Multicultural Youth Health

“On the Move”

Report on the Multicultural Youth Health Workshops

October 2003

Tasmania

DEPARTMENT of
HEALTH and
HUMAN SERVICES

INTEGRATING THE
MULTICULTURAL YOUTH GROUP
Acknowledgements

The Multicultural Council of Tasmania Inc, Multicultural Youth Group and Department of Health and Human Services would like to acknowledge the contribution of the following individuals and organisations in supporting the workshops:

- The young people who planned and facilitated the workshops:
  - Juma Abuyi;
  - Fawaz Ateem;
  - Kateria Catrisios;
  - David Kuel;
  - Abishek Sharma;
  - Carolina Valencia.

- Migrant Resource Centre in Launceston for assistance in promoting the event, in particular the distribution of fliers;

- Little Bali for donating two $20 food and drink vouchers;

- Music Without Frontiers for donating a $30 dollar gift voucher;

- Talays for donating two soccer balls;

- Socrates for Curious Minds for donating two $20 dollar gift vouchers;

- Sanity for donating several CD’s and DVD’s;

- Fullers Bookshop for donating two recent titles;

- Kathmandu for donating two thermal flasks as well as one thermal mug;

- Village Cinemas for a donation of five cinema passes;

- Hobart Bookshop for donating a $20 gift voucher;

- Simone Zell and Liam Jenkins from the Youth Health Team, Family Child and Youth Health Service; Louise Dewis and Deborah van Velzen from Community, Population & Rural Health; Karen Molhuysen from The Link Youth Health Service; and Krista Watts from the Sexual Health Service, for their assistance and commitment to the project;

- Joan Hosny, Our Kids Bureau, Department of Health and Human Services for doing the desktop publishing on this report and Janine Dingley, Children and Families, Department of Health and Human Services, for compiling the final report. Also Anita Willey, Project Officer for Multicultural Health and Wellbeing, DHHS, for her work on demographic statistics.
Foreword

The Multicultural Youth Health Workshops that were held in Hobart and Launceston in September 2003 highlighted the need to provide services that address the health and wellbeing of young people from multicultural backgrounds in Tasmania. The workshops were an exciting initiative because young people from different cultural backgrounds facilitated them and this made them both credible and highly effective. The other young people who participated in the workshops made a meaningful and dynamic contribution and really engaged with the service providers in discussions about the issues that impact on the health and wellbeing of young people from multicultural backgrounds in Tasmania.

Examples of the issues that were discussed at the workshops included:

- The need for organisations to increase awareness that their services are confidential as this may not be the experience of young people from multicultural backgrounds in their country of origin;
- The importance of training and supporting young people to work as peers in their communities;
- The tensions that arise between young people and their parents who are concerned about the freedom young people enjoy in Tasmania; and
- The need for young people and service providers alike to be involved in improving the health and wellbeing of young people from multicultural backgrounds.

This report captures the experiences and wisdom from the workshops and is a key to improving the health and wellbeing of young people from multicultural backgrounds. We can celebrate and support the initiatives that came out of the workshops. We can also reflect on our service, look for opportunities to be innovative and make them more responsive to the needs of multicultural youth. One clear message is that there is a strong need to foster and continue the dialogue with young people from multicultural backgrounds if they are to have genuine input into issues that affect their health and wellbeing. It is also important to note that there is much work to be done in this area.

I invite you to read this report and take an active role in supporting multicultural youth health and wellbeing. I would also like to acknowledge the efforts of the young people who organised and facilitated the workshops, for without their enthusiasm and dedication the workshops would not have been possible.

John Ramsay
Secretary
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Objectives

The objective of the workshops was to provide an opportunity for young people from multicultural backgrounds to:

1. Develop the skills needed to initiate health promotion in their communities or take action on other matters that they have identified as important.

2. Identify health and wellbeing issues of importance to them and suggest solutions to be worked on in partnership with Tasmanian services.

The young people involved in the workshops were supported but not directed by adults who initiated the project.

Summary of Project

- The development of the project and running of the workshops was lead by a group of six young Tasmanians and supported by a range of youth and health services.

- The Hobart workshop was held at the Hobart Function Centre and the post-event party was at Youth Arc. The Launceston workshop was held at the Flight Deck of Launceston College, and the post-event party was at Coolock.

- A total of thirty-eight young people participated in the project.

- The workshops were provided at no cost to participants and were successful as they:
  - Identified and prioritised the key issues on the health and wellbeing of young Tasmanian migrants and refugees;
  - Identified key strategies;
  - Developed three to four ‘plans for action’ from each workshop for ongoing progress; and,
  - Celebrated the achievements with a youth event after each workshop.

- The ‘plans for action’ will be progressed by a working group with young person as the ‘project leader’ and one or more ‘support workers’ from a relevant youth or health agency. The Department of Health and Human Services provided $500 for each of the action plans so that they could be progressed.

- The six facilitators gained the skills and confidence to manage meetings, develop an event program, market and run events, liaise with the media, government and non-government agencies, and work on sustainable long term strategies.

- They have since used this experience to work on the Multicultural Council of Tasmania’s Youth Conference project. They have become proficient public speakers, facilitated consultations with youth around the state, and organised a high profile conference and party for March 2004.
Background

For many years, Tasmania has welcomed migrants and refugees from many countries. The proportion of Tasmanians with a culturally or linguistically diverse background has increased markedly over the past ten years. Thus services that are appropriate and responsive to their needs have been developed as needed, especially in the care of older people. Recently there has been a change in the demographics of the people arriving in Tasmania. In the past four years, an increasing number of people from Africa have arrived in Tasmania (see Appendix 8). The group is younger than previous migrants, have young families, or are single young people. Most have a refugee background and fairly complex health needs compared to previous groups of new arrivals.

The issue of how to provide services and to identify the health and wellbeing needs of the increasing numbers young people with a culturally diverse or refugee background was identified by the Department of Health and Human Services Policy Officer for Multicultural Health and Wellbeing in various forums across Tasmania. In response, the Youth Health and Multicultural Health and Wellbeing Policy Officers sought assistance from young people from culturally and linguistically diverse backgrounds to determine a means of identifying the issues that affect their health and wellbeing and strategies to address them in partnership with key agencies. It was agreed that two youth-focussed workshops on health and wellbeing issues would be held to achieve this objective. The Division of Children and Families endorsed the project and provided $3,450 for each workshop in Hobart and Launceston.

At the same time, the Multicultural Council of Tasmania had received funding of $30,000 through the Community Support Levy, Department of Health and Human Services, for a statewide consultation process, which would culminate in a youth conference. It was agreed the Department of Health and Human Services Health Workshops in 2003 would be the strategy to train the youth facilitators to organise and run the larger events in 2004.

The project fitted well with the Department of Health and Human Services aims for ‘Healthier Individuals, Stronger Families, Stronger, Healthier Communities and Healthier Organisations’; as well as a number of the goals for Tasmania Together.
Youth Participation

Youth participation is one of the main concepts promoted in the development of services for young people. It is considered a priority for all aspects of work, and there are many ideas of how to ensure youth participation.

The level of youth participation in this project was very high ensuring that youth participation was not just a concept but a vital and dynamic part of every aspect of the project and the workshops.

- Young people organised the workshops.
- Young people recruited other young people to participate.
- Young people facilitated the workshop.
- Young people had the opportunity to increase their skills and voice opinions on the issues and solutions they felt would be most relevant and successful.
- Young people were given the ongoing opportunity to be involved in the development of health services for young people with migrant or refugee backgrounds.

The youth input from the beginning of the project ensured it all worked extremely well as the event was planned specifically for the target group, by members of the target group, and facilitators of both workshops complemented each other and proved to be dynamic teams. The young people who participated in each of the workshops shared great insights and showed a strong interest in supporting better health in their communities.

Six young people were recruited to take the lead on the whole project and become the youth facilitators for the two workshops. They were identified by Karin Le from the Migrant Resource Centre in Launceston and David Kuel who is the convenor of the Multicultural Youth Group and the project officer for the Multicultural Council of Tasmania who administer their youth program in Hobart.

**Hobart Workshop Youth Facilitators:**
- Carolina Valencia from Hobart who has a Colombian background,
- Anamika Sharma from Hobart who has an Indian background,
- Juma Abuyi from Launceston who has a Sudanese background.

**Launceston Workshop Youth Facilitators:**
- Katerina Casterios from Launceston woman who has a Greek background,
- Abhishek Sharma from Launceston who has an Indian background,
- Fawez Ateem from Launceston man who has a Sudanese background.

To progress the project, a working party was convened by the young people and employees of the Department of Health and Human Services who worked in the areas of youth and multicultural health and wellbeing. The youth facilitators were supported to plan activities that would be interesting for participants, lead the workshops and achieve the goals set for the workshop. It was recognised by the working party that the facilitators would benefit from an opportunity to discuss, learn and practice facilitation skills prior to the workshops. A planning session was provided for them to share ideas, learn and develop skills, and develop an outline for the workshops. During a planning day the topics covered by the facilitators included values, awareness, respectful listening skills, facilitation skills, recording and planning for the next steps.
Marketing of the Workshops

The working party promoted the workshops in several ways. Facilitators approached individuals known to them and the workshop was advertised through the Migrant Resource Centre in Launceston, Elizabeth College, Multicultural Council of Tasmania, University of Tasmania, Pulse Youth Health Centre, The Corner Youth Health Centre and The Link Youth Health Centre.

