

Health in My Language

Health in My Language (HIML) is a national initiative led by the Multicultural Centre for Women's Health (MCWH) in partnership with seven organisations across all states and territories. HIML aims to improve migrant and refugee people's access to health information and services through culturally appropriate, in-language, and evidence-based health education sessions facilitated by a national workforce of bilingual health educators (BHEs). Established in 2022, HIML education sessions provide information to community members on various health topics, including COVID-19, cancer screening, mental health, and sexual and reproductive health.

BHEs are central to the delivery of HIML education sessions. They are trusted leaders who share the language, culture and lived experience of migrant and refugee communities who may face systemic, linguistic, and cultural barriers in navigating mainstream health services. BHEs receive specialised accredited training and ongoing professional development to ensure the quality and consistency of their work across Australia. The evaluation of HIML demonstrated that BHEs effectively and capably deliver health information in ways that are culturally relevant, safe, and accessible and contribute to impactful outcomes for increasing participants' knowledge and confidence to address their healthcare needs and share their learning with others in their communities.

About this paper

On 19th September 2025, the national BHE workforce convened a forum at Melbourne Town Hall to celebrate their successes, launch the HIML evaluation report, and develop key messages and recommendations to advocate for the formal recognition of their role in health promotion and education. This paper is intended for policymakers, advocates, and other change makers to take the necessary actions to implement these recommendations.

The key messages and recommendations are presented below within the main themes emerging from the forum: 1) Embedding in the Healthcare System; 2) Funding and Sustainability; 3) Workforce Development and Professionalisation; 4) Cultural Safety and Inclusive Practice; and 5) Co-design for Health Equity. Quotes from BHEs at the forum are provided to illustrate the key themes and an impact story is also provided to demonstrate the valuable role of BHEs in the healthcare system.

Our partners

- True Relationships and Reproductive Health (True) - Queensland
- Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) - New South Wales
- Women's Health Matters - The Australian Capital Territory
- Australian Red Cross- Tasmania
- Australian Red Cross - South Australia
- Australian Red Cross - Northern Territory
- Ishar Multicultural Women's Health Services - Western Australia

Call to Action



BHEs play a vital role in supporting migrant and refugee communities in accessing accurate health information, navigating services, and engaging with the healthcare system. This paper calls for national recognition and investment in the BHE workforce as a cornerstone of equitable, culturally responsive healthcare.

It is time to shift from short-term funded projects to a nationally supported workforce model. Evaluation evidence and decades of practice experience confirm that BHEs are effective in advancing health equity for migrant and refugee communities.

With secure funding, system integration, workforce development, and organisational support, BHEs can continue to deliver these outcomes as a stable and embedded part of the health system. The opportunity now is to elevate the role of BHEs within national healthcare policy and practice, ensuring communities have ongoing access to safe, trusted, and culturally responsive care.

1. Embedding in the Healthcare System

BHEs are essential for enabling equitable access for migrant and refugee people to the healthcare system as they facilitate health promotion, education, and service access. Their role extends beyond translation and interpretation: BHEs are trained educators, connectors and advocates who create safe and trusted pathways into healthcare services and systems.

Embedding BHEs as a core part of the health system ensures that they are recognised on par with other healthcare professionals, rather than being viewed as a supplementary or ad hoc workforce. Without formal recognition, their roles remain precarious, limiting their long-term impact and undermining the sustainability of their contributions.

Formal integration of BHEs within the health system would allow for formal workforce planning and legitimisation, clear definitions of roles and responsibilities, and stable employment conditions that enable professionalisation, as well as strengthen coordination and continuity for healthcare access.

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“[There are] thousands of new migrants into the country every year, and they need our service. They need to know health information and need to know where to access health services”.

Recommendations

- Recognise and fund BHE roles as a permanent component of national, state, and local health promotion workforces.
- Integrate and embed BHE roles as a core requirement of mainstream health service planning and policy frameworks.
- Promote collaborative models between BHEs, other health professionals and their respective agencies to strengthen coordinated healthcare responses.

2. Funding and Sustainability

Short-term and insecure funding is the most significant barrier BHEs face in sustaining their impact. Because their roles are often tied to short-term or project-based grants, BHEs frequently form a largely casual and underemployed workforce. This instability makes it difficult to build and maintain the long-term relationships essential for effective health promotion and education within migrant and refugee communities.

Building trust, safety, and confidence takes time, particularly for communities who have experienced exclusion or discrimination in mainstream systems. When funding is short term and not guaranteed, trust is disrupted and must be rebuilt repeatedly. This cycle of instability interrupts continuity of care, contributes to workforce burnout and turnover, and disrupts the deep community engagement that is central to the success of BHEs.

Recommendations

- Commit to multi-year (3+ years), flexible funding models that support long-term planning, community partnerships, and stable employment for BHEs.
- Develop coordinated funding strategies for BHEs as a core part of the healthcare system across all levels of government.
- Allocate specific funding for ongoing monitoring, evaluation and learning about the value of BHEs as a health promotion workforce.

May's story

A moment that will always stay with me was a breast cancer awareness session I led in Arabic. After learning about the importance of early screening, the group of 12 women who attended that session made a beautiful, collective decision—they booked their breast screening appointments together. It was this amazing moment of sisterhood, where we felt united and strong. But the powerful impact of this session did not stop here.

