Health Inequalities Among African Australians in Greater Melbourne: A Qualitative Intersectional Analysis of People's Experiences and Immigrant Organisations' Responses

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Declaration

This thesis contains no material that has been extracted in whole or in part from a thesis that I have submitted towards the award of any other degree or diploma in any other tertiary institution.

No other person's work has been used without due acknowledgment in the main text of the thesis.

All research procedures reported in the thesis received the approval of Australian Catholic University Human Research Ethics Committee.

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Abstract

Global migration poses unique challenges for migrant health and wellbeing. Within Australia, African Australians are a new and emerging population, and research concerning the health and wellbeing of the diverse people grouped under this socio-analytic category is limited. The extant literature emerging from the field of public health reveals several barriers to health and wellbeing for African Australians. Explanations for poor health outcomes among some African Australians tend to rely upon individual behavioural approaches that focus on individual attributes, behaviours, culture, and single-axis social determinants, with little attention paid to intersecting multiple dimensions of inequality. Without accounting for the interrelated nature of African Australians' social locations and intersecting systems of oppression/privilege, practice and policy responses may have limited impact on redressing health inequalities.

This research comprises two phases, where Phase 1 aimed to drive the focus of Phase 2 to an area of expressed importance to participants. Phase 1 of the research asked: From the perspectives of African Australians and non-African Australians working with and for African Australians, what are the priority concerns regarding African Australian health and wellbeing in Greater Melbourne? Phase 2 of the research, driven by the findings of Phase 1, sought to understand how members of African Australian immigrant organisations perceive their influence over, and work to improve, health and wellbeing.

Phase 1 was a qualitative study that utilised intersectionality to analyse interview notes from two group interviews and 22 'slow interviews.' An Issues Paper produced by 50 African Australians, was also reviewed as a secondary data source because it captured additional voices, therefore, widening the scope of the study. Interview participants included 35 African Australians and nine people of non-African backgrounds working with, and for, African Australians in the community sector. Phase 1 findings reveal that systems of oppression/privilege negatively influence health and wellbeing for specific African

Australians at the intersections of race/ethnicity, migration pathway, age, and gender. Health outcomes are found to be influenced by segregation and Othering in education, labour market discrimination, and gendered racism in health-care provision. Furthermore, racism, ageism, and sexism are found to challenge the identity construction of young African Australian women, increasing their risk of homelessness. Interpersonal and structural racism at the intersections of migration pathway, gender, and age also produce particular vulnerabilities for poor mental health.

Phase 1 findings also highlight the existence of, and structural barriers facing, African Australian immigrant organisations in an under-resourced and competitive community welfare sector. Participants expressed a strong desire for African Australians to drive and implement solutions to these health concerns, and immigrant organisations presented as a setting for this to occur. These findings shaped the focus of Phase 2.

Despite the common tendency across different countries for immigrants to form organisations, there is a dearth of literature about immigrant organisations broadly, with little known of their efforts to reduce health inequalities. Therefore, driven by the concerns raised in Phase 1, Phase 2 of the research bridges literature from third sector studies, migration studies, and public health, with an empirical dual-case study and intersectional analysis of two African Australian immigrant organisations operating in Greater Melbourne. The study explores the potential of these immigrant organisations as health settings to reduce health inequalities identified in Phase 1. Data collected from observation, in-depth interviews, reflexive interviews, and document review were analysed through the lens of intersectionality.

Phase 2 findings identify key mechanisms for influencing African Australian health and wellbeing, including the acquisition of resources, growing networks, professional and personal development, generating solidarity, community capacity building, and advocacy. The activities of the participating African Australian immigrant organisations are found to

contribute to a culture of health, empowering communities, and health advocacy. Findings also reveal that while the organisations resisted hierarchical forms of oppression/privilege through some of their activities, working within and through systems of oppression/privilege both constrained, and created opportunities for, their work. In some ways, systems of oppression/privilege were also reinforced and reproduced.

This thesis extends current literature concerning immigrant organisations by highlighting their potential as valuable health settings, where activities for resisting, reinforcing, and reproducing systems of oppression/privilege can influence health and wellbeing.

Chapter 1 Introduction

1.1 Chapter Overview

This chapter introduces the impetus for the research and outlines the overarching research questions and the approach taken to understand African Australian immigrant organisations as settings for health and wellbeing. The significance of this study is presented, outlining important theoretical and empirical contributions to knowledge in the field of public health, as well as illuminating social implications for African Australian health and wellbeing. The researcher positionality is critically discussed, and an overview of the contents of each chapter is provided.

