cohealth
care for all

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31 July 2020

Submission to Senate Foreign Affairs, Defence and Trade References Committee

Re: Inquiry into the issues facing diaspora communities in Australia

Summary

cohealth welcomes the opportunity to provide comment to the Senate Foreign Affairs, Defence and Trade References Committee inquiry into the *issues facing diaspora communities in Australia*.

As a primary health provider, cohealth provides integrated medical, dental, allied health, mental health and community support services, prioritising people who experience social disadvantage and are consequently marginalised from many mainstream health and other services. cohealth has extensive experience working with people from diaspora communities: 40% of our clients are from culturally and linguistically diverse backgrounds, 10% have experience of being a refugee and 25% identify a preferred language other than English. In addition to the direct provision of health and social support services, we work closely with communities to prevent and reduce racism and discrimination through employment programs, capacity building, arts and advocacy.

The people we work with, from a range of diaspora communities, are part of the Australian community and enrich our culture. However, they also tell us how they face barriers to full participation in community life, most significantly as a result of racism and discrimination. We hear how racism has a significant impact on people's health, wellbeing and community inclusion such as employment, education and sense of belonging. We are also deeply concerned about the detrimental impact racism has on social cohesion.

A concerted effort is needed across all sectors of the Australian community to tackle and reduce racism and the harms it causes.

Recommendations

1. **Specific funding initiatives for community led responses to address the barriers to participation experienced by particularly marginalised /disadvantaged diaspora groups, including leadership development, racial and economic justice, and for queer and trans refugees.**
2. **Improve accessibility to, and training about, funding opportunities for grassroots diaspora communities.**

3. **Develop a comprehensive whole of government strategy to prevent and reduce racism.**
4. **Ensure income support payments and services are available to all refugees and people seeking asylum, regardless of visa category.**
5. **Work directly with grassroots community-led organisations to provide health information.**
6. **Develop a national workforce strategy that addresses the barriers to employment particularly for those members of diaspora communities that experience disadvantage**
7. **Develop a workforce strategy to ensure health and social support providers reflect the communities they work with and support trauma informed care.**
8. **Invest in peer led services**
9. **Develop, implement and enforce media regulations to ensure accurate and anti-racist reporting.**

About cohealth

cohealth is one of Australia's largest not-for-profit community health service, operating across nine local government areas in Victoria.

cohealth's mission is to tackle inequality and we focus strategically on health equity, supporting community leadership and strengthening the understanding of social determinants of health, including race-based discrimination.

A primary health provider, cohealth provides integrated medical, dental, allied health, mental health and community support services. 950 staff over 34 sites deliver programs promoting community health and wellbeing and involving communities in understanding needs and developing responses. Our service delivery model prioritises people who experience social disadvantage and are consequently marginalised from many mainstream health and other services – such as people who are experiencing homelessness or mental illness, vulnerable families, Aboriginal and Torres Strait Islanders, refugees and asylum seekers, people who use alcohol and other drugs, recently released prisoners and LGBTIQ+ communities.

cohealth also recognises that physical and mental health is affected by many factors such as social inclusion and participation, education, housing, employment, and access to fresh food, and we are committed to addressing these underlying causes of health inequality, including race-based discrimination. To this end, we work directly with people and in the community to design our services, and deliver advocacy, health promotion and education activities to improve health and connectedness.

cohealth recognises there is a diversity of diaspora experiences. While some communities have high levels of financial and social capital, those that we work with often experience disadvantage. From these communities we hear about the impact of racism and discrimination on the health and wellbeing of individuals, families and communities. As an organisation we are having the explicit conversations on the health impacts of racism and discrimination in order to improve the healthcare and services we provide. This is a conversation that also needs to occur nationally, locally, and with family, friends and colleagues.

This submission will focus on how racism and discrimination affects the diaspora communities we work with, beginning with an overview of the health impact of racism, then using this lens to address the Terms of Reference.

Racism, discrimination and health

Racism can impact an on individual, group and/or community at systemic, structural and intrapersonal or interpersonal levels, or a combination of these.

Racism

There is now substantial evidence about the many health impacts on individuals of racism. As a recent Victorian Department of Health and Human Services report *Racism in Victoria and what it means for the health of Victorians* states:

> 'There is an abundance of high-quality scientific studies that show that racism is a key determinant of the health of Aboriginal Australians and other minority groups. This report shows that racism is harmful to the health of those who are its victims. Moreover, racism is not just harmful to mental health, it is also harmful to physical health.'[1]

Racism has a negative effect on health both directly and indirectly.