A targeted flier was sent to relevant services, to invite them to send one representative to the workshops.

The working party also acknowledged that advertising had been limited. A poster was available but was not on display until a week or two before the event and there were only a few on display in Hobart.

Attendance at the Workshops

There were twenty-three young people at the Hobart workshop and nine young people at the Launceston workshop not including the facilitators. Service providers were there to only answer questions as needed to support the workshop discussions; to listen to what youth had to say and support the working groups for ongoing progress.

Below are some comments made at the workshops:

“Fantastic turn up”

“Where are they all”?

“Maybe could be more young people.”

“It’s great there are so many young people here.”

As reflected in the comments above, perceptions on the day differed, such that several workers commented that the number of young people was a great result, but the working party felt that ideally there could have been more participants.

A few factors explained the low attendance as many young people from multicultural backgrounds have no transport, are furthering their education, have one or two jobs and must maintain family commitments. These factors make it difficult for young people to participate in other activities.

The workshops were held during the college school holidays as it was assumed this would make it easier for young people to attend. However, while this may be preferable for older university students, it may not be ideal for younger secondary students. During the holidays routines are disrupted, people go away, they are separated from their usual contacts and peers who may assist with reminding and supporting them to attend.

Attendance could also have been increased with the involvement of more young women. Their low numbers were especially notable at the Hobart workshop as most of the participants had a sister who did not attend.
Key Issues

Access to Information and Services

It was pointed out that before young people could participate fully in Australian society, services and organisations also needed to provide information and support to families. Participants at the workshops agreed that difficulties with the English language made it hard to access information about health services, understand how the Australian health system works, and learn local customs and social norms. Difficulties with the language also meant that when services were used, young people were more likely to stop attending prematurely or experience an unsatisfactory outcome. Concerns were also expressed about the lack of information on services generally, location of some services, and provision of conflicting information about what was available.

Sexual health

The issue of sexual health was one of the main areas of discussion at the workshops. It was agreed that attitudes and beliefs about sexual behaviour in Australia overall are often more liberal than other cultures and there are significant differences in approach to marriage and relationships. There were also very different attitudes and beliefs about gender and the role of men and women. Participants indicated that some families find it difficult to provide information to their children or have limited knowledge of sexual matters. This is particularly relevant in some cultures where talking about sexual matters or experiences is taboo or sexual practices were different.

As a consequence, young people from multicultural backgrounds who like the freedom of Australian society can find themselves in conflict with parents, family, community and peers. This can limit their access to appropriate information and support in terms of contraception and sexually transmitted diseases. The access of young women to services was of particular concern as unplanned pregnancies can have a significant impact on others in the family and on continuing education. Cultural differences and issues like sexual health needed to be discussed with older people too if the needs of young people are to be addressed.

Confidentiality

The issue of confidentiality was discussed at both workshops. In some cultures parents are informed of the outcome of medical treatment or services provided to their children. As a consequence, some young people from multicultural backgrounds do not access health services because they are not aware that these services are confidential in Australia. Again this limits their access to appropriate information and support, particularly in relation to sexual health services.

Legal issues

Participants at the workshops identified the need to have knowledge and information about the law in Australia. Again there was tension between the knowledge of young people about their rights in Australia and the beliefs of their families and friends. This included attitudes and beliefs about violence in the home, sexual abuse and the need to protect females and children from these problems. Young people also identified the need to know the law particularly in areas such as the age of consent for sexual intercourse, the legal drinking age and contractual matters such those relating to the costs of mobile phones.
Becoming independent

Participants at the workshops agreed that one of the main issues facing youth from multicultural backgrounds is the transition to independence. This can be a difficult because of the competing cultures and the conflict with parents and families that can occur. It was felt that young people from multicultural backgrounds often had more in common with other young people than their parents with respect to issues such as dating, sexuality, leaving home and education. In general, they want more freedom and independence so that they can choose their own friends, socialise and make decisions. However, this could lead to conflict within the family particularly in families who were reliant on the young person to interact and communicate with the Australian community. At the same time, it was acknowledged that some young people misused the freedom that is available in Australia.

Counselling and support services

The participants at the workshops identified the need for specific counselling services for young people from multicultural backgrounds to address the depression and trauma that many experienced because of violence and the loss of their family, country and culture. Such services could assist young people to address the clash in cultures that many experienced. There was also a need for support services to orientate new arrivals to the range of services that are available to meet their particular needs.

Cultural awareness

Participants at the workshops identified the need for services to be culturally appropriate and service providers to be sensitive to the needs of the individual. This includes recognition and knowledge of their religion, culture, tradition and beliefs. They saw the provision of cross-cultural training as essential to developing an understanding of the issues and concerns of people from multicultural backgrounds.

Alcohol and drug abuse

There was widespread concern about the involvement of young people in alcohol and drugs and the physical and mental damage that is caused, as well as the social and community effects. There was also concern that young people from multicultural backgrounds used alcohol and drugs as a coping mechanism.

Income support

It was agreed that young people from multicultural backgrounds often had very little money and this made it difficult to access health services. It also made it difficult to join clubs, socialise and have fun.

Beliefs about multicultural youth

Participants at the workshop were concerned about the bias of the media and its negative approach to migrants and multicultural issues. It was agreed that the media and others in the community generally, need to acknowledge and accept cultural differences.
Other issues

The young people at the workshops identified a range of other issues that impacted on their health and wellbeing. They included a lack of recreational and social activities for multicultural youth, the lack of transport to recreational activities and the need for opportunities to network with their friends.
Key Strategies

After identifying the issues, the groups identified a number of key strategies that could work towards a solution. Some of these were identified in both Hobart and Launceston and are discussed as statewide issues.

HOBART WORKSHOP

- Discount at clubs such as sporting and recreational facilities;
- Cultural awareness training for doctors, allied health professionals, police, legal system and schools;
- Access to appropriate translators;
- Information on arrival – more specific about agencies;
- Buddy systems for families; and
- Funds to pay young people to be a buddy.

LAUNCESTON WORKSHOP

- Recreational activities and social events;
- Access to Information on sexual Health; drugs and alcohol; other health issues;
- Young people as peer educators; and Pamphlets in own language.
- Positive Image in the Community;
- Communication: Translators; and Cross cultural awareness training for your services, Police, medical staff etc.

STATEWIDE ISSUES

Cross-cultural training

The need for cross-cultural awareness and training for service providers was identified as an urgent and critical priority to be done at all levels including administrators, senior managers and service providers. A cross-cultural awareness guide would be of great benefit.

Peer education

Peer education was identified as much preferred method of learning about health issues for many young people from multicultural backgrounds particularly about sensitive issues such as sexuality, relationships, and alcohol and drug use. Peer educators would be of great value to accompany service providers when out in the community talking about their service eg at school assemblies.

Access to Information

There is a need to inform young people and families of the services available for young people that includes information about the right to confidentiality. Peer educators have been suggested as a valuable resource to be included with whatever strategy is developed.
Plans for Action

The final part of the workshops was for the groups to choose up to four of the key strategies. ‘Plans for Action’ for these strategies were then developed. Each ‘Plan of Action’ was allocated $500 and this could be spent in any appropriate manner that supported the key strategy. The ‘Plans for Action’ on the following pages address the key issues and include other strategies that could later be considered if further funding and support is identified.

Hobart Workshops Plans for Action

1. Positive Media.
2. Safe Sex Packs.
3. Buddy/Mentoring Program.

Launceston Workshops Plans for Action

1. Health Information and Support for Young People.
2. Social/Recreational Activities.
### Positive Media

**Title**  
Photo exhibition – what does health mean to multicultural youth?

**Sub-title**  
To raise awareness of multicultural young people and their health and wellbeing in the media/community

**Project Leader**  
Carolina Valencia

**Support Worker**  
Krista Watts, Sexual Health Services, Department of Health and Human Services

**Steps**

1. Prepare a more detailed project brief with timelines. Aim for launch in either National Youth Week or Multicultural Week.
2. Discuss what drawcard(s) will attract attention to the event, for example, a celebrity and providing food. Is transport needed?
3. Recruit young people aged twelve to twenty-four years, from a variety of culturally and linguistically diverse backgrounds, to take photos depicting what health means to them. Recruit these young people via Youth ARC, the Hobart PCYC, The Link Youth Health Service, PULSE, and the Sexual Health Service Tasmania.
4. Seek donations of disposable cameras.
5. Distribute cameras to young people. Photos are to be taken within the following one to two weeks and then the cameras returned to arrange processing.
6. Locate people/organisations who will volunteer to develop the film and frame some of the images?
7. Find a place where the exhibition could be held, for example, an art gallery, the University, health centres, the University Art School, libraries, the Tasmanian Museum and Art Gallery.
8. Consider whether there should be prizes for photos and seek donations of prizes if this is decided.
9. Include an auction at the event/opening so that funds can be reinvested in the project to undertake other initiatives.