1.2 Impetus for this Research

> Health is a social, economic, and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence, and injustice are at the root of ill-health. Health for all means that powerful interests have to be challenged, that globalisation has to be opposed, and that political and economic priorities have to be drastically changed. (People's Health Movement, 2000, p. 2)

Within a global context of increasing immigration, research highlights health inequalities between immigrants and non-migrants (Malmusi et al., 2010). To achieve health for all, understanding the broad range of factors that contribute to the health and wellbeing of migrants is of global concern (Castañeda et al., 2015). The field of public health has seen a recent evolution towards accepting that health promotion efforts must account for, and respond to, the social determinants of health (Marmot et al., 2010). A growing body of research calls for the need to address the root causes of the determinants of health inequities as they relate to the individual experience of inequitable health outcomes (Hankivsky et al., 2010; Kapilashrami & Hankivsky, 2018). Research of this sort may steer the field of public health toward a comprehensive understanding of health

inequities, experienced by migrants, that can guide targeted solutions for achieving health for all.

In Australia, as a new and emerging population (Federation of Ethnic Communities Council of Australia New and Emerging Communities Policy Committee, 2010), interest in the health, settlement, and integration of people migrating from African countries has grown in the last thirty years (Kwansah-Aidoo & Mapedzahama, 2018). The terminology often used to refer to migrants from African countries invariably masks the diversity among this population. Chapter 2 outlines the complexity surrounding the use of the term "African Australian," but it is used in this thesis to refer to all Black migrants from sub-Saharan African countries who reside or sojourn in Australia (excluding tourists). The limited but growing literature has identified adverse health outcomes for African Australians that are discussed in Chapter 3, but are broadly related to sexual health (Watts et al., 2014), mental health (Schweitzer et al., 2006), and nutritional health (Renzaho et al., 2012). The barriers to African Australian health and wellbeing have predominantly been identified across two core disciplines divergent in their focus.

The dominant narratives in the field of public health tend to explain African Australian health outcomes at the level of the individual. This is problematic because without exploring the wider conditions within which African Australians live, our understanding of the root causes of unequal health outcomes is limited (Viruell-Fuentes et al., 2012). Furthermore, sole focus on individual behavioural determinants of African Australian health runs the risk of blaming the migrant group and unfairly shifting the burden of responsibility for complex social issues on to individuals and minority groups. Additionally, this unbalanced body of work can easily become a tool for politicisation, which is rife within the Australian context (Benier et al., 2018; Bolt, 2016). More research exploring the distal health risk factors facing the African Australian population is necessary to broaden our understanding and effectively promote health and wellbeing for all.

Despite many positive stories of African Australian settlement and integration (see Celebration of African Australians Inc., n.d.), much discourse emanating from the field of migration studies centres upon a range of settlement challenges, which can significantly impact on African Australian health and wellbeing. For example, limited access to education, employment, and experiences of racism (Australian Human Rights Commission, 2010) have been identified and can have profound impacts as social determinants of health (World Health Organization, n.d.).

A few studies also point to nuanced experiences of African Australian health and wellbeing that are shaped by particular categories of difference such as gender (Ngum Chi Watts et al., 2015) and migration pathway (Fozdar & Hartley, 2014). Several scholars call for a transformative approach to the study of inequities in health, whereby multiple categories of difference can be accounted for simultaneously (Ingleby, 2012). Currently, there are limited examples of research that effectively generate a holistic understanding of the particular experiences and positionalities of African Australians as they relate to broader social systems and structures.

This research began in recognition of the gaps outlined above, with the assumption that African Australian health and wellbeing has multiple dimensions that are currently underexplored among the literature, yet are integral for directing health promotion efforts. The body of work that advocates for a community-based participatory approach to health research and action (Minkler & Wallerstein, 2008), influenced the decision that the population of concern would drive the focus of the research. Therefore, a scoping study was conducted for Phase 1 of this research, to ensure a research focus that attended to an area of expressed importance for African Australian health and wellbeing.

Phase 1 identified several systemic and structural barriers to African Australian health and wellbeing, and highlighted the existence of African Australian immigrant organisations that had been established in response to these barriers. Participants

identified that African Australians were seeking more control over the solutions often imposed on their communities, and the organisations they had developed were viewed as a means of acquiring and asserting more control. This key finding directed the course of the research in Phase 2, which was a case study comprising two African Australian immigrant organisations. Phase 2 findings significantly contribute to knowledge, because despite increasing acceptance of community organising as a strategy for health equity (Minkler, 2012; Pastor et al., 2018), there are significant gaps in our understanding of the role that immigrant organisations play as health settings.

Only a small number of academic studies document the existence of African Australian immigrant organisations and consider their approach to improving the circumstances for African Australians (Hiruy, 2014; Mwanri et al., 2012; Okai, 1995). International literature concerning immigrant organisations is also underdeveloped but growing (Bloemraad et al., 2020). In Europe, the nexus of migration studies and the voluntary sector has been established around the notion of civic activation and participation of immigrants (Vogel & Triandafyllidou, 2005), with some attention paid to the conditions within which immigrant organisations emerge (Scaramuzzino, 2012). In the USA, literature concerning immigrant organisations points to significant holes in our understanding of civic inequality (Bloemraad et al., 2020). While evidence shows that immigrant organisations encourage civic engagement, social networks, and transnational activities in multiple country contexts (Babis et al., 2019; Gonzalez Benson, 2020), limited research explores immigrant organisations specifically in relation to health. This research begins to address this gap in knowledge.