For individuals, the harmful effects of racism on mental health include conditions such as psychological distress, depression, anxiety, post-traumatic stress disorder, psychosis and substance abuse disorders.[2] We now also know that the harmful physical health effects of racism are just as significant, including cardiovascular disease, hypertension, adult-onset asthma, cancer and accelerated biological ageing. Racially motivated assaults have not only physical but also mental health consequences.

The impacts of racism go well beyond the individual. Alarmingly, there is now also evidence that maternal exposure to racism elicits a physiological stress response causing subtle but harmful effects on a foetus that impact child development.[3]

More broadly, systemic racism serves to maintain or exacerbate the unequal distribution of opportunity across ethnic groups through the way our systems and services are structured and delivered. As a result, people may not seek the support and services they need and are entitled to.

Racism reduces access to employment, housing and education, resulting in low socio-economic status[4], and as socio-economic status declines, so does mental and physical health.

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[1] https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/racism-in-victoria
[2] https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/racism-in-victoria
[3] https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/racism-in-victoria
[4] https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/racism-in-victoria

Stigma and discrimination

Emerging evidence[5] indicates that stigma and discrimination are fundamental causes of health inequalities. Stigma directly influences the physical and mental health outcomes of people with specific characteristics (e.g. their race, sexuality or gender identity, or particular illness). Stigma and discrimination also limits or disrupts access to the structural, interpersonal and psychological resources that could otherwise be used by individuals or communities to improve health. People experiencing stigma may not seek care if they perceive providers to be unwelcoming or unsafe. Health systems may not provide the same level of care to particular groups due to inappropriate assumptions made about their health and behaviour.

Intersectionality

'Intersectionality' refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation. These aspects can include gender, ethnicity and cultural background, language, socio-economic status, disability, sexual orientation, religion, age, geographic location or visa status. This amplifies barriers to services, increases the risk of social isolation, and exacerbates social and economic disadvantage, including housing insecurity.[6]

Health services are most effective and safe when intersectionality is utilised as framework of identifying and understanding health care needs.

Terms of Reference a: support offered to diaspora community associations and similar organisations, including government grants and other funding

The range of supports available for diaspora communities, including grants and other funding, provide a wide range of opportunities for community organisations. The community members we work with emphasise the need for these supports to be community-led, and that they support the skill development of members.

Community led projects address those that are most relevant to the community concerned in a culturally sensitive way. They draw on trusted relationships, and in turn can support the development of trust been community members, government and other authorities. Trust for authorities is a relationship that needs to be understood, supported and maintained, and can be developed through meaningful engagement and partnerships.

Community members have identified a need for specific community led initiatives that address the barriers to participation experienced by diaspora community groups experiencing particular disadvantage and marginalisation, for example queer and trans

[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3682466/
[6] https://www.actionpvaw.org.au/practical-resources/resource-library/diversity-and-intersectionality-framework

refugees. They highlight the need for approaches that develop leadership and address issues of racial and economic justice.

Community members also identify that the process of applying for grants can be a barrier to access for some groups. Barriers cited include wordy processes that use complex terminology and jargon, requiring high levels of English language skills, and limited understanding of the processes involved. They suggest that processes could be made more accessible through using plain language application forms and processes and allowing video applications. Training and skill development in applying for grants would also assist in addressing these barriers.

In addition, a community member has observed: 'There are lots of grants to celebrate festivities, but if they don't tackle the issues hindering social cohesion, they are shallow.'

Recommendations

1. **Specific funding initiatives for community led responses to address the barriers to participation experienced by particularly marginalised /disadvantaged diaspora groups, including leadership development, racial and economic justice, and for queer and trans refugees.**
2. **Improve accessibility to, and training about, funding opportunities for grassroots diaspora communities.**

Terms of reference b: safety concerns among diaspora communities, and means for strengthening the protection and resilience of vulnerable groups

Experiences of racism, both individual and systemic, constitute a significant safety concern among the diaspora communities cohealth works with. Racism impacts on people's access to employment, healthcare and other services. These experiences are further compounded by the realities of poverty, living with a disability and/or engagement with the criminal justice system.

community members and cohealth staff have reported increased incidents of racism during the experience of COVID-19, including:

- Increased reports of xenophobia and racist attacks since April 2020.
- Vital health information has not been as available to people with low literacy and from non-English speaking backgrounds as it is to the wider community.
- People on temporary visas, including international students and people from refugee and asylum seeker backgrounds, are ineligible for JobSeeker and JobKeeper payments, creating financial strain, food insecurity and increased risk of homelessness.
- Increased reports of police targeting of people of colour, Aboriginal and Torres Strait Islander peoples, members of the LGBTIQA+ community, and lower socio-economic groups.

