and job design for vicarious trauma prevention
- Provide ongoing resourcing for a community of practice of employers for ongoing development of effective strategies for best practice for supporting multi/bicultural workers.

3. Career development solutions

- Pathways to career coaching and job application supports for multicultural workforce
- Professional networking opportunities.



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The establishment of both state and national multicultural workforce communities of practice and networks will offer a platform for sharing information and resources, building multicultural workforce capacity, peer support and identify opportunities for advocacy and collaboration.


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