This research is unique in that the population of interest has directed the research problem to an area of significance not only to African Australians, but also to policymakers, practitioners, and researchers striving to achieve health equity for all. The research also has theoretical implications, showcasing the potential of intersectional

analysis to transform our understanding of African Australian health and wellbeing. Furthermore, the analytical approach broadens our understanding of the systemic and structural barriers to migrant health and wellbeing. This research contributes empirical data that extends our knowledge of immigrant organisations as potential settings to resist systems of oppression/privilege that are the root cause of migrant health inequities.

1.3 Research Objectives

As outlined, the research constitutes two integrated studies, the first explored the priority concerns for African Australian health and wellbeing, and the second explored the role that African Australian immigrant organisations play in reducing these concerns. These two studies represent two project phases, with distinct but interrelated research questions that culminate in this thesis. As such, there were multiple objectives of the research, which, as a whole, sought to:

- Make visible the multiple social locations of African Australians
- Understand how, at various intersections, systems of oppression/privilege influence the health and wellbeing of African Australians
- Generate contextual knowledge regarding the activities of African Australian immigrant organisations, and their potential as settings for health
- Inform practice and policy development that can better support the health and wellbeing of African Australians

1.4 Research Questions

Phase 1 of the research set out to answer the following:

From the perspectives of African Australians and non-African Australians working with and for African Australians, what are the priority concerns regarding African Australian health and wellbeing in Greater Melbourne?

Specifically, Phase 1 examined perspectives on:

- The causes of these health and wellbeing issues
- How these issues are being addressed
- The effectiveness of attempts to address these issues

Phase 2 of the research sought to answer the following:

How do members of African Australian immigrant organisations perceive their influence over, and work to improve, health and wellbeing?

In order to answer this question, the research examined:

- The activities that African Australian immigrant organisations perform
- How these activities contribute to addressing health inequalities
- How systems of oppression/privilege influence the work of immigrant organisations

1.5 Research Approach

Drawing upon the tenets of community-based participatory research (Minkler & Wallerstein, 2008), three core principles underpinned the research approach. First, issues of importance to African Australians would drive the research focus; second, responsible relationships with participants would be established; and third, that the research would benefit participants with empirical evidence that can inform work to improve African Australian health and wellbeing.

Intersectionality was utilised as a tool for analysis. A full justification for the selected theoretical and analytical framework is provided in Chapter 4. Intersectionality actively facilitates an account of the complexity of, and interplay between, micro-level realities and macro-level systems (Yuval-Davis, 2015). The African Australian population encompasses multiple social categories of difference that intersect in unique ways with systems of oppression/privilege. Such complexity can be accounted for and made visible using an intersectional analysis. Intersectionality moves beyond individual-level explanations for health and wellbeing outcomes (Kapilashrami & Hankivsky, 2018), and

thus provides an essential contribution to theoretical and empirical knowledge in public health. It transcends the common narrative regarding immigrants', and especially African Australians', by shifting the focus from individual-level determinants of health and wellbeing to the systems and structures that health inequities are rooted in. The intersectional lens can inform better-tailored interventions for African Australians both in practice and in policy to ensure effective targeted reduction of health inequalities among the population (Hunting & Hankivsky, 2020).

1.6 Researcher Positionality

This thesis is not an objective body of work written from a state of neutrality. Instead, as Denzin and Lincoln (2018) make clear, my suppositions and experiences, as the researcher, serve to generate interpretations that may differ from others' interpretations. It is, therefore, necessary to situate my perspective upfront for the reader and to reflect on how my subjectivity has shaped this work.

My concern for the central themes of this thesis and the African Australian population likely began in Ghana where I spent six months volunteering for a local community-based women's organisation in Accra while conducting my Honours research. The research explored collective conservative attitudes about sexuality and relationships and the influence this had over the teaching and learning about sexual health in public schools. As a visible outsider in Accra due to the colour of my skin, people took time to explain to me that African culture is different to Western culture; that discussing sexual health was a taboo in Ghana, with the assumption that Western culture was more liberated in regard to discussing sexuality. The more people I spoke to, the more I became aware that explanations invoking differences across culture served as an effective means of masking the contributions of structural and systemic factors such as, gender and poverty that challenge women's sexual health in Accra. I reflected on my experience in Ghana as I grew more troubled by the many racist media portrayals of African Australians as

culturally different, struggling to integrate, and forming African gangs (Bolt, 2016). These tropes insinuate that Africans do not belong in Australia and have, in recent times, prompted calls for deportation (Farnsworth & Wright, 2016; Majavu, 2017, 2020).