**Resources**  
The $500 to be used in part to pay the young person who is leading the project in recognition of the commitment of time involved in coordinating this project. The remainder of the funding could be used to develop film, enlarge some photos and possibly catering at the launch (this will depend on the extent of donations to support the project).

**Other strategies that could take this further**

Radio – identifying potential radio and programs and stations where multicultural youth can present information related to health.

Positive media campaign – to get positive stories about multicultural youth in the local media.
### Buddy/Mentoring Program

<table>
<thead>
<tr>
<th>Title</th>
<th>Buddy/Mentoring Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aims</strong></td>
<td>To establish a buddy/mentoring program for young people from multicultural backgrounds.</td>
</tr>
<tr>
<td><strong>Project Leader</strong></td>
<td>Jishen</td>
</tr>
<tr>
<td><strong>Support Worker</strong></td>
<td>Karen Molhuysen, The Link Youth Health Service</td>
</tr>
<tr>
<td><strong>Steps</strong></td>
<td>1. Identify young people to participate in a working group.</td>
</tr>
<tr>
<td></td>
<td>2. Connect with youth with Migrant Resource Centre.</td>
</tr>
<tr>
<td></td>
<td>3. Find funding for ongoing support.</td>
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<tr>
<td></td>
<td>4. Funding from this workshop project to go towards once a month gathering for young people and their buddy to attend a social gathering.</td>
</tr>
<tr>
<td></td>
<td>5. Consider ways to recruit volunteers.</td>
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<td></td>
<td>6. Consider ways to identify new arrivals.</td>
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<td></td>
<td>7. Consider funding for a project coordinator.</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>To be determined</td>
</tr>
</tbody>
</table>

#### Other strategies that could take this further

**Buddy, Mentor, Friend Program**

An existing organisation adopting the idea and implementing and supporting it on an ongoing basis always keeping young people on the steering committee.

### Safe sex packs

<table>
<thead>
<tr>
<th>Title</th>
<th>Safe sex packs</th>
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</thead>
<tbody>
<tr>
<td><strong>Aims</strong></td>
<td>To improve the safe sex practices of young people from multicultural backgrounds in Tasmania.</td>
</tr>
<tr>
<td><strong>Project Leader</strong></td>
<td>To be determined</td>
</tr>
<tr>
<td><strong>Support Worker</strong></td>
<td>Cecily Clarke, Family Planning Tasmania</td>
</tr>
<tr>
<td><strong>Steps</strong></td>
<td>1. Establish working group to discuss the various items to include in the pack and how to present the packs.</td>
</tr>
<tr>
<td></td>
<td>2. Pack to be made up by Family Planning Tasmania.</td>
</tr>
<tr>
<td></td>
<td>3. Distribute packs.</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>Family Planning has all the resources needed but reimbursement is required for costs.</td>
</tr>
</tbody>
</table>

#### Other strategies that could take this further

The working group could identify other strategies that promote safe sex practices.
<table>
<thead>
<tr>
<th>Title</th>
<th>Cultural Awareness Training and Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims</td>
<td>Increase awareness of young people’s cultural issues.</td>
</tr>
<tr>
<td></td>
<td>Increase capacity of services to respond appropriately.</td>
</tr>
<tr>
<td></td>
<td>Raise profile of multicultural young people friendly sites or services.</td>
</tr>
<tr>
<td>Project Leader</td>
<td>To be determined</td>
</tr>
<tr>
<td>Support Worker</td>
<td>To be determined</td>
</tr>
<tr>
<td>Steps</td>
<td>1. Organise a competition with newspaper/schools to design stickers.</td>
</tr>
<tr>
<td></td>
<td>2. Providing training with existing training packages.</td>
</tr>
<tr>
<td></td>
<td>3. Review training package.</td>
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<tr>
<td></td>
<td>4. Identify issues to be addressed such as intergenerational conflict; social/cultural clashes, services required, discrimination and bullying in past country and Australia, sexual values, education and work.</td>
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<tr>
<td></td>
<td>5. Establish criteria for bilingual staff and consider recruitment.</td>
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<td></td>
<td>6. Provide signs that indicate the languages spoken in services.</td>
</tr>
<tr>
<td></td>
<td>7. Services to establish diversity policies.</td>
</tr>
<tr>
<td>Resources</td>
<td>To be determined</td>
</tr>
<tr>
<td>Other strategies that could take this further</td>
<td>To be determined by the working group.</td>
</tr>
</tbody>
</table>
**Title**  
Health information and support to young people

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th><strong>Health information and support to young people</strong></th>
</tr>
</thead>
</table>
| **Aims**  | Young people facilitating the provision of knowledge/information to other young people.  
Identify potential young leaders.  
Encourage potential young leaders.  
Increase community capacity to improve health of multicultural youth.  
Increase accessibility to health services. |
| **Project Leader** | Deng and Asador |
| **Support Worker** | David from The Corner Youth Health Service |
| **Steps** | 1. Identify who youth want as potential young leaders.  
2. Run the program at various colleges in the Launceston area.  
3. Invite service providers to talk to peer educators.  
4. Ongoing support and networking on issues raised. Set up meeting schedule. |
| **Resources** | A (free) venue.  
Produce a pamphlet in different languages (Deborah).  
Deng and Asador to work with David from The Corner who could provide free training.  
Lunch $100  
Committee: Cosmas, Anthony Hintsa, Karin Le, Deng, Asador, David McKay, Deborah van Velzen, Elizabeth Ritchie, Dorothy Rothwell (Launceston College). |
<table>
<thead>
<tr>
<th>Title</th>
<th>Social/recreational activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aims</strong></td>
<td>Fun, entertainment, socialising, physical and mental health and wellbeing.</td>
</tr>
<tr>
<td><strong>Project Leader</strong></td>
<td>Cosmas</td>
</tr>
<tr>
<td><strong>Support Worker</strong></td>
<td>To be determined</td>
</tr>
<tr>
<td><strong>Steps</strong></td>
<td>1. Designate a coordinator and make a list of people who can help Share responsibility.</td>
</tr>
<tr>
<td></td>
<td>2. Organise bus.</td>
</tr>
<tr>
<td></td>
<td>4. Establish sports teams.</td>
</tr>
<tr>
<td></td>
<td>5. Uniforms (resources) sponsorship from a sports store?</td>
</tr>
<tr>
<td></td>
<td>6. Anthony to talk to Sally or MRC re venue and people who can help.</td>
</tr>
<tr>
<td></td>
<td>7. Contact PCYC re: facilities and membership.</td>
</tr>
<tr>
<td></td>
<td>9. Look at transport and access, especially after hours.</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>To be determined</td>
</tr>
<tr>
<td><strong>Other strategies that could take this further</strong></td>
<td>To be determined</td>
</tr>
<tr>
<td>Title</td>
<td>Communication/cross-cultural awareness training</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td><strong>Aims</strong></td>
<td>To promote communication and cross cultural awareness.</td>
</tr>
<tr>
<td><strong>Project Leader</strong></td>
<td>To be determined</td>
</tr>
<tr>
<td><strong>Support Worker</strong></td>
<td>To be determined</td>
</tr>
<tr>
<td><strong>Steps</strong></td>
<td>1. Identify sponsors/business, school charity, lobbying government, fund raising.</td>
</tr>
<tr>
<td></td>
<td>2. “Amigos”.</td>
</tr>
<tr>
<td></td>
<td>3. Fund two workshops for a team of youth peer educators/bilingual educators in community development and youth services.</td>
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<td>4. Provide linkage to youth peer services – two way.</td>
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<td>5. Educate youth service.</td>
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<td>6. Open day once a month, like a trade fair, people to go to different representatives and talk to them.</td>
</tr>
<tr>
<td></td>
<td>7. Community radio – education for different communities in their own language. Start a community radio station.</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>To be determined</td>
</tr>
<tr>
<td><strong>Other strategies that could take this further</strong></td>
<td>To be determined.</td>
</tr>
</tbody>
</table>
Opportunities for Further Development

Ongoing Strategy

Participants agreed that it was vital that these workshops or similar opportunities are repeated at regular intervals and statewide as they provided a simple yet rich, valuable, profound learning tool for our sector to learn about the health needs of our young multicultural community. Workshops held annually would also provide the sector with a map of issues and the ability to address issues immediately as they emerge.

Consultation

We need to ask families what they need from youth services. Young people have identified the crucial role their families play in young people accessing information and services.

Employment

Employing young women and men from the multicultural community in youth sector would be an important way to improve their health and wellbeing.
POEMS

At the end of the Launceston workshop, two poems written by participants, were read out by the poets and the whole group joined in to recite them. These were deeply moving, and had a unifying and uplifting effect on all who heard them.

Poem 1: Untitled

This poem was written by Bosco Andrew and read by at the workshop in Launceston on 19 September 2003.

