



# Consultation Report

## National Anti-Racism Framework Multicultural Community Consultations

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## **Executive Summary**

This report presents the findings and recommendations from a consultation focused on identifying and informing the National anti-Racism Framework, particularly addressing the challenges faced by people with disabilities and individuals from refugee and asylum-seeking backgrounds. Conducted by the Ethnic Communities Council of WA (ECCWA), the consultation aimed to contribute to the Federation of Ethnic Communities Council of WA's (FECCA) submission for the Federal Government's National Anti-Racism Framework.

## **Acknowledgements**

The consultation was facilitated by Mr Suresh Rajan. Suresh has lived experience of disability and is also a key contributor to shaping the future of disability strategy in Western Australia in his role as member of the Co-Design Group for WA Disability Strategy 2020-2030. This group's efforts are pivotal in developing a strategy that genuinely reflects needs, aspirations and challenges faced by people living with disabilities. ECCWA is grateful to Mr Suresh Rajan for his invaluable time and exemplary facilitation of this consultation conducted on 07<sup>th</sup> March 2023.

Mr Suresh Rajan commenced the consultation with acknowledgement to country, in which he acknowledged the traditional owners of the land, setting a respectful tone for the consultation.

## **1. Introduction**

The Ethnic Communities Council of WA (ECCWA) facilitated this consultation, on 07<sup>th</sup> March 2024, as part of a service agreement with FECCA. The primary objective was to gather insights to inform FECCA's submission to the Federal Government's National Anti-Racism Framework, focusing on the experiences of individuals from culturally and linguistically diverse (CaLD) backgrounds with disabilities.

## **2. Purpose of the Consultation**

To gather lived experiences, perspectives, insights, and knowledge about racism from Culturally and Linguistically Diverse (CaLD) communities, focusing specifically on people with disabilities. The session aimed to delve into the challenges these communities face concerning racism, with a particular emphasis on addressing and preventing such discrimination. This endeavour sought to inform broader efforts to enhance anti-racism frameworks and policies, ensuring they resonate with the realities and needs of CaLD individuals, particularly those with disabilities.

## **3. Methodology**

The consultation adopted an inclusive, discussion-based approach with participants comprising people with disabilities, their support workers, nominees, and interpreters.



Data was collected through a multifaceted approach to capture the nuanced insights of the consultation:

**Recordings on Paper:** Key points and insights were documented in real-time, ensuring the capture of detailed and accurate information from the discussions.

**Microsoft Forms:** This digital tool was utilized to facilitate structured feedback and gather specific insights from participants, enabling efficient data compilation and analysis.

**Observation:** Observational data were collected to complement the recorded discussions, providing additional context and understanding of the participants' interactions and engagement.

## **4. Findings**

The consultation revealed a range of challenges faced by individuals with disabilities from CaLD backgrounds, highlighting systemic issues in healthcare, employment, housing, and community services. These findings underscore the multifaceted nature of racism and discrimination, revealing how language barriers, employment practices, and accessibility issues intersect to create unique obstacles. The insights gathered reflect lived experiences and pressing concerns of participants, providing a critical foundation for subsequent recommendations aimed at addressing these issues.

### **Language and Communication Barriers:**

Discussion highlighted significant challenges in aged care and disability services due to language barriers, impacting both service providers and recipients.

Instances were cited where staff in aged care facilities were prohibited from speaking languages other than English, even during breaks.

The importance of language preservation, especially for individuals with dementia or Alzheimer's reverting to their first language, was emphasised.

### **Interpreter Services:**

Participants expressed difficulties in accessing interpreter services, with some dialects having very limited interpreter availability.

The inappropriate use of family members as interpreters in healthcare settings was noted, despite clear policies against this practice.

### **Employment and Discrimination:**

Employment challenges were a major concern, with CaLD individuals with disabilities facing significant barriers.

Participants shared experiences of name discrimination and a tokenistic approach to diversity in the workplace.

The impact of international incidents on local racism levels was discussed, indicating a correlation between global events and domestic discrimination.

### **Healthcare Access:**

Difficulties in accessing healthcare services for non-English speakers with profound disabilities were highlighted.



Issues with service provision cancellations due to a lack of available interpreters were noted.

### **Housing and Community Services:**

Challenges in the private rental market for individuals with disabilities, especially when compounded by racial and familial factors, were discussed.