In 2014, I immigrated to Australia from England with relative ease. My Australian partner sponsored my visa application, and it took less than a year to be granted access to Australia with the right to work. By January 2020, I had applied for and been granted Australian citizenship. Born in England, I am part of the majority of immigrants (Australian Bureau of Statistics [ABS], 2020) connecting contemporary Australia to its history as a British colony. In my six years residing in Australia working, volunteering, and more recently conducting this research as a white, English-speaking, middle-class woman, I have become acutely aware of my undeserved privilege in the Australian context (and beyond). Comparing my own migration story with the treatment of migrants in Australia from other parts of the world, especially those from African countries, it has become impossible to ignore that my positionality has had a profound impact on my migration experience and subsequently my health and wellbeing. I have grown determined to use the opportunities afforded to me because of my privilege, to contribute to dismantling the systems that have created them.

Accepting my privilege as a result of the various social groups I find myself within has been an uncomfortable process. I still have much to learn, particularly regarding how not to abuse this privilege, but rather wield it in such a way that goes toward dismantling the systems that sustain it. The privilege I have, sometimes renders me blind to other people's experiences, particularly people who do not have the same privileges that I do (Kendall, 2012). My whiteness, my physical abilities, my class, my sexual orientation, my age, my migration pathway, my nationality, and more, all influence my perception, understanding, and interpretation of the experiences of the participants and organisations portrayed in the following thesis.

My positionality, like the participants' in this research, comprises multiple social categories of difference. At different times and in varying situations, some social categories become more salient than others. In contemplating race/ethnicity, as a white-British migrant woman, turned Australian citizen, it is fair to argue that I approached this inquiry as an external outsider (Banks, 1998; Liamputtong, 2010). However, the static notion of a dichotomous insider/outsider researcher status is incongruent with an intersectional way of thinking. Consequently, at times I established common ground with African Australian participants in shared experiences of gender, age, class, interests, and outlook. As privileging systems are typically invisible to, and unchallenged by, people who benefit from them (Blumenfeld & Jaekel, 2012), I have sought to bring them into focus in various ways. For example, engaging with academic literature concerning white privilege (such as Case, 2012; Kendall, 2012; Koerner & Pillay, 2020), centring the voices of participants through candid conversations, and practising reflexivity (Creswell & Poth, 2018) are strategies I have used to elicit a deeper understanding of my positionality and its subsequent impact on this research.

Without seeking to reduce my positionality and that of the participants to singular, static categories, I will discuss the interplay of four salient social categories of difference that have significantly shaped the interpretations and explanations offered in this thesis, namely migration pathway, race/ethnicity, gender, and age. My own migration experience as a white woman, characterised by relative ease, provided a useful point of difference to some of the experiences described by participants, which in some ways aided the analysis by making visible systems of oppression/privilege that may have otherwise remained invisible. Simultaneously, these same differences created the potential for me to silence the participants inadvertently (hooks, 1991). This silencing is indicative of the historical legacy of cross-cultural research being dominated by white researchers from Western, educated, industrialised, rich, and democratic societies (Liamputtong, 2010). The acknowledgement

of unequal researcher-participant power relations has led to greater concern for participatory research methods, however, despite my efforts to centre the voices of participants, such as checking my interpretation of their words, in writing this thesis my voice is final.

Hage (2000, p. 20) considers whiteness to be "a fantasy position of cultural dominance born out of the history of European expansion." Whiteness is an aspiration for Hage (2000); it is not simply something you have or do not have; instead, it is something more relative and dependent (up to a point) on social attributes. Whiteness intersected with multiple dimensions of difference in complex and unpredictable ways throughout this research, which served to destabilise the notion of a static outsider and insider researcher position (as has also been found by Britton, 2020). For example, time spent in Ghana, and visits to South Africa and Tanzania provided me with some "privileged insider knowledge" (Britton, 2020) and foundational understanding of the pre-migrant experience for some African Australians in terms of elements of culture and lifestyle. When I revealed to participants that I had spent time in a few African countries, there was often acknowledgement of my understanding by occasional references to my "knowing" ("you have been to Ghana, so you know what it is like"). This may have positively impacted on the relationships and trust built between me and participants (Britton, 2020). More than this, the content and depth of the conversations are likely to have been impacted as a result. For example, my knowledge while useful for cross-cultural sensitivity (Britton, 2020), may have hindered depth of explanation and understanding in some cases because participants might have omitted details and I may have failed to seek clarification due to a mutual presumption of my knowing.

A vital goal of the research was to allow space for participants voices to be heard while attempting to manage and counter any imbalance of power prevalent between researcher and participants (Liamputtong, 2010). Therefore, I encouraged participants to

drive the conversations, assuming a passive role in the interactions. My passive role was somewhat natural in these interactions with men (to varying degrees), arguably because of the associated gendered performance (Butler, 2009) of which I am familiar as a woman. Furthermore, my race-based outsider position contributed to a willing acceptance of my passive position, not least because I consider participants as experts in their personal lived experience.