War, War, War, War!
War is dangerous
War is harmful
War is destructive
War is a disease to human properties
War brought me in to harmful life and torn my head to pieces
War isolates me from peace, causing too much violation in my life and polluting my environment
What can I do since war is existing in my life? (2*)
What can I do!
One thing I can do I may cry for peace
I may cry for unity
I may cry for democracy
I may cry for Reconciliation
Human being as drive of war, driving war around his world
Killing his young generation for the future life and murdering of Women around the World and isolating himself while does not know what harm full in his life
Isolate him self from peace by cultivating nepotism and tribalism around the world in peace but human being rejected
Australia as peaceful continent tried hard to bring his world in peace but human being rejected
Tasmania as peaceful highland tried hard to bring his work in peace but human being rejected
War War War, War! Leave me alone
Let me die of Sickness due to weather condition
Accident due to my carelessness
Hunger due to my laziness
Peace peace peace where are you peace (2*)
Poem 2: The Whales in the Sea

This poem was written by Juma Abuyi, one of the co-facilitators of the workshops. The ‘whale’ is a metaphor for lifestyle diseases and the ‘sea’ is a metaphor for Australia.

We are the whales in the sea
We love people
Who look us and learn lessons
Of self-awareness.

We are the whales in the sea
Who can lead you to be …
Rejected, isolated, worthless
And sinful in societies.

We are the whales in the sea
Who can either terminate or dismantle
Your future because of being powerful
To any colour in communities.

We are the whales in the sea
Who can head some of you to orphanage
May you have mercy on me?
Because of sharing the grave at the last minutes.

We remain whales in the sea.

Explanation

This idea comes to mind because many Australians suffer from lifestyle diseases such as cardio-vascular, drug related disease, consequences of poor diet and insufficient exercise. It is the main cause of death in Australian and claims a life every ten minutes. It also accounts for the largest proportion of health system costs, which is increasing in Australian society. This does not reflect the stereotype of Australians who are thought to be fun loving, sporty, variety of drinking, stress free and always outside playing something.

I chose the whales because they are popular animal in Australia and they are big and therefore more representative of the size of the health problem in Australia. The whales are uncontrolled as lifestyle diseases in Australia. Whales are also increasing in number in Tasmanian oceans and therefore represent the increase in lifestyle diseases.

I chose the sea as a metaphor for Australia because it represents the lifestyle of Australians who are known to love the beach and the sea. Australia also is an island surrounded by the sea and most Australians live near the coastline.
Evaluation

Participants were asked to fill in a feedback form at the end of the workshops. There were a total of thirty-eight (38) forms received: twenty (20) from Hobart and eighteen (18) from Launceston. More details from these can be found in the appendices.

Question 1 “The workshop was what I expected”.

Participants were asked to scale from 1 (very strongly disagree) to 10 (very strongly agree) regarding the statement.

People generally agreed with the statement, with an average response of 8.4 in Launceston and 8 in Hobart. No respondents scored lower than 5.

With the exception of one participant who indicated that they didn’t know much about what to expect based on information given beforehand, all comments regarding this question were very positive.

The responses range from how well the workshops were organised and facilitated (5), that it was particularly good to have young people facilitating (4), and suggestions for more workshops like this one (4).

Other suggestions included:

- Gift certificates of appreciation to be presented to every participant and facilitator to acknowledge their time and input;
- The provision of a space for all youth to meet friends;
- We/I need another workshop for youth in specific areas like cultural differences between Australian and newly arrived migrants; and
- The workshop should be organised again and more young people should be invited.

Question 2 What they liked about the workshops

The most common response was related to the issues and discussion (15), followed by the fun, interactive and friendly nature of the workshops (9). Other themes included the focus on the involvement of young people and their opinions (7), food (5), that the workshops were outcome focussed (5). There were many other positive comments that indicated:

- The workshops were well organised and facilitated;
- The games were great; and
- Participants had valued the chance to meet new people and experience new things.
Question 3  What they didn’t like

A large percentage of participants indicated that they liked everything (7). An equally large number said that they would have liked more young people along to the workshops (7), especially young women (3).

Other comments ranged from:

- A belief that the timeframe for the event was too short (3);
- A suggestion for the outline of the day to be shared before the workshop;
- That some young people aren’t sure of their ideas due to discrimination and lack of trust; and
- Lack of media present at the event.

There was one negative comment from each of the workshops regarding service provider involvement. One person felt that the conversation was dominated by “experts in the field”, another comment was made regarding one service provider pushing their own agenda and not listening.

Question 4  What could be done differently?

The most consistent response to this question related to having more young people especially young women involved in the workshops (6). It was suggested that more promotion prior to holidays would increase participation of young people (3). People also commented that the workshop was fine the way it was (4).

Different ideas were expressed regarding meeting lengths including more meetings needed (2), to be spread over two afternoons (2), or one full day.

Other suggestions included:

- More involvement from schools and community groups (2);
- Involvement of other service providers, eg police & law makers;
- Training to provide well-qualified young people in this area;
- Large group discussion rather than small group discussion;
- More information about expectations beforehand;
- Divide ‘experts’ and Youth into different groups; and
- Transport and directions could have been provided.

There were also concerns regarding language barriers (3) and a hope that good follow-up comes from the workshop.
Facilitator Perspectives

Juma Abuyi, Co-facilitator of workshop in Hobart

From my understanding the workshop was really wonderful right from the time of the planning session. The planning session was encouraging and it led us to develop confidence in whatever we were going to present to the young people. I think the objectives of the workshop were fulfilling by understanding good health and coming up with health issues. In addition, the youth come up with strategies that are set to improve leisure activities and productive means of spending their time. The workshop also introduced young people to many agencies that are serving different youth needs. More so some of those agencies show a sense of commitment by sending their personnel to support during workshop. The prizes provided during the workshop encourage young people to consider that the workshop was really meant for them. The workshop clearly indicates that health issues are not only found in one community but also it affect all the societies. However, the negative outcomes was that, the time for the planning session was short despite the fact that the facilitators and supporters tried their best to make things look good. All in all, the workshop was very good and I hope should be as an introduction to other workshops in the future. I really learnt a lot from this workshop and they have to continue in future if we want to make changes in our communities.

Carolina Valencia, Co-facilitator of the workshop in Hobart

In my opinion the Multicultural Youth Health Workshops, were very important for taking the first step in identifying the needs of minority youth in the state. From this first step essential information has been gathered to aid in the understanding of the life style and health problems/issues that youth with different cultural and linguistic backgrounds may encounter living in a small state like Tasmania, with a dominant white Anglo culture. This in my opinion is essential for minority youth in this state to feel truly integrated into the slowly emerging multicultural culture of Tasmania.

Fawaz Ateem, Co-facilitator of the workshop in Launceston

By being involved in such workshop it gave me great confidence in confronting people and collecting aims. By following a logical process the aims can be achieved as it happened during the workshop, and the outcome was helpful to all parties since it will help workers to understand what young people want and also for young people to let them know that there is a way to release your fears and emotions etc. For me it showed that nothing is impossible but young people make it possible.

Anamika Sharma, Co-facilitator of the workshop in Hobart

The Multicultural Youth Health Workshops held in Hobart (17 September 2003) and Launceston (19 September 2003) was a tremendous initiative. The Workshop was important on many levels. Firstly, in my thirteen years of residence in Tasmania so far, I have not been made aware of a workshop held on the health of this significant sub-section of our community. So, ours was a "first of its kind" held in Hobart.

Secondly, participants themselves designed the beginnings of projects that will be continued over the coming months. It will be exciting to await the results of these projects.
Finally, it was a remarkable example of the co-operative spirit that exists between the various service providers who work in the area of youth health. Representatives from such groups as Link Youth Service, Pulse, social workers, Multicultural Youth Council, Sexual Health, Family Planning, Tasmanian Youth Consultative Committee and others were present at these workshops to better understand multicultural health issues and to begin to understand how they can best tailor their services to this group.

It has been a privilege and a great experience for me to be involved as a co-facilitator at this event in Hobart and I eagerly await the realisation of a few of the ideas that were proposed and supported at the workshop.

Katerina Catrisios, co-facilitator of the workshop in Launceston

Becoming part of the Multicultural Youth of Tasmania has been a delightful experience. Being able to take on a role as a youth facilitator for the health workshop has given me a great opportunity to find out what our multicultural youth really need to be happier in our community.

The workshop was a great way to invite people who were of multicultural background to come together and raise issues and concerns they have. I think that these people realise that we as facilitators can relate to them and understand their needs. I guess they came along to the workshop because they wanted to also find out about services that are available and soon to-be available to them.

The workshop was the first step forward to letting people know that we exist and are here to help them build services that they would benefit from. I, myself very much enjoyed the workshop, as well as the planning for the workshop. I've met new and interesting people who share the same interest as me in relation to helping our multicultural youth and wanting to create a friendly bond with them.

I can see that the workshop was a success and hope that there will be more to follow.
Working Group – What We Learned

Wendy Giles, Youth Health Policy Officer, Department of Health and Human Services

- Coordinating this sort of project is a huge undertaking and that after the concept proposal was approved a comprehensive project plan would have made this much more manageable;
- It is possible to get things done with relatively small budgets where you have significant commitment, cooperation and collaboration;
- The needs of multicultural youth are similar to other young people and how they are different; and
- Youth participation is challenging, absolutely important and it became real to me.