Media reports confirm the rise in racism during the pandemic,[7] [8] including an ABC article that stated 'Hundreds of people from across the country wrote in to tell us they had either witnessed or been involved in racially charged incidents in supermarkets, on the streets and in their cars throughout the lockdown period.'[9]

There is significant evidence that social marginalisation and experiences of racism leads to reductions in accessing timely healthcare and reduced health outcomes, a particular concern during a pandemic.[10]

In the context of COVID-19 responses, cohealth bi-cultural workers - employed to use their cultural skills and knowledge to negotiate and communicate between communities and organisations that provide services - identified that community engagement with health services would be improved by:

- Improving trust between authorities and communities – treating people as different and racial profiling of some culturally and linguistically diverse communities does not promote the essential trusting relationships required.
- Ensuring that income support payments are available to all refugees and people seeking asylum, regardless of their visa category. Being unemployed, without income and experiencing isolation impacts on people's ability to connect with health services. This is particularly critical for asylum seekers who aren't eligible for support.
- Working with communities to ensure accurate health information is translated and distributed in culturally appropriate ways.
- Providing specific mental health and support services for people who have been adversely impacted by coronavirus. As a cohealth programs participant describes 'residents that have been locked down, international students, migrants with low wage jobs, experiencing precarity of working conditions, and can't afford mental health support, peer support or counsellors'

The diaspora communities cohealth works with also highlight the links between Australia's colonial history and the history of racism towards First Nations communities that has led to poor health and disadvantage. This is relevant for diaspora communities living in Australia who themselves come from colonised nations and continue to live with the impact of colonisation. True reconciliation with First Nations peoples is required if we are to address systemic racism and discrimination and be truly inclusive of everyone. As a community member observed 'The current systems we have – the criminal justice system and health services - are built on a colonial system – we need to address the harms of the current system as it stands.'

[7] https://pursuit.unimelb.edu.au/articles/the-toxic-spread-of-covid-19-racism
[8] https://www.abc.net.au/news/2020-05-09/coronavirus-covid-19-racist-attacks-data-collection-strategy/12229162?nw=0
[9] https://www.abc.net.au/news/2020-05-14/racism-in-australia-during-the-coronavirus-covid-19-pandemic/12234832?nw=0
[10] https://news.csu.edu.au/latest-news/study-to-investigate-links-between-covid-19-related-racism-and-healthcare-in-regional-areas

Recommendations

3. **Develop a comprehensive whole of government strategy to prevent and reduce racism.**
4. **Ensure income support payments and services are available to all refugees and people seeking asylum, regardless of visa category.**
5. **Work directly with grassroots community-led organisations to provide health information.**

Terms of reference c. barriers to the full participation of diaspora communities in Australia's democratic and social institutions, and mechanisms for addressing these barriers

Employment

Secure employment is critical to the health of communities, and to their ability to participate in our democratic and social institutions. However, the communities cohealth works with regularly describe the difficulties they experience securing employment. One of the biggest barriers they identify is racial bias among employers. An ANU study has found that applicants with Middle Eastern surnames submit 64% more applications before attaining an interview; Chinese people 68% more.[11] A cohealth staff member also observed that 'So many people are forced to change their names to sound more westernised in order to obtain a job interview.' It has been well established that undertaking 'blind' interviews through removing names and gender from shortlisting processes results in more diversity of candidates chosen for interview. Funders and governments should work to ensure such processes are embedded in organisational norms through setting the expectation of such in contracts and commissioning processes.

Organisations need to reflect the communities they work in, acknowledge inequalities and actively work to bridge the gaps of skill and experience. Mentorships, internships and recognising qualifications of diaspora communities can contribute achieving this, as can peer led organisations and services. Community members and staff reflections on improving workforce diversity include:

- 'Because of having a refugee background, there are particular issues that need to be dealt with, I may need more support, maybe the job can't offer the support I need, or the workplace is not accommodating. If this happens it might be easier for them to move on to another applicant, who is financially more well off, and demonstrates social and cultural capital. This happens a lot. Then people feel something is wrong with them because didn't get the opportunity.'
- 'Not only front-line roles, representation of people of colour in management positions and strategic shaping is needed.'