Regarding the content of conversations, some participants highlighted that African Australian women prefer to discuss health and wellbeing with other women and not men, and vice-versa, men would also prefer to talk to men. Therefore, it would be expected that the conversations I had with fellow women were more open than the discussions with men, however, this was not always the case. Many of the men discussed their concerns about mental and sexual health openly, two discussion topics that participants readily stated are widely considered taboo. My raced and gendered outsider status arguably allowed men to be more open as has also been surmised by Britton (2020) when reflecting on whiteness when engaging in research with Pakistani Muslim men in the UK. Besides these notable gendered and racial/ethnic dimensions of positionality potentially impacting on the interactions, I also note that age may have also impacted on this research.

When I interacted with younger participants who more closely matched my age, I observed that my demeanour was unconsciously less formal and more playful than when interacting with participants who were older than me. This may be a result of cultural norms (both African and Western) that demand more decorum when engaging with older people. This performance may have also been exacerbated by my knowledge that many of the older people I interviewed were known as community leaders, therefore, the performative aspects of this role required more formality, particularly when engaging with outsiders. Furthermore, it is possible that as a result of their leadership role, the older people I spoke to may have had more experiences leading them to be more cautious when

engaging with researchers, thus shaping the nature of these conversations to be more formal. My positionality at the intersections of migration pathway, race/ethnicity, gender, and age have invariably shaped the research process and have influenced the interpretation and presentation of this thesis.

1.7 Organisation of the Thesis

This doctoral research is presented as a thesis with publication. Appendix A1 lists the manuscripts included in the thesis. While standing together as a cohesive body of work and maintaining the purpose of a conventional thesis, two manuscripts are incorporated as chapters; one focusing on the slow interview method (Young et al., 2020), and the other on some of the key findings from Phase 1 of the research (Young, 2020). The first manuscript, by Young et al. (2020), contributes to the thesis and the field of qualitative research methods, as it is published in the peer-reviewed journal *Qualitative Research*. The second manuscript, by Young (2020) is an article under review for a special issue edition in the *Journal of Social Issues*. While not yet accepted for publication, the article has been blind peer-reviewed, revised, and resubmitted to the journal. These two manuscripts are included in this thesis as they demonstrate meaningful contributions to research, policy, and practice, in the fields of public health, intersectionality, and migration studies.

The manuscript by Young et al. (2020) is a co-authored piece with the research supervisors, however, the researcher contributed 80% of the work by conceptualising, writing, and editing the manuscript with ongoing support, verbal, and written feedback from the supervisors as co-authors (Appendix A2 states the contribution of each author). The second manuscript is sole-authored. The manuscripts are clearly introduced where they occur in the following thesis. It should be noted, however, that while the thesis adheres to APA 7th reference style, as is the convention in the field of public health, the manuscript by Young et al. (2020) uses SAGE Harvard due to journal requirements.

Throughout this thesis, as is the style of this chapter, I write using a combination of first- and third-person tense. When using third-person tense, I refer to myself as "the researcher" or "the author" depending on the role relevant to the context under discussion. Where I have deliberately chosen to adopt a first-person narrative, it is to highlight more purposefully the reflective research practice underway, while also reminding the reader that despite striving for the co-production of this knowledge with the participants, the final interpretations and arguments presented in this thesis are my own.

Overall, the thesis comprises 12 chapters. Having now introduced the research, Chapter 2 follows hereafter to provide necessary research context to ground this work within the Australian milieu. Chapter 2, adopting a narrative style and drawing on relevant literature, details the long history of colonial and racial oppression that foregrounds the particulars of African Australian immigration. The chapter delves into the specific migration story of African Australians and deconstructs the term "African Australian" for use throughout the thesis.

Chapter 3 reviews extant literature relevant to the core foci of this thesis. Specific health and wellbeing outcomes for African Australians are outlined, as are existing health promotion efforts that target African Australians across key health settings. The chapter presents the argument that this body of work tends to approach health at the individual-level and requires greater consideration of the broader systems within which individual lives are structured, and health and wellbeing is shaped. Phase 1 of this research attends to this gap in knowledge. Chapter 3 also surveys the literature concerning immigrant organisations that span across fields of study, including migration studies and non-profit or third sector studies. The review identifies that immigrant organisations are under-researched, especially their efforts and activities for health and wellbeing. Phase 2 of the current study attends to this gap in knowledge. Additionally, the chapter identifies power relations and context as integral to the analysis of immigrant organisations and health and

wellbeing more broadly, which necessitates the intersectional analysis in both phases of the research.

Chapter 4 outlines the theoretical and analytical framework used to guide the research approach. Intersectionality is presented as the most appropriate framework for attending to the complexity of African Australian experiences in light of intersecting and interlocking systems of oppression/privilege and the myriad of social locations represented within this population group. Intersectionality allows adequate attention to the micro- and macro-level factors that shape the lived experience and meaning-making for African Australians both individually and collectively in immigrant organisations.

As the thesis comprises two studies, Chapter 5 outlines Phase 1 research methods that include triangulating data collected and analysed from two group interviews, 22 slow interviews, and an Issues Paper produced by African Australian Communities Leadership Forum (AACLF, 2016). As an unusual technique, the slow interview requires further development in the qualitative research literature. Chapter 6 comprises the journal article authored by the researcher and two of her supervisors and published by *Qualitative Research*, which outlines the slow interview in rich detail and contributes to the development of this technique as a viable alternative to the tacitly implied best-practice of audio-recording interviews.