Simone Zell, Youth Health Team, Family, Child and Youth Health Services

- It was great to be involved in a project where young people from different multicultural backgrounds came together to discuss and make plans around improving health and wellbeing!
- I had the pleasure of facilitating the planning session with the “youth facilitators”. They are a fantastic group of young people with excellent skills, commitment and passion for working in this area. I missed out on seeing them “on the day”, but by all accounts, they were brilliant!
- This project was a great example of youth participation in action. Some ingredients that made it work were strong and genuine commitment to youth participation, clear vision, resources, time, support, trust and flexibility.
- I look forward to supporting the young people in the next stages of implementing the strategies.

Liam Jenkins, Social Work Student on placement with the Youth Health Team, South, Department of Health and Human Services.

I personally learnt quite a lot through my involvement with the multicultural youth health promotion seminars. I learnt about the resources of motivated, skilled and socially aware multicultural youth that currently live in Tasmania. I learnt about the issues facing these youth as they make Tasmania their home. On a structural level I also learnt much regarding the successful staging of these events. Such as:

- The time and effort required putting together such an event;
- The inter agency cooperation required for such an event;
- The need for extensive, early promotion of such events;
- The need to have committed, motivated, involved facilitators; and
- The need to develop effective tools once such events have occurred so that ideas are implemented effectively.

Ultimately this event was amazing to be a part of.
Karen Molhuysen Youth Health Worker The Link Youth Health Service

I learned that:

- Young people are experts in their lives, we simply need to ask and listen;
- These were 2 of the most profound and productive workshops I have ever been involved with and I firmly believe the key to this was the workers working very much in the background enabling the young people to get on with running the day, speaking their stories and knowledge, supporting each other, creating and designing solutions;
- No matter how much planning & support and commitment is involved on the day the simple basics can have such an impact. The weather! Advertising the need for transport. Childcare. Language!
- Youth participation is a right frequently denied our young people;
- We need to find ways to ensure multicultural young women are afforded equal access to services, workshops, events and have their voices heard equally to young men; and
- That many newly arrived families and young people have no belief in or trust of ‘the right to confidentiality’ and until we as a sector find a way to address this young people will continue to be denied access to services and knowledge.

Deborah van Velzen, Senior Policy Officer Multicultural Health and Wellbeing, Department of Health and Human Services.

- Wonderful opportunity to learn and contribute.
- Insight to multicultural youth health issues;
- Supported personal development of youth and community capacity;
- Increased networking and co-ordination with other service providers;
- Learnt lots of great new games and ice-breakers; and
- Made progress on an area of need identified last year.

Louise Dewis, Youth Alcohol and Other Drug Worker, Alcohol & Drug Service South, Department of Health and Human Services

I believe I was extremely fortunate to be involved in the planning and implementation of the Multicultural Youth Health Workshops, as they provided a wonderful opportunity to work with, and learn from, young people. It is difficult to identify each of the numerous skills and pieces of knowledge that I gained from the experience. However, a few key areas were:

- An appreciation that the heath concerns of young people are broadly the same (sex, drugs and rock ‘n’ roll!) but are manifested differently in keeping with different cultural expectations, norms, and taboos;
- A greater understanding of the potential conflict between young people from multicultural backgrounds and their parents due to the different freedoms experienced by young Australians; and
- The enormous contribution that young people can make in improving their own health and well-being, if appropriately supported by government and non-government agencies, service providers and the broader community.
Appendices

1. Evaluation of Project
2. Media coverage
3. Evaluation of Feedback Forms
4. Estimated expenditure
5. *Examiner* Article
6. Key Issues: Hobart Workshop
8. Demographic Statistics for Migrant Settlers in Tasmania
Appendix 1: Evaluation of Project

“IMPROVING HEALTH PROMOTION PLANNING & PRACTICES”

Wendy Giles, Youth Health Policy Officer and project coordinator, evaluated the project to determine the degree to which it contributed to health promotion, planning and practices. The evaluation is as follows:

Rationale

What health issues does this program aim to address?
Through a participative workshop, identify the health issues important to multicultural youth in the Launceston and Hobart areas, and identify strategies and actions to progress these strategies.

What community consultation regarding this need has been undertaken?
Consultation has occurred in the education, multicultural and youth sectors as concerns have been raised generally over the past 18 months due to the increased numbers of humanitarian refugees being settled in Tasmania.

What is the background/significance of this program, including references?
This project is unique in that it appears to the first program to identify the health and wellbeing needs of multicultural youth in Tasmania. The project has significant implications for the development of greater awareness among health services and the wider community of the need for culturally sensitive responses to people from multicultural backgrounds. The project also has important implications for the development of more culturally sensitive health policy and practices.

Describe the activity or materials and format. What? When? Where? How?
Two five-hour workshops took place in Hobart and Launceston on 17th and 19th September 2003 respectively. The facilitators were consulted on the venues for each of the workshops to ensure the venues were youth-friendly. The Hobart workshop was held at the Hobart Function and Conference Centre, Elizabeth St. Pier while the Launceston workshop was held at The Flight Deck, Launceston College. Young people from multicultural backgrounds planned and facilitated the workshops that included fun activities, small group work, whole group feedback and discussion, and the development of action plans to address the health issues identified.

Overall goal of the project/program (desired health improvement/gain)
• Improve awareness within the youth and multicultural sectors of the health and wellbeing needs of young people from multicultural backgrounds.
• Improve the skills and knowledge of multicultural youth to undertake health promotion activities within their communities; and
• Implement some practical strategies that will enhance health and wellbeing for some multicultural youth.
Objectives of the project/program (measurable means to achieve the goal, from an individual, family/significant others and/or community perspective)

1. To support young people from multicultural backgrounds to plan, facilitate and participate in the project.
2. To create a safe and supportive environment in which young people can identify health issues important to them.
3. To develop plans to address identified health issues.
4. To increase the awareness of young people from multicultural backgrounds regarding health services available to them.
5. To raise awareness in the community about health issues for young people from multicultural backgrounds.
6. To document and disseminate the project report amongst the young people and health service providers.

Detail strategies within the Five Ottawa Charter areas of action to achieve the objectives

1. Develop personal skills:
   - Allow youth participants to identify approaches to coordinating and running the health workshops that they believe will encourage active participation;
   - Assist the young people to develop skills in organising and facilitating workshops; and
   - Promote the development of leadership skills through positive role modelling by service providers involved with the project.

2. Strengthen community action:
   - Support young people to prioritise the health issues identified in order of importance for them;
   - Assist in generating and selecting strategies to address the health needs identified;
   - Support young people to develop action plans involving health services and the wider community to address the identified health issues;
   - Support young people in disseminating the issues and action plans developed through the workshops to relevant health services, working groups, and other key stakeholders; and
   - Assist young people to work collaboratively with the wider community to progress the action plans.

3. Create a supportive environment:
   - Enlist dedicated and enthusiastic service providers to assist and participate in the workshops;
   - Demonstrate and assist with team building activities to enhance confidence and skill development and promote a sense of unity; and
   - Support young people to develop new skills in encouraging and supporting their peers in the health workshops.

4. Building health public policy:
   - Identify key health needs and service gaps through consultation with young people from multicultural backgrounds at the workshops; and
   - Report on the health issues identified and disseminate the information to relevant service providers, stakeholders, and health policy agencies.
5. **Reorientate the Health System:**
   - Assist young people to work with the wider community to strengthen community action; and
   - Enable young people to implement the action plans developed at the workshops through funding applications and the support of relevant health services and agencies.

**How the project was evaluated?**
- Feedback from young people and service providers who attended the workshops; and
- Successful implementation of the action plans developed at the workshops.

**Process Evaluation**

**Was the target group reached?**
Young people from diverse multicultural backgrounds attended the workshops held in Hobart and Launceston. In general, young men from multicultural backgrounds were over-represented compared to young women, particularly among the African community.

**Were the participants satisfied with the program?** The feedback received from young people attending the workshops was generally very positive. In particular, young people commented favourably on being consulted about their health needs and expressed enthusiasm for being included in developing action plans to address the health needs identified.

**Was the program implemented as intended?**
The workshops generally ran smoothly, with the facilitators ensuring a mix of fun, activities interspersed with brainstorming and discussion of health needs and possible strategies to address these needs. One area for improvement identified by both the young people and service providers alike was the need to spend more time on developing the action plans. Nevertheless, the majority of participants recognised the difficulties associated with time-constraints and expressed a willingness to continue working on the action plans outside of the workshops.

**Were the resources used appropriate?**
The facilitators ensured that all the groups had equal access to materials to record the ideas and issues raised by young people. Prizes were distributed evenly among participants to encourage active engagement in the workshops and adequate refreshments were available to ensure the energy levels of participants were maintained.

**Impact Evaluation**

**Where the objectives achieved?**
Both the Launceston and Hobart workshops successfully met the objectives of the project. They were as follows:

1. **To support young people from multicultural backgrounds to plan, facilitate and participate in the project.**
   Young people from diverse multicultural backgrounds were involved in planning, facilitating, and participating in the project, and will continue to be involved in the implementation of the action plans developed and in disseminating the project report.

2. **To create a safe and supportive environment in which young people can identify health issues important to them.**
The feedback received by the young people attending the workshops indicated that they felt very safe in discussing their health concerns and felt supported by the service providers and facilitators. More importantly, the participants indicated they had found the workshops fun and enjoyable!