[11] https://crawford.anu.edu.au/news-events/news/104/job-hunt-success-all-name

- ‘Organisations working with refugees should employ refugees. We are often involved as panel speakers, on a casual basis, or engaged through program involvement, rarely do we proceed to an actual job.’

Community members also express frustration, confusion and sadness at not gaining stable employment despite persistent participation in employment and other programs. Despite these challenges, we have observed the remarkable resilience of the diaspora communities we work with to continue striving to improve their skills and employment prospects.

Participating in democratic and social institutions can also be limited by systemic racism and discrimination. As a community member has said: ‘The opportunities for engagement are often middle class, Caucasian centred.’ People of refugee and asylum seeker backgrounds face particular barriers to engaging in democratic opportunities. ‘What opportunities there are, often rely on obligation and resources of people who do not have the time or capital to spare, it is an unfair assumption.’

If accessible opportunities to participate in civic life and institutions are not available for all to engage in civic participation, we are severely limiting what we are hearing.

Recommendations

6. **Develop a national workforce strategy that addresses the barriers to employment particularly for those members of diaspora communities that experience disadvantage**

Healthcare

Clients and community members have highlighted to us the benefits of the health workforce reflecting the communities they work with. However, these workforces remain dominated by white practitioners. As a community member seeking mental health treatment observed, ‘It can be really hard to come across a person of colour when you are looking for a counsellor.’

Racism and discrimination regrettably still occurs in the healthcare system. Individual experiences of discrimination, unconscious bias and institutional racism are all damaging to individuals and communities, and result in reluctance to use health services and poorer health outcomes. Improvements to health service provision can be made through:

- Taking a trauma-informed approach to care that recognises the multiple layers of power. Community members tell us about the importance of recognising the multiple layers of power when working with patients and that this approach can avoid patients becoming further triggered and distressed. A community member has said: ‘There is a need for more trauma informed therapists of colour and anti-racism training for therapists/health practitioners working with mentally ill people, people with disabilities, low wage immigrants…for example.’
- Training and reflective practice for health care workers to recognise the health impacts of racism and discrimination.

> 'Therapists not from communities of colour often miss important context and lack the ability to self-reflect, recognise power imbalances and systemic reinforcements of racism and discrimination, that a patient of colour may experience and seek assistance for in order to process this impact on their health.'

- Ensuring that health services, information and concepts are delivered in culturally appropriate ways, including by peers. There is a risk that people may avoid care if they feel embarrassed by new concepts.
- Ensure interpreters are available at all times when needed and that written information is provided in appropriate languages. This is particularly important for newly arrived communities.

Recommendations

7. **Develop a workforce strategy to ensure health and social support providers reflect the communities they work with and support trauma informed care.**
8. **Invest in peer led services.**

Terms of reference e. any related matters

Media portrayal

The recurrent cycle of alarmist media reporting that focusses on already marginalised and stereotyped communities is damaging to these communities. In recent years, the African-Australian community has too often been the target of blatantly racist news stories sensationalising the threat of African gangs in our cities. This media misrepresentation has contributed to biased community perceptions and compounded systemic racism. Not surprisingly, the community members we speak to describe feeling alienated and disconnected as a result of these portrayals.

These damaging media portrayals of diaspora communities have been exacerbated in the recent COVID-19 context. As a cohealth staff member observed 'Culturally diverse communities are being scapegoated as the cause of the spread of COVID, perpetuating racism'. The use of visual images, such as those of individuals with east Asian features wearing a mask, creates a subtle association and relationship between the virus and being Asian, and can structure harmful thoughts, stereotypes and self-labelling that a person/group of people *is* the sickness.

In contrast, reduced media bias allows people from culturally and linguistically diverse backgrounds to feel more culturally safe within the wider community. Making the news media more reflective of all Australians is a crucial step in addressing the problem of racism in our society. Empowering individuals to voice issues that are important to them, to self-represent and to strategically advocate for change, helps to combat negative stereotypes, leading to improved overall health outcomes.

Recommendation

9. **Develop, implement and enforce media regulations to ensure accurate and anti-racist reporting.**

For further information about this submission please contact:

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