Chapter 7 presents the second manuscript authored by the researcher and submitted for publication. An overview of the participants is provided in this chapter, underlining the diverse perspectives captured. The article presents half the findings from Phase 1, highlighting three predominant social determinants of health that participants identified as a concern. The article exposes where intersecting systems of oppression/privilege impact on health and wellbeing for some African Australians. This article forms the beginning of the discussion of Phase 1 findings, situating them within the

broader debate concerning the transformative potential of intersectionality in the field of public health (Kapilashrami & Hankivsky, 2018).

Chapter 8 describes the remaining key findings that emerged from Phase 1. The significant key theme that informed the direction of Phase 2 is outlined, where participants expressed the desire for African Australian led solutions. That immigrant organisations were viewed as a means for African Australians to gain control over decisions that affect their lives is described and provides the rationale for Phase 2's case study of two African Australian immigrant organisations.

Following this, Chapter 9 outlines the design of Phase 2's dual-case study. The methods used in Phase 2 are described including observation, in-depth interviews, reflexive interviews, and document review. Chapter 10 provides an overview of the 10 interview participants and their positionality, but predominantly is dedicated to a rich description of the two case studies. Drawing on the work of Jones and May (1992) regarding significant constructs for organisational analysis, the organisations' structure, goals, environment, and culture are discussed. This detail provides the reader with the relevant context and understanding of the case studies to better situate Phase 2's findings.

Chapter 11 conveys the findings from the case studies conducted in Phase 2 to answer the research question:

> *How do members of African Australian immigrant organisations perceive their influence over, and work to improve, health and wellbeing*?

The chapter describes the conditions under which the organisations were established to serve a community formed along racial/ethnic and cultural lines. Organisational activities are presented in this chapter as well as their relationship with mechanisms perceived to influence both individual behavioural determinants and social determinants of health.

Finally, Chapter 12 weaves the thematic threads from both phases of this research together with the current literature, to present the argument that African Australian health and wellbeing is impacted by interlocking systems of oppression/privilege, which must be dismantled in order to improve health outcomes for African Australians. The activities of African Australian immigrant organisations point to the significance of these entities as health settings with potential to resist systemic drivers of health inequalities. In this final chapter, intersectionality is argued to be an exceptional analytical approach that can transform public health by illuminating systemic forces that manifest differently at various social locations to reproduce and reinforce disadvantage at both the individual- and organisational-level. Recommendations are made for radical changes that must occur to realise health equity for all.

1.8 Chapter Summary

This chapter has introduced the impetus for the current research as grounded initially in gaps identified in the literature concerning migrant health broadly, and African Australian health and wellbeing specifically. The two phases of this research are outlined, with Phase 1 seeking to understand concerns about African Australian health and wellbeing, and Phase 2, driven by the participants' concerns, exploring the activities of African Australian immigrant organisations as potential health settings. The researcher's positionality is outlined in this chapter with a discussion of how it has shaped the research. Finally, the chapter declares that the research is presented as a thesis with publication comprised of 12 chapters, two of which are manuscripts. The following chapter introduces the reader to the research context and the population of interest.

Chapter 2 Research Context and Definitions

2.1 Chapter Overview

This chapter draws on existing literature to present a thematic narrative of the research context. The health and wellbeing of African Australians and the activities of the immigrant organisations of interest do not exist within a vacuum, and like the research itself, are embedded within the particularities of the Australian, and more specifically, the Greater Melbournian milieu. Given that systems of oppression/privilege find their roots in past injustice, the chapter begins by situating the research in relation to Australia's long history of colonial dispossession and racial oppression. Describing this legacy provides necessary background for the story of immigration from African countries to Australia. The definition of key terms used throughout this research, namely, "African Australian" and "health and wellbeing," are also presented in this chapter as grounded in international and Australian literature, the local context, and the ideological stance of the researcher.

2.2 Australia's Migration Story: From Colonialism to Multiculturalism

> All subject positions that are situated in Australia are raced and placed in relation to different histories and positions of power in relation to each other and with Indigenous sovereignty. Therefore, the mirror that each agent holds up will reveal a different construction of power relations at the same time as showing the [white] elephant in the room in full view as a discourse to be deconstructed, rather than remaining unmentionable. (Koerner & Pillay, 2020, p. 80)

Colonisation is a useful starting point to consider the way the national imaginary of a white Australia is steeped in the brutal genocide of Aboriginal and Torres Strait Islander peoples and their subsequent systematic exclusion. Early colonisers used the legal fiction of *terra nullius* (the land belonging to no one) to disavow Aboriginal and Torres Strait Islander peoples' ownership of the land and claim sovereignty for the British Empire (Moreton-Robinson, 2015). Capitalism and racism as interlocking systems of

oppression/privilege produce and maintain a racial hierarchy in Australia, which underscores the core values of an Australian national identity that remains rooted in Britishness and terra nullius. Racial capitalism (Bhattacharyya, 2018) helps us to understand the interconnectedness of these two (and other) systems of oppression/privilege, but while the history of Indigenous dispossession in Australia is an integral part of the puzzle, inequality cannot be reduced to this history. As Bhattacharyya (2018, p. x) argued, "there are new and unpredictable modes of dispossession to be understood alongside the centuries-old carnage that moistens the earth beneath our feet."