3. **To develop plans to address identified health issues.**
   Action plans were developed at each workshop that will be implemented in collaboration with young people from multicultural backgrounds, service providers, and policy officers.

4. **To increase the awareness of young people from multicultural backgrounds regarding health services available to them.**
   The inclusion of youth service providers at the workshops allowed the provision of information to young people about the services that are available to them. Additionally, the workshops offered a valuable opportunity to provide corrective information regarding confidentiality for young people.

5. **To raise awareness in the community about health issues for young people from multicultural backgrounds.**
   The workshops provided a unique opportunity for young people from multicultural backgrounds to identify the health issues important to them. It is anticipated that ongoing dialogue between the workshop participants and wider community will be generated as a result of this process. Additionally, the issues identified and action plans developed to address these health needs will be raised in the community through the provision of the project report, presentations to relevant youth health service providers, and ongoing media attention.

6. **To document and disseminate the project report amongst the young people and health service providers.**
   This evaluation forms part of a larger report on the multicultural youth health project that will be disseminated among the young people who participated, as well as relevant youth health providers and working groups, including the Youth Interagency Group (YIG).

**What were the short-term effects of the program?**

There were several positive short-term outcomes from the workshops:

- Young people from multicultural backgrounds developed leadership skills and links to youth health services through facilitating the workshops;
- The profile of young people from multicultural backgrounds was raised by the media;
- Action plans were developed to address the health issues identified as being priorities for young people from multicultural backgrounds and funding was allocated to progress these plans; and
- Youth services developed a greater appreciation of the needs and concerns of young people from multicultural backgrounds, including language difficulties, confidentiality concerns, and religious and moral differences.

**Outcome Evaluation**

*What are the long-term effects of the program (3-6 months or longer)?*

It is anticipated that in the longer term, the project will have benefited the multicultural community through raising awareness of the health issues and concerns facing young people. It is also expected that existing youth services will have a greater appreciation of the need for culturally sensitive responses to the health needs of young people. The areas identified by young people who attended the workshops are expected to be addressed through the implementation of the action plans.
**Recommendations and Comments**

- Arrange transport to and from the workshops to ensure accessibility for young people and enlist service providers to assist in transporting the young people to the workshops;
- Wider and earlier promotion of the workshops among youth services, multicultural services and schools to ensure all young people from multicultural backgrounds are aware of the workshops;
- Allow more time for prioritising the health needs and developing actions plans during the workshops; and
- Ensure young women from multicultural backgrounds are aware of the workshops and encouraged to attend.

**Expenditure**

Overall the unplanned costs and savings balanced out and the workshops came within budget (see Appendix 5). Unplanned costs occurred due to holding a facilitation planning session that was not in the initial plan. These unplanned costs were for Launceston participants to travel to Hobart and catering for the whole group. The venue in Hobart cost $50 more than budget estimate. As the youth facilitators in Launceston were all male and all female in Hobart, two people generously agreed to travel to facilitate in the other region. This created additional travel costs, however, it also provided more diversity in cultural backgrounds at each workshop as well as having a valuable gender mix in facilitation. One further expense that was not considered at the planning stage was for a disposable camera and processing to get digital images.

Unplanned savings were also possible because The Flight Deck at Launceston College was provided free of charge and the catering in Launceston was less than what was allowed for in the budget. None of the budget allowing for travel for young participants to come to the workshops was utilised and only a small portion of the budget for materials was needed.
Appendix 2: Media coverage

The Media Strategy for the Multicultural Youth Health Workshops was co-ordinated by Wendy Giles, Policy Officer, Youth Health with the support of the Department of Health and Human Services Media Unit and Deborah van Velzen, Senior Policy Officer – Multicultural Health and Wellbeing who acted as a ‘media liaison person’ on the day.

Information was sent to the media outlets below with the following results:

<table>
<thead>
<tr>
<th>Media Outlet</th>
<th>Result</th>
</tr>
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<tbody>
<tr>
<td>ABC Radio</td>
<td>16/9/3 Interview with Deborah van Velzen on news bulletins statewide.</td>
</tr>
<tr>
<td>Mercury Newspaper ‘Attitude’</td>
<td></td>
</tr>
<tr>
<td>Examiner Newspaper</td>
<td>20/9/3 Page 3 with large photo of all three facilitators and article (half page).</td>
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At both of the workshops, young people were briefed and ready to speak to the media.

Hobart: Carolina Valencia (Columbia) and Juma Abuyi (Sudan)
Launceston: Katerina Casterios (Greece), Abhishek Sharma (India) and Fawaz Ateem (Sudan).

The Launceston team was interviewed by a journalist from the Examiner newspaper and photographed. It was a good experience as the session went very well with all of them speaking confidently and clearly about the aims of the day and their involvement.
Appendix 3: Evaluation of Feedback Forms

Launceston Workshop

1. The workshop was what I expected.
   Scale from 1 (very strongly disagree) to 10 (very strongly agree)

<table>
<thead>
<tr>
<th>Scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td></td>
<td></td>
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</table>

Any other comments:
- Didn’t know much about what to expect based on info given before hand.
- Well organised, but not enough youth issues.
- Very good.
- Tried not to expect too much, was very well run and outcome focused.
- Youth facilitators wonderful.
- Very happy to see this workshop take place. I hope there are more.
- I was very happy with the workshop because I learnt more things, how young people can get help for what they need and how to solve problems.
- My comment is very strongly agree.
- I loved how people gave respect to each others ideas.
- I thought it particularly good that young people were running the workshop.
- Was very good.
- I am very happy.

2. What did you like about the workshop?
- Outcome focused.
- I have learnt about they think.
- Meeting new people / discussing issues to do with cultural issues.
- It was great meeting other people and learning lots of new topics.
- About all the topics.
- The facilitators and the food!!
- How everyone had equal opportunity to have their say.
- Discussion and game.
- Everything.
- Commitment, friendliness.
- The games, energy, lots of ideas, venue, catering. Participation of everyone – action and outcome based.
- The emphasis on youth and their opinion.
- I like the workshop because it has got lots of interesting things, where by I don’t have it before.
- Discussion with the groups.
- The concern on how to help the youth.
- Very relaxed non-threatening atmosphere. Young people were encouraged to tell your opinion.
- Any things even tea.
- I like workshop.
- Lunch – had chance to talk with young people.
3. What didn't you like?

- I like everything.
- The fire alarms / would have liked more women / girls views.
- Lack of prior info.
- How not enough young people and experts in field were present, they dominated the conversation at times.
- Interaction between diversity.
- Maybe some more young people from variety of cultures, especially women.
- Nothing, everything was good.
- Misunderstanding.
- People (youth) didn't turned up as I expected.
- That a lot of people didn't turn up.
- Nothing.

4. What could be done differently?

- Hi-jack more young people to participate – 'young girls'.
- Nothing to be done differently that was OK.
- Not sure.
- I think instead of talking in groups we should of talk with everybody.
- Yes.
- More info about expectations beforehand.
- Maybe divide the experts and the youth into different groups.
- Things look good.
- A little more work done before workshop to ensure broader participation.
- More young people, especially young women. Plan for young people who speak less English i.e. For Afghani guy who came and then left.
- Take into account of how to make the workshop accessible to other groups i.e. Afghani’s etc, women.
- Nothing, because I have get more information which I won’t so everything was good, I love the workshop.
- This can be done differently by grouping people together from different backgrounds.
- Transport and location (director) could have been provided.
- Inform people before school holidays. More info channels would have been open for inviting people.
- Nothing.
- No.
Evaluation Of Feedback Forms – Hobart

1. The workshop was what I expected

   Scale from 1 (very strongly disagree) to 10 (very strongly agree)

<table>
<thead>
<tr>
<th>Scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
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<td>6</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Any other comments

   - Valuable insight into issues ass with m/c youth. Some innovative strategies.
   - No.
   - No.
   - No.
   - Good to look at the problems new arrivals to a county have.
   - Well done to all the young people involved! I have been really impressed.
   - We/I need another workshop for youth in specific areas like cultural differences between Australian and newly arrived migrants.
   - It was really good opportunity to know many issues about health.
   - Workshop should be organised again and more young people should be invited.
   - A lot of work done. Congratulations on a very productive day!
   - Great start to addressing multicultural health issues! Will wait to see how Launceston workshop works out.
   - Give certificates of appreciation to every participant and facilitator i.e. value and acknowledge their time and input.
   - My comments is it better if you open some places where all youth will met more friends.
   - Enjoyed having young people facilitate and learning about Tas situation.

3. What did you like about the workshop?

   - It was quite fun. I did enjoy it so much. I’ve not only got points for school CAS but also learnt lots of things which are so sensible and helpful.
   - Interactive, friendly, well organised, liked facilitation involving young people.
   - Awareness of issues among young people.
   - I learned a lot of things.
   - Ideas.
   - It was very good, discussion really it is very important.
   - Talking, ideas.
   - Working towards a specific goal.
   - Games were fun, facilitators excellent! Really good ideas and suggestions – very inspiring.
   - Facilitators, games.
   - The range of issues were raised. Also the great food.
   - Everything was amazing and important for the success of our community.
   - It was fun. I did enjoy it so much. I’ve not only got points for school CAS but also learnt lots of things which are so sensible and helpful.
   - We could meet a lot of people from different background and it was fun to discuss issues.
• Lots of fun.
• Active, high energy.
• Venue. Seems to be an important start to increasing awareness and addressing multicultural health issues.
• That it was held at all.
• I really like the information because unity is a ??? So when we put the ideas we discuss, I hope there will be big changes in MCY.
• Above – YP, I feel like these projects might actually happen. These YP are a fab resources.