Discrimination in accessing domestic violence services for non-English speaking women with disabilities was highlighted.

### **Community Attitudes and Inclusion:**

There was a consensus on the need for greater community education to combat racism and enhance understanding of diversity.

The role of media in perpetuating stereotypes and contributing to racism was noted.

The effectiveness of existing anti-racism and equality programs was discussed, with suggestions for broader implementation.

## **5. Recommendations**

The recommendations outlined below aim to address key issues identified during the consultation, providing a strategic framework to mitigate racism and enhance inclusivity for individuals with disabilities from CaLD backgrounds. These suggestions span various sectors, including healthcare, employment, and community services, reflecting a holistic approach to fostering a more equitable and supportive environment for all individuals.

### **Enhanced Language Support:**

Implement policies in aged care and disability services that support the use of multiple languages to accommodate diverse linguistic needs of staff and clients.

Increase availability of professional interpreters, especially for underrepresented dialects, across healthcare and service sectors.

### **Training and Awareness:**

Provide comprehensive cultural competency training for employees in healthcare, aged care, and community services to improve understanding and reduce discriminatory practices.

Develop and implement educational programs within CaLD and broader communities to raise awareness about racism and its impact.

### **Employment Practices:**

Encourage employers to adopt non-discriminatory hiring practices, focusing on skills and qualifications rather than names or ethnic backgrounds.

Promote diversity and inclusion in the workplace through targeted programs and initiatives that go beyond tokenistic representation.

### **Healthcare Accessibility:**

Ensure that healthcare and disability services are accessible to individuals with disabilities from CaLD backgrounds, with adequate interpreter services and culturally sensitive care.



Identify suitable alternatives to the use of family members as interpreters in healthcare settings, adhering strictly to professional standards and language policies.

### **Housing and Community Services:**

Address discriminatory practices in the housing sector, especially in the private rental market, ensuring equitable opportunities for individuals with disabilities from diverse backgrounds.

Improve access to domestic violence services for non-English speaking women with disabilities, ensuring that facilities are equipped to meet their specific needs.

### **Policy and Legislation:**

Advocate for the development and enforcement of policies that actively combat racism and promote equity, particularly in sectors impacting CaLD communities with disabilities.

Support the expansion of the Substantive Equality program and similar initiatives to ensure they are implemented nationwide.

## **6. Conclusions**

The consultation highlighted the pervasive challenges faced by individuals with disabilities from CaLD backgrounds, emphasising the intersectionality of racism and discrimination in various sectors. The lived experiences shared by participants underscore the urgent need for targeted interventions and policy reforms to address language barriers, employment discrimination, healthcare accessibility, and housing issues. While some progress is noted in community attitudes and legislative frameworks, the findings reveal that more substantive and proactive measures are required to dismantle the barriers and foster an inclusive society. The recommendations provided aim to bridge these gaps, advocating for a comprehensive approach to combating racism and enhancing support for CaLD communities with disabilities. As we move forward, it is imperative that these insights inform policy and practice, ensuring that the voices of those most affected by these issues are central to the development and implementation of effective solutions.

## **7. Appendices**

### **Appendix 1. Diversity of participants**



## Appendix 2. Participants discussion

***Personal experiences: Are you receiving access to the services that you believe you are entitled to?***

*Participant ANONYMOUS*

- *United Workers Union*
- *Aged care – migrant background carers*
- *“The way aged care providers treat their staff in terms of ethnicity is appalling”*
- *Boards in rooms saying you can’t speak another language other than English*
- *The carers aren’t speaking the language in front of the seniors or elders, they’re speaking it in front of other carers on their lunch break themselves, and are only allowed to speak English*
- *REGIS, AEGIS, JUNIPER are examples of providers where this occurs*
- *70% workforce in aged care are from multi-cultural backgrounds*

*Participant ANONYMOUS*



- *Are there other aged-care organisations that allow people to speak their own languages?*

*Facilitator comments*

- *Aged care – dementia and Alzheimer’s especially problematic with reversion to first language. So, the Preservation of language is important.*
- *Tendency amongst service providers to use family members for interpreting, particularly with healthcare. WA Language Service Policy is very clear and does not allow for use of family members as interpreters in healthcare situations.*