Immigration policy is one such new mode of dispossession that is used as an effective means to control and reaffirm the white nation of Australia, which "cannot exist as such without land and clearly defined Borders" (Moreton-Robinson, 2015, p. 30). The *Immigration Restriction Act 1901* (Cth), known as the white Australia policy, represented an overt process, enveloped by the racial and colonial project, that is to delineate Australians from undesirable non-whites in the building of the nation (Moreton-Robinson, 2015). Several factors fuelled fears that whites would be displaced from their elite position in Australia's racial hierarchy, including the growth of people immigrating to Australia from outside of Ireland and the UK (particularly during the period known as the gold rush), the openly racist attitudes of the early colonisers, and the rise in competition for work (National Museum of Australia, n.d.). The success of the white Australia policy was such, that by 1947, just 2.7% of the entire population was born outside of Australia, Ireland, or the United Kingdom (National Museum of Australia, n.d.).

In the post-war years, the white Australia policy was found to be impeding the growth of the economy and so, was gradually dismantled. The result included staggering growth in the numbers of people born overseas; the (non-British) European-born doubled between 1947 and 1971, from 8.6% to 17.2% (Poynting & Mason, 2008). The large numbers of migrants with non-English speaking backgrounds were expected to assimilate and the

primacy of Australia's AngloCeltic heritage was promoted (Hage, 2000). Cultural differences were not tolerated, instead non-British migrants were required to abandon the cultural practices of their home countries and adopt the language, culture, and values of the AngloCeltic heritage (Hage, 2000). Assimilation marked a race relations policy in Australia (Poynting & Mason, 2008), which served to legitimise Indigenous Australians "ultimate absorption by the people of the Commonwealth" (Commonwealth of Australia, 1937, p. 3). For Aboriginal and Torres Strait Islander peoples, assimilation included the forcible removal of children under the guise of welfare concerns (Sherwood, 2013). The stories of people among these stolen generations (see Read, 1998) epitomizes the assimilationist agenda in Australia as reproduced and reinforced by overt structural racism and white supremacy designed to dispossess Aboriginal and Torres Strait Islander peoples. These systems permeate the fabric of the Australian nation and shroud the identities of all people in Australia, including the participants contributing to the current study; as Koerner and Pillay (2020, p. 94) state, "the discourses that shape Australian identities occur in the context of a colonial history as relations of power between racialised identities."

The white Australia policy was formally eradicated in 1973, when assimilationism gradually made way for 'multiculturalism' in the national policy vernacular. Two key ideas about multiculturalism infused policy documents, which on the one hand espoused inherent respect for, and equal recognition of, all cultures in Australia, and on the other hand expected certain core values to be upheld and honoured by all, to maintain a stable society (Peace, 2001). Peace (2001, p. 962) argued the inherent problem of multiculturalism in political practice was the continued "privileging of the Anglo-Celtic core culture already enshrined in the dominant institutions of the Australian society." Multiculturalism in Australia, although initially acquiring bipartisan support, became subject to criticism from the Right, including for multicultural politics and reducing

migrant groups to stereotypes (Poynting & Mason, 2008). Despite these criticisms, multiculturalism in Australia had arguably created space for the articulation of the plurality of cultures and had facilitated to some degree, interactions between them (Hage, 2000). Furthermore, multiculturalism had redirected state resources in favour of organised migrants to assist them in their fight for equality within Australia's capitalism (Hage, 2000). For example, the Victorian Multicultural Commission's 2009 multicultural policy statement, *All of us: Victoria's multicultural policy,* outlines the spending of more than $1 million per annum for refugee nurses in 16 local government areas and in 2006-07 the Victorian Government spent over $16 million on the provision of free interpreting and translating services. Additionally, programs within Victoria Police include cultural awareness training and the employment of multicultural liaison officers among other activities. State grants to support multicultural communities are also offered in Victoria at different periods throughout the year (see https://www.vic.gov.au/grants-support-multicultural-communities). This backdrop is meaningful for the African Australian immigrant organisations, that this research is concerned with, that may harbour more legitimacy considering the context of multiculturalism.

The '(hi)story' of Australia's multiculturalism was not the success that is often portrayed (Hage, 2000). Moreton-Robinson (2015, p. 20) described that the early days of multiculturalism had culminated in a perceived threat to the national identity and white possession of Australia, stating that "both the fear of Asian 'invasion' and of 'dispossession' by Indigenous people were orchestrated to recenter white possession of the nation." The ensuing election of the Howard government in 1996 brought forth a politics overtly imbued with a discourse of loss and recuperation, that is the loss of British values and the recuperation of the white nation (Moreton-Robinson, 2015). Multiculturalism was redefined under the Howard government and arguably re-emerged "in a bruised and

undernourished state under the Rudd and Gillard Labour Governments (2007-[2013])" (Collins, 2013, p. 134).