4. What didn’t you like?
• I liked most of it. Yep. It seemed perfect.
• A lot to do within time frame
• Ran out of time
• Nothing
• No ideas
• Sitting
• Low budget
• Certain service provider people very strongly pushing own agenda and not listening!
• Lack of media
• Nil
• Everything perfect
• I liked most of it. Yep. It seemed perfect
• I thought more people came to share knowledge and some people missed very important part because they were late or away.
• Limited time allocated to activities
• Weather
• Maybe better to hold on weekend? Give participants sketchy program of events for day.
• Not enough young people from multi-cultural families
• Is the discrimination and some youth don’t know their position. Some of unqualified because they may let people to lose trust in them.

5. What could be done differently?
• It was just so satisfying and excellent. We could always have meetings like this.
• Might be spread over two afternoons?? Great afternoon – thanks. Hope fab stuff comes from today!
• Everything was good
• No idea
• No ideas
• Shorter session held over two days? Greater participation by schools and community groups to get young people to the workshops (eg transport)
• Nil
• I hope next time should be a full day
• It was just so satisfied and excellent. We could always have meetings like this.
• Invite more student from more school
• Invite other service providers like Police, LAW MAKERS
• Better promotion of event to increase young people participation
• Involve and attract more multi-cultural people
• I think if there is change to train some people provide well qualified teacher
• Need to consider language more – not everyone knows “brainstorm"
The table below has been copied from the concept proposal for the Hobart workshop which was developed and approved in the Children and Families Division, Department of Health and Human Services. The estimated expenditure for the Launceston workshop was the same.

<table>
<thead>
<tr>
<th>ESTIMATED EXPENDITURE</th>
<th>Small grants for implementation of Plans for Action (4 x $500).</th>
<th>$2,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Travel for young refugee participants</td>
<td>$100</td>
</tr>
<tr>
<td></td>
<td>Materials</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td>Venue</td>
<td>$100</td>
</tr>
<tr>
<td></td>
<td>Three youth facilitators @ $200 per day</td>
<td>$600</td>
</tr>
<tr>
<td></td>
<td>Catering (40 participants and @ $15 each)</td>
<td>$600</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>$3,450</td>
</tr>
</tbody>
</table>
Appendix 5: Examiner article

HEALTHY APPROACH: Katerina Cestrioso, 19, of Hobart, Abhishek Sharma, 22, of Launceston, and Rawnaz Aleem, 19, of Hobart, at the multicultural youth workshop at Launceston College yesterday.

Migrants' health boost

By DAVID JOYCE

A programme designed to improve health services for the State's multicultural youth kicked into gear with a workshop in Launceston yesterday.

The workshop gave Northern Tasmanian youth with refugee or culturally diverse backgrounds the chance to raise health and well-being issues with facilitators Pervaiz Aleem, Abhishek Sharma and Katerina Cestrioso.

"Normally workshops such as this are run in the sense that providers come up with the aims and the ideas and they bring in the young people to discuss it," Mr Aleem said.

"Here we are telling the young people to bring their own ideas and their own problems to the table and we will find a solution for it."

Mr Sharma said the programme would cover a wide range of health issues facing youth who had made Tasmania home.

"For some people it is about going to the GP and having problems with not being able to express what they want, or knowing where to go to get help with drug and alcohol issues," he said.

"For others it could be about forming a multicultural soccer team or finding somewhere for a support group to meet.

"We're basically here to get those people to talk about that and then give them access to help and advice."

Mr Sharma said the response to the first workshop held in Hobart on Wednesday had been strong.

The Department of Health and Human Services-funded workshops were a collaborative effort of the Multicultural Council of Tasmania, the Migrant Research Centre North, Hobart City Council, Launceston College and the Link, Corner and Pulse youth health services.
Appendix 6: Key Issues – Hobart Workshop

There were three groups at the Hobart Workshop: the Spinsters, Wallabies and Devils. A summary of their issues and concerns is as follows:

THE SPINSTERS GROUP

Sexual Health:
- Sexual differences
- Taboos
- Practices
- Tension between cultures
- Lack of knowledge

- Gender differences
- Marriage differences
- Importance of age
- Importance of relationships
- Conflict family / community / peers

Young people want more:
- Freedom
- Knowledge
- Cultures
- Experiences
- Financial independence
- Independence – moving out of home

- Independence – choosing friends, socialising, decisions
- In order to empower young people we need to empower families

Income support:
Having very little money makes it very difficult to access health needs such as doctors, join clubs, socialise and have fun.

Information / knowledge:
- Cultural issues – differences, discussing issues with older people
- Lack of knowledge – information about rights
- Conflicting knowledge
- No belief in confidentiality eg: access to sexual health knowledge (fear that parents/family members will be informed of a young person’s visit).

Domestic Violence:
- Clash tension between young people’s knowledge of their rights and families eg: friends.

Young persons feelings about all/some of these experiences:
- Weird
- Separate
- Changed – not a bad thing, good change

Mental health:
- Acceptance of people with a mental health issue in our community eg: schizophrenia, bi polar depression, split personalities.
- Inadequate services or inappropriate. May be culturally inappropriate.
- Service provider (individual / agency) needs to be sensitive: need knowledge of the individuals whole needs – religion, culture, tradition, gender etc.
THE WALLABIES GROUP

- Unplanned pregnancies impacts on others in family, impacts on continuing education
- Not knowing that health services are “CONFIDENTIAL”
- Protection of females and children – domestic violence (misuse of freedom)
- Knowledge and access to services
- Grief and loss of family and your home country
- Lack of culturally specific services
- Use of alcohol and drugs as coping measures
- Lack of individual support to orientate new arrivals to the range of local services for their particular needs (professional and volunteers)
- Others in the community not acknowledging and accepting cultural differences
- Not knowing about local laws eg: age of consent for sexual intercourse, legal drinking age
- Not knowing local customs, social norms
- Biased media attention
- Knowing how to keep yourself safe

THE DEVILS GROUP

- English, language barrier, communication
- Sexuality – culture clash within social norms, boy/girl relationships. “sexual freedom” too much…..
- Access to health services
- “Buddy” to provide information as to how the Australian Health System works
- Counselling (because of loss ie: family, country, culture, food, depression, culture clash)
- Network : friends, entertainment, social activities, “rainy stuff”, sports
- Alcohol and smoking
Appendix 7: Key Issues - Launceston Workshop

There were three groups at the Launceston Workshop: the Chocolate Party, Wallabies and the H.I.P-ies. A summary of their issues and concerns is outlined below.

CHOCOLATE PARTY GROUP

- Socialising
- Resources
- Access to transportation
- Understanding
- Doctor
- Knowledge
- Wellbeing
- Whole person
- Spiritual
- Access to doctor
- Faith
- Communication – being able to communicate more than language
- Friends
- Feelings
- Community
- Hygiene
- Parenting sickness
- Mind
- Body

- Being happy
- Soccer
- Sport
- Health relationships
- Belonging
- Happiness
- Friends
- Safe
- Education – knowledge is power!
- Food – Don’t forget chocolate!
- Sport
- Music
- TV
- Shopping
- Family
- Belonging – family, friends, school, sport, church, work
- Being loved
- Being strong in yourself
- Making your own choices
WALLABIES GROUP

- Knowledge of services
- Location
- Service marketing
- Language difficulty
- Cross-cultural training
- Meaning of health – internal, external, feeling happy, social relationships
- What is wellbeing? – friends, housing, get together (Sport)

THE H.I.P-ies GROUP

- Lack of recreational service for multicultural youth around Launceston
- Lack of money for joining clubs, medical services
- Lack of participation by young women to discuss health needs today
- Lack of transport to recreational activities
- Sexual abuse
- Unwanted pregnancy
- Violence in the home
- Unprotected sexual activity
- Physical and mental damage caused by alcohol and drug use
- Driving without a licence
- Misusing “new” freedom
- Lack of youth specific counselling services
- Lack of information about available services
Appendix 8: Demographic Statistics for Migrant Settlers in Tasmania

According to the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) Settlement Database, the number of young migrant’s settling in Tasmania over the past 2.5 years have been predominantly born in Sudan (353), the United Kingdom (152), South Africa (88), Ethiopia (54) and Malaysia (45).

Note: When reflecting on such statistics it is important to note that during the time of publication, settlement data was unavailable for 2004 and therefore does not accurately represent the recent settlement of Afghani, Iraqi, and additional Horn of Africa refugees. Furthermore, the data detailed does not represent the number of multicultural youth already settled in Tasmania (first or second generation) and local government areas. Rather, the data includes both persons who arrived as migrants during the time specified and persons who arrived as temporary entrants and were later granted permanent resident status onshore. Data on non-visa entrants (eg New Zealand) is not included. The ages grouped in age-specific categories reflect the ages recorded by migrant settlers on the date of arrival.

