



# Multilingual Health Education Programs: Quality Standards

## MULTICULTURAL CENTRE FOR WOMEN'S HEALTH

Multicultural Centre for Women's Health (MCWH) is a national, community-based organisation committed to the achievement of health and wellbeing for and by immigrant and refugee women.

**VISION** The national voice for immigrant and refugee women's wellbeing in Australia.

**MISSION** To promote the wellbeing of immigrant and refugee women across Australia, through advocacy, social action, multilingual education, research and capacity building.

## VALUES

**LEADERSHIP** We take the lead in immigrant and refugee women's wellbeing.

**IMPACT** We create opportunities for positive change.

**EQUITY** We respect each woman's voice, culture, identity, rights and aspirations.

**DYNAMISM** We actively engage with others, responding to changing environments.

**INTEGRITY** We follow our social justice principles consistently and in every circumstance.

**LEARNING** We actively engage with new knowledge and share our unique standpoint and expertise.

## APPROACH

### **SOCIAL DETERMINANTS OF HEALTH**

MCWH recognises that health and wellbeing is significantly affected by a range of social determinants, including gender, race, culture, class, employment status, sexuality, disability, age, and immigrant status.

### **REPRESENTATION**

MCWH is guided by the leadership of immigrant and refugee women in achieving equity and promoting their health and wellbeing. MCWH is committed to listening to, and representing, their voices in all their diversity, and in placing their issues at the centre of advocacy and policy development.

## **EDUCATION EXCHANGE**

MCWH learns from, and provides education to, immigrant and refugee women following a feminist peer education model where women's knowledge and experience is valued and respected, and education is delivered by respected and accredited bilingual educators.

## **COLLABORATION**

MCWH works together with immigrant and refugee women, community organisations, health practitioners, employers, communities and governments to achieve equity and improve health and wellbeing for immigrant and refugee women.

## **MULTILINGUAL HEALTH EDUCATION PROGRAMS**

MCWH Multilingual Health Education Programs have been delivering important health information to women from immigrant and refugee backgrounds since 1978. Programs are conducted in industry and community settings by highly trained and qualified Bilingual Health Educators.

These programs are uniquely successful because health information is provided in:

- the preferred language of the women attending the program;
- location and at times that are most convenient for women; and
- ways which respect women's experiences and knowledge and understand their cultural context.

Health Education Programs are run by immigrant and refugee women for immigrant and refugee women. This woman-to-woman approach is our peer education model, and is based on the belief that sharing health information and experiences is the best way to increase women's health knowledge and wellbeing.

## **EDUCATOR ACCREDITATION**

All BHEs have completed a nationally accredited course, *10374NAT Course in Multicultural Women's Health Education for Bilingual Community Educators*.

## QUALITY STANDARDS

Health Education Programs are underpinned by a set of Quality Standards which guide program development, implementation, delivery and evaluation. The standards can be summarised under seven general headings.

1. Women's Empowerment
2. Cultural and Linguistic Appropriateness
3. Accuracy of health information
4. Access and Equity
5. Confidentiality
6. Collaboration
7. Continuous Improvement

Each of the standards is inter-connected and essential to the maintenance of high quality standards in multilingual health education for immigrant and refugee women.

## STANDARD 1: WOMEN'S EMPOWERMENT

All Health Education Programs adopt feminist approaches to the provision of health care. Programs empower immigrant and refugee women to take control of their own bodies and to make informed decisions about their own health and wellbeing.

Underpinning each Health Education Program is a holistic view of health that considers intersections between gender, health, disadvantage, migration and other variables that circumscribe immigrant and refugee women's experiences of health and wellbeing.

### INDICATORS

- a. Sessions are conducted according to the MCWH woman-to-woman approach, where health information is exchanged among women in a non-hierarchical manner. Women are active contributors to sessions and their knowledge, experiences and choices are respected.
- b. Information shared increases women's knowledge about women's health and wellbeing and builds their capacity for making informed choices.
- c. Sessions are conducted in small, women-only, language-specific groups.
- d. Sessions are non-discriminatory, non-judgemental and conducted in a safe, non-threatening environment chosen by the women involved.
- e. Uniqueness of women's experiences, needs and aspirations are acknowledged and respected.
- f. Participants are actively involved in the planning, implementation and evaluation of sessions.