A few weeks later, one of the women reached out to me. She had been diagnosed with early-stage breast cancer—something that might have gone unnoticed without that session. Because she acted early, she was able to get timely treatment. Today, she's doing well. She's living her life.

That moment reminded me why this work matters so much. It is not just important—it could be lifesaving!

3. Workforce Development and Professionalisation

A strong and sustainable BHE workforce requires ongoing professional development, clear career pathways, and formal recognition of their lived and cultural experience as core professional competencies. Despite their critical role, BHEs are often undervalued and inconsistently supported across organisations and industries. Many face limited access to ongoing training, job security, and professional recognition that fails to reflect the complexity and level of responsibilities they hold in their professional practice.

Professionalisation must also address the important enabling conditions that support and sustain BHEs' wellbeing. BHEs regularly carry complex emotional labour, navigate blurred boundaries, and respond to high community expectations, without access to organisational systems and supervision needed to support their professional resilience.

Without targeted investments into structured support, burnout and turnover will continue, particularly in the context of insecure casual roles and short-term funding. Supervision, debriefing and culturally safe support structures are not optional extras: they are essential foundations for a sustainable and impactful workforce.

and culturally safe support structures are not optional extras, but essential conditions for a sustainable workforce.

Recommendations

- Develop a national qualification and accreditation framework for BHEs, recognising prior learning, cultural expertise, and lived experience.
- Provide secure employment conditions and equitable pay for BHEs as health educators and health promotion professionals.
- Establish clear career pathways linking qualifications to progressive role responsibilities and salaries.
- Invest in wellbeing supports for BHEs as a component of workforce sustainability.
- Establish culturally safe supervision and debriefing frameworks for BHEs and coordinators.

“We need to put [in place] culturally sensitive programs and training for all staff – not just multicultural staff”.

4. Cultural Safety and Inclusive Practice

Cultural safety underpins every aspect of BHE work and is essential for meaningful and respectful engagement with migrant and refugee communities. Through their health education expertise, lived experience, language skills, and community trust, BHEs create safe spaces for discussing sensitive topics without shame. They communicate respectfully, uphold privacy, and support culturally aligned participation. BHEs advocate within the healthcare system by identifying cultural risks, challenging stigma, and ensuring services reflect the values and realities of the communities they serve.

BHEs also understand that effective health promotion recognises the diversity that exists within communities and not assuming a single cultural experience. Using an intersectional approach, BHEs tailor health education to reflect the varied experiences of individuals and groups and consider factors such as culture, language, faith, gender, disability, location, age, and sexuality. This approach ensures that health messages are relevant, accessible, and empowering.

It is important to acknowledge that cultural safety and inclusion are systemic responsibilities shared by all actors across the healthcare system and not solely the responsibility of BHEs. However, a strong and embedded BHE workforce, offers a unique opportunity to strengthen collaborative, culturally safe practices at every level, from service design through to delivery and evaluation.

Recommendations

- Recognise BHEs expertise in cultural safety, diversity, and intersectionality as part of their workforce professionalisation.
- Engage BHEs and their host agencies in opportunities to embed intersectional and culturally safe principles into healthcare program design and evaluation.
- Fund mutual training opportunities for BHEs and health professionals to share and promote skill development, cultural safety, and health equity.
- Fund and expand the BHE workforce to include more community languages to increase reach of migrant and refugee communities.
- Invest in the development of multilingual resources and material translation that are inclusive for diverse multicultural communities across all health services and organisations.

5. Co-Design for Health Equity

BHEs and migrant and refugee communities are essential for the effective design and delivery of health promotion, education, and healthcare services. Effective co-design can foster trust among communities and enable their uptake of health services, particularly for those who have experienced exclusion, marginalisation, and limited access to health equity.

A national workforce of BHEs provides an invaluable opportunity to shape health promotion, educational programs and health service designs with cultural insight and lived experience. BHEs provide a pathway to community voices and can support decision-making that more authentically addresses the needs and priorities of community members, such as how they could best access healthcare, the language and cultural safety support required, and the health education topics that are most important to them.

Recommendations

- Resource meaningful co-design processes with BHEs and representatives from migrant and refugee communities.
- Formalise long-term partnerships between healthcare systems and services and BHEs and their host agencies, to enable collaborative co-design approaches.
- Develop standards for participatory co-design practice in health education/services with migrant and refugee communities, including the remuneration of lived expertise.
- Support community-led approaches as a core feature of program design and delivery.

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“Give them what they want, not what we want to deliver”.

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“Losing BHEs would mean many in the community lose their most accessible and reliable link to the health system”.

Israa's story

After a session focused on healthy relationships and sexual health, one mother stayed behind to share her reflections. “I didn't grow up with this information”, she said quietly. “My mother never talked to me. We didn't have these conversations. But now I know how to talk to my daughters, and that is a gift”.

For her, the session was more than just information, it was a moment of recognition and possibility. She asked for materials to take home, and soon after, began informal discussions within her community group. What started as a personal awakening quickly became a shared journey.

“If my daughters know more than I did”, she said, “then I've done something right”.

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This is the ripple effect we see, where access to knowledge builds confidence, and confidence leads to action. It is in these moments of transformation that the impact of Health in My Language truly comes to life: not just in individual learning, but in shifting generational narratives and strengthening entire communities. We know from our evaluation that 96% of participants intended to share what they had learned with others in their families and their communities.

This is not just education. It is empowerment.

And it is working because it's delivered in language, by people from the community, with lived experience.