Table 1: Sex Distribution for Migrant Persons in Tasmania under all migration streams between 1\textsuperscript{st} July 1997 and 30\textsuperscript{th} June 2003

<table>
<thead>
<tr>
<th>Year</th>
<th>Age 0-9 Years</th>
<th>Age 10-19 Years</th>
<th>Age 20-29 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>1997-1998</td>
<td>41</td>
<td>42</td>
<td>83</td>
</tr>
<tr>
<td>1998-1999</td>
<td>57</td>
<td>45</td>
<td>102</td>
</tr>
<tr>
<td>1999-2000</td>
<td>42</td>
<td>42</td>
<td>84</td>
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<td></td>
<td>55</td>
<td>50</td>
<td>105</td>
</tr>
<tr>
<td>2001-2002</td>
<td>55</td>
<td>56</td>
<td>111</td>
</tr>
<tr>
<td>2002-2003</td>
<td>77</td>
<td>102</td>
<td>179</td>
</tr>
<tr>
<td></td>
<td>327</td>
<td>337</td>
<td>664</td>
</tr>
</tbody>
</table>

\footnote{Available from the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) Settlement Database (http://203.0.101.66/settle/data/select_dynamic_report.shtml)}
Table 2: Sex Distribution for Migrant Persons aged 0-9 years, 10-19 years and 20-29 years in Tasmania under all Migration Streams between 01/07/00-31/12/03

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9 Years</td>
<td>254</td>
<td>21</td>
<td>275</td>
</tr>
<tr>
<td>10-19 Years</td>
<td>188</td>
<td>227</td>
<td>415</td>
</tr>
<tr>
<td>20-29 Years</td>
<td>281</td>
<td>255</td>
<td>532</td>
</tr>
<tr>
<td>Total</td>
<td>723</td>
<td>699</td>
<td>1422</td>
</tr>
</tbody>
</table>

Table 3: Sex Dist. for Migrant Persons aged 0-9; 10-19; and 20-29 years settled in Southern Tasmanian MRC Service Region under all Migration Streams 01/07/00-31/12/03

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9 Years</td>
<td>97</td>
<td>118</td>
<td>215</td>
</tr>
<tr>
<td>10-19 Years</td>
<td>115</td>
<td>93</td>
<td>208</td>
</tr>
<tr>
<td>20-29 Years</td>
<td>157</td>
<td>145</td>
<td>302</td>
</tr>
<tr>
<td>Total</td>
<td>369</td>
<td>356</td>
<td>725</td>
</tr>
</tbody>
</table>

Table 4: Sex Dist. for Migrant Persons 0-9; 10-19; and 20-29 years settled in Northern Tasmanian MRC Service Region under all Migration Streams 01/07/00-31/12/03

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9 Years</td>
<td>87</td>
<td>96</td>
<td>183</td>
</tr>
<tr>
<td>10-19 Years</td>
<td>83</td>
<td>70</td>
<td>153</td>
</tr>
<tr>
<td>20-29 Years</td>
<td>64</td>
<td>102</td>
<td>166</td>
</tr>
<tr>
<td>Total</td>
<td>234</td>
<td>268</td>
<td>502</td>
</tr>
</tbody>
</table>
Table 5:  Sex & Age Distribution for Specific Country Migrants to Tasmania
01/07/00-31/12/03

<table>
<thead>
<tr>
<th>Country</th>
<th>Age 0-9 Years</th>
<th></th>
<th>Age 10-19 Years</th>
<th></th>
<th>Age 20-29 Years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>Sudan</td>
<td>59</td>
<td>64</td>
<td>123</td>
<td>72</td>
<td>62</td>
<td>134</td>
</tr>
<tr>
<td>UK</td>
<td>18</td>
<td>23</td>
<td>41</td>
<td>22</td>
<td>18</td>
<td>40</td>
</tr>
<tr>
<td>South Africa</td>
<td>15</td>
<td>14</td>
<td>29</td>
<td>28</td>
<td>14</td>
<td>42</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>11</td>
<td>18</td>
<td>29</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Malaysia</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 6:  Sex & Age Dist. for Migrant Settlers in Tasmania 01/07/00-31/12/03

<table>
<thead>
<tr>
<th>Local Government Area</th>
<th>Age 0-9 Years</th>
<th></th>
<th>Age 10-19 Years</th>
<th></th>
<th>Age 20-29 Years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>Hobart</td>
<td>22</td>
<td>32</td>
<td>54</td>
<td>47</td>
<td>32</td>
<td>79</td>
</tr>
<tr>
<td>Launceston</td>
<td>61</td>
<td>61</td>
<td>122</td>
<td>52</td>
<td>47</td>
<td>99</td>
</tr>
<tr>
<td>Devonport</td>
<td>4</td>
<td>9</td>
<td>13</td>
<td>8</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Kingborough</td>
<td>13</td>
<td>21</td>
<td>34</td>
<td>15</td>
<td>10</td>
<td>25</td>
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<td>Clarence</td>
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<td>21</td>
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<tr>
<td>Glenorchy</td>
<td>23</td>
<td>29</td>
<td>52</td>
<td>23</td>
<td>22</td>
<td>45</td>
</tr>
</tbody>
</table>

Table 7:  Sex and Age Distribution for English Proficiency for Migrant Persons Settled in Tasmania Between 01/07/00-31/12/03

<table>
<thead>
<tr>
<th>English Proficiency (EP)</th>
<th>Age 0-9 Years</th>
<th></th>
<th>Age 10-19 Years</th>
<th></th>
<th>Age 20-29 Years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>EP 1*</td>
<td>44</td>
<td>46</td>
<td>90</td>
<td>58</td>
<td>36</td>
<td>94</td>
</tr>
<tr>
<td>EP 2*</td>
<td>51</td>
<td>64</td>
<td>115</td>
<td>40</td>
<td>42</td>
<td>82</td>
</tr>
<tr>
<td>EP 3*</td>
<td>120</td>
<td>137</td>
<td>257</td>
<td>124</td>
<td>104</td>
<td>228</td>
</tr>
<tr>
<td>EP 4*</td>
<td>1</td>
<td>7</td>
<td>8</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

EP 1* = Rating 98% or higher on the English Proficiency Index with at least 10,000 residents in Australia
EP 2* = Rating 80% or higher on the English Proficiency Index excluding those categorised in EP1
EP 3* = Rating 50% to less than 80% on the English Proficiency Index
EP 4* = Rating less than 50% on the English Proficiency Index
Table 8: The top 10 languages spoken by migrant settlers in Tasmania and in each of the local government areas are as follows (please note that data was unavailable for Burnie):

<table>
<thead>
<tr>
<th>Location</th>
<th>Top 10 Languages Spoken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tasmania</td>
<td>English (46.3%), Arabic/Lebanese (11.6%), Other NDF (4.2%), Amharic (3.5%), Acholi (2.1%), Kriol (1.9%), Albanian (1.9%), Chinese (1.9%), Tigrinya (1.7%), German (1.4%), &amp; others (23.4%)</td>
</tr>
<tr>
<td>Hobart</td>
<td>English (45.1%), Arabic/Lebanese (12.3%), Kriol (4.9%), Amharic (3.9%), Other NDF (3.0%), German (2.5%), Indonesian (2.5%), Mandarin (2.5%), African (NDF excluding Nth Africa – 2.2%), &amp; others (16.5%)</td>
</tr>
<tr>
<td>Devonport</td>
<td>English (43.4%), Bosnian (17.0%), Kurdish (13.2%), Mandarin (7.5%), German (3.8%), Afrikaans (1.9%), Danish (1.9%), Indonesian (1.9%), Italian (1.9%), Japanese (1.9%), &amp; others (5.7%)</td>
</tr>
<tr>
<td>Launceston</td>
<td>English (26.8%, Arabic/Lebanese (20.8%), other NDF (9.6%), Amharic (7.3%), Oromo (3.1%), Russian (2.1%), Thai (2.1%), Persian/Farsi/Dari (1.8%), Kurdish (1.6%), &amp; other (20.8%)</td>
</tr>
<tr>
<td>Kingborough</td>
<td>English (50.4%), Acholi (20.5%), Hindi (3.9%), other NDF (3.9%), Russian (3.9%), German (2.4%), Thai (2.4%), Korean (1.6%), Arabic/Lebanese (0.8%), &amp; others (8.7%)</td>
</tr>
<tr>
<td>Clarence</td>
<td>English (61.7%), Arabic/Lebanese (5.2%), Amharic (4.3%), Japanese (3.5%), Acholi (1.7%), Chinese NDF (1.7%), German (1.7%), Polish (1.7%), Thai (1.7%), Vietnamese (1.7%), &amp; other (14.8%)</td>
</tr>
<tr>
<td>Glenorchy</td>
<td>Arabic/Lebanese (27.3%), English (14.8%), other NDF (8.5%), Albanian (6.8%), Kriol (5.7%), Tigrinya (5.7%), Acholi (5.1%), French (4.5%), Afrikaans (4.0%), African (NDF excluding Nth Africa – 2.3%), &amp; others (15.3%)</td>
</tr>
</tbody>
</table>

NFD: Not Further Defined