## STANDARD 2: CULTURAL AND LINGUISTIC APPROPRIATENESS

Health Education Programs are responsive to immigrant and refugee women's cultural and linguistic needs, recognising the complex nature of women's multiple identities along with the impact of additional layers such as migration, settlement and socio-economic context.

### INDICATORS

- a. Sessions are conducted by trained Bilingual and Bicultural Health Educators who share the cultural and linguistic backgrounds of participants.
- b. Sessions are conducted in language-specific groups and in the women's preferred language(s).
- c. Multilingual health information is provided to the women and sessions are delivered using a variety of mediums such as written information, posters, DVDs, CD, charts and models.

## STANDARD 3: ACCURACY OF HEALTH INFORMATION

Health Education Programs offer accurate, up to date, relevant and culturally and linguistically appropriate information to immigrant and refugee women.

### INDICATORS

- a. All multilingual health information is screened for accuracy, appropriateness and relevance.
- b. Bilingual Health Educators have appropriate qualifications, skills, competency and suitability for the delivery of education sessions.
- c. Bilingual Health Educators are provided with individual and team support, and participate in ongoing performance assessments and professional development activities, including continuous training about women's health topics.

## STANDARD 4: ACCESS AND EQUITY

Health Education Programs are accessible to all immigrant and refugee women, and can accommodate women's diverse needs.

### INDICATORS

- a. Sessions are provided in women's workplaces, community settings, homes, educational institutions and other locations suitable to participants, including in rural, regional and remote areas of Victoria.
- b. Sessions are conducted on any day of the week, at any time that suits the particular group.
- c. Sessions are tailored to accommodate the specific and diverse needs of all immigrant and refugee women, including but not limited to women with disabilities, same-sex attracted women, GBLLIQ women, outworkers, shift-workers, mothers, carers, rural women, young women and newly-arrived women.
- d. Sessions are offered in community languages which reflect those spoken by immigrant and refugee women around Victoria, including newly-arrived women.
- e. Sessions are non-judgemental and non-discriminatory.
- f. Sessions are promoted widely amongst immigrant and refugee women using a variety of media and methods.



## STANDARD 5: CONFIDENTIALITY

Health Education Programs respect and maintain the right of service-users to privacy and confidentiality. The assurance of confidentiality within Health Education Programs is essential (particularly within small and well-networked communities) to ensure that women's autonomy and freedom of choice is maintained. The assurance of confidentiality facilitates the development of trust and rapport and enables sensitive and complex issues to be openly discussed.

### INDICATORS

- a. Bilingual Health Educators maintain privacy and confidentiality on all matters discussed with women.
- b. Policies pertaining to confidentiality of information (including entry of data) have been developed.
- c. Information about women participants is retained so data can be utilised for evaluation, report writing and dissemination. Electronic data collection de-identifies women to protect confidentiality.
- d. Where a woman's name has been noted for an information referral, it is blacked out at the end of each month.

## STANDARD 6: COLLABORATION

MCWH collaborates with a range of agencies to ensure that sessions are well-organised, well-attended, delivered at a suitable venue and culturally and linguistically appropriate. Collaboration also ensures that women are well-linked with their local ethno-specific, health, welfare and women's services after sessions are completed.

### INDICATORS

- a. MCWH collaborates with workplaces, educational institutions, unions, local organisations and groups to organise, promote and evaluate sessions.
- b. MCWH collaborates with ethno-specific, health, welfare and women's agencies to link and refer women to appropriate services and activities.
- c. MCWH collaborates with ethno-specific, health, welfare and women's agencies to promote appropriate services among immigrant and refugee women.

## STANDARD 7: CONTINUOUS IMPROVEMENT

Health Education Programs are continuously evaluated in order to improve effectiveness and relevance for immigrant and refugee women's health and wellbeing. Participant assessments and recommendations for improvement are collected, analysed and utilised to make relevant changes.

### INDICATORS

- a. Each session is evaluated by participants and by Bilingual Health Educators.
- b. An overall evaluation survey is completed by participants and by Bilingual Health Educators at the end of the program.
- c. Evaluation findings are continuously collated, analysed and fed back to the program coordinator and Bilingual Health Educators, and an annual evaluation takes place so that appropriate changes are made to programs.
- d. An independent evaluation is conducted periodically and findings inform MCWH strategic planning.

## FURTHER INFORMATION

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