*What about the disability space, and accessing services here?*

- *Most of the spaces, carers are not allowed to speak their language, only English*
- *Access to interpreters*
  - *Very difficult to find. There are some dialects in the Burmese languages for example that have only two interpreters available in WA*
  - *Services have been cancelled because hospitals can’t find interpreters*

***Are you dealing with clients from mainstream communities?***

- *Most of the participants were from CaLD backgrounds and the service providers specialised in CaLD community services.*

***What are you feeling with your attitudes towards the mainstream community? Are you being received well?***

*Studies by ECCWA some years ago indicated that every time there was an international incident, there was an increase in the level of racism in Australia and WA. Do you get that feeling coming through? Yes, this was something that people resonated with. The International incidents created a stereotype that was perpetrated by the media here and created anxiety in Australia as a result.*

***What is your perception of what is happening now that you’ve been here? Is there an increased level of racism, or do you feel that there is more acceptance?***

- *ANONYMOUS – “slightly better” 6/10 as opposed to it being 4/10 – arrived in 2004 and the situation was horrible at the time*
  - *Employment – they look for your name,*
  - *Name eg. Mohammed (changed to Michael) and Ibrahim (changed to Abraham)*
- *Employment is still a huge issue. It is still hard to get jobs and/or interviews*
  - *Tokenistic approach to fit into a quota.*
  - *The things that are bad, are much worse now*
  - *On the surface level, things are getting better, but it is tokenistic*



- *Racist undertones getting worse*
- *Disability employment*
  - *Existing service providers not actively engaging with CaLD communities*
    - *Not providing access to translation services or they cannot find anyone, and this is impacting on the service that patients have*
    - *Short notice of cancellation*
  - *CaLD are not utilising their funding under NDIS and not actively engaging in the community or seeking employment. There is an element of racism because you are being excluded from that provision from the government and what that they are giving to the wider audience.*
  - *The participant renews their funds, and the government sees they haven't used it, then the funds are cancelled*

### ***What's an ideal service provision for you?***

- *Overseeing of client percentage; inclusion of ethnic community group for service provision.*
- *Everyone has not got the same opportunity. We need to have the Substantive Equality program that we have in WA to be rolled out across the country. This program was instituted by Dr Gallop here in WA and was done with the assistance of Charles Husband from Bradford University*
- *Issues: No equality in funding for the provision of services and not enough consideration for the needs of ethnic communities (with disability)*
- *Substantive equality: people will have the same starting point, whether with disability, difference in race and/or religion etc*

### ***What do you demand from the community?***

- *More recognition of each community, (currently, ticking of the boxes (CaLD) because you are the "ethnic"). ABS figures measure place of Birth and this is not properly reflective of the actual diversity*
- *More awareness/services within the community to learn and how to come up with the issues*
- *Educating individuals within communities about the service provider/ resources*
- *Education on both sides to tackle misinformation*
- *Cultural competency in government bodies*
- *Language and cultural competency for service providers (=> arising from the lack of facilitation by the existing system)*
- *More learning from people's stories*

### ***Experience with the religious diversity:***

- *Appearances and visible difference as in the Hijab or the skin colour immediately triggers a negative response and this can slow provision of service.*
- *Level of English correlates with decreased/increased judgment based on appearances of culture/religion*





- *Taxi service was denied due to the way they (the participant) dressed. This was very common and identified by a number of the participants*
- *Issues revolving around stereotyping (experienced among young kids at schools)*
- *Need better provision of education for diversity, inclusion at a younger age/ schools.*

***Experience with the healthcare system:***

- *Being asked 'what their real name is, when they provide the health care providers with their English name.*

***Experience in the housing/renting:***

- *Making of policy against racism needed*
- *The process takes too long*
  
- *Re: What do you demand from the community?*
- *There was a comment from anonymous participant that there needs to be education of the diversity within CALD communities and 'we are not all the same'*
- *Re: What's an ideal service provision for you?*
- *standards around how service providers treat their staff who are from CALD backgrounds so that there is no bias or favouritism*
- *How effective is cultural competency training? Who is receiving it and is the mode of training actually having the desired outcome of erasing bias and teaching respect for others etc?*
- *The view that people from certain communities work harder than others?*
- *Bias within and amongst different CALD communities weren't raised?*

***Participant ANONYMOUS experience***

- *Accessing my aged care as an English speaking child of a CaLD – found I needed to be very persistent and patient*