While Collins (2013) has argued the success of multiculturalism in regards to the integration of immigrants in Australia, as evidenced by some economic, social, and cultural outcomes, she noted that among Australian politics, the media, and the general public, Australian immigration and multiculturalism linger on as incredibly divisive and controversial topics persistently infused with racism (Collins, 2013). The problem with granting people the power to tolerate migrants is that multiculturalism has simultaneously empowered people to be intolerant (Hage, 2000). Furthermore, the 'multicultural nation' has allowed AngloCeltic Australians to position themselves apart from multicultural Australia, which is viewed as "only for the ethnics" (Koerner & Pillay, 2020, p. 79). Multiculturalism is thus criticised for stifling the issue of race, as opposed to providing a convincing impression of Australian national identity (Koerner & Pillay, 2020). Therefore, while multiculturalism may present some opportunities for the African Australian immigrant organisations of concern to this study, the system may simultaneously create disadvantage.

Governmental power is defined as "the power to have a legitimate view regarding who should 'feel at home' in the nation and how, and who should be in and out" (Hage, 2000, p. 46). Governmental power, to assert belonging in Australia, operates in a field of whiteness that characterises Australia's colonial project, that has thus far been described (Hage, 2000). Governmental power is exercised through various mediums, including through and within *the politics of belonging*. The politics of belonging is defined as comprising "specific political projects aimed at constructing belonging to particular collectivity/ies which are themselves being constructed in these projects in very specific ways and in very specific boundaries" (Yuval-Davis, 2011a, p. 10). Governmental power and the politics of belonging are explicitly exercised among Australian political discourse,

where for example, disproportionate attention on migrants is given to the politicisation of refugees and asylum seekers. The 'stop the boats' rhetoric has drawn an arbitrary line between legitimate and illegitimate refugees. Asylum seekers arriving by boat to Australia are condemned because by 'queue jumping' "they have literally tried to subvert the national will" (Hage, 2000, p. 113).

Asylum seeker and refugee policy in Australia is infamous around the globe (Miller, 2015). Donald Trump has reportedly endorsed Australia's treatment of asylum seekers, touting that 'much can be learned' (Henriques-Gomes, 2019) and the Greek border authorities have allegedly borrowed from Australia's playbook by floating asylum seekers back out to sea on rafts after they arrived at their shores by boat (Keady-Tabbal & Mann, 2020). The impact of these deterrent policies is not only detrimental to the wellbeing of those seeking refuge in Australia (Hirsch & Doig, 2018; Sundram & Ventevogel, 2017), but also contributes to a global politics of belonging, generating a climate of hostility toward some migrants who are viewed as 'less than' (and) 'others.' This atmosphere of hostility is particularly felt by migrants who do not conform to the fantasy of white Australian multiculturalism, through exclusionary practices (Hage, 2000).

African Australians have continuously been subjected to practices of explicit and implicit hostility by the general public, mainstream media, politicians, police, and teachers (Benier et al., 2018; Hanson-Easey & Augoustinos, 2010; Karp, 2018; Majavu, 2020; Wahlquist, 2017; Wickes et al., 2020). This discourse reasserts and perpetuates the question of 'who belongs in Australia?' Therefore, the experiences of African Australians emerge from this long history of Indigenous dispossession, assimilation, and multiculturalism, an ongoing colonial project that "continues to shape the lives of [all] subjects in Australia" today (Koerner & Pillay, 2020, p. 81). Zwangobani (2016) points to the complexity of the construction of Blackness in Australia and brings the African Australian experience into dialogue with that of Indigenous Australians. While both

African Australians and Indigenous Australians have Blackness in common, the experience is distinct. He quotes Roberta Sykes, who as a Black Australian and Aboriginal rights activist (see China, 2003) wrote:

> Blacks feel that migrant groups also suffer from racism and discrimination… however, … all new migrant groups, after suffering a period of intense victimization on arrival in Australia, manage then to find a place for themselves in the fabric – or, more appropriately, on the ladder – of Australian society. Only Aboriginal people, for the entire period of White settlement in Australia, have remained steadfastly glued to the bottom rung of this social and economic ladder. (Sykes, 1989, pp. 13-14)

2.3 Migrants from African Countries in Australia

The long history of complicated and varied migration pathways taken by people immigrating from Africa to Australia necessitates a broad tent under which to capture this social group. It is, therefore, essential to describe this complexity and outline critical characteristics of the population of focus in this research, to provide necessary background information. Despite being considered a new and emerging community (Federation of Ethnic Communities Council of Australia New and Emerging Communities Policy Committee, 2010), records show that 11 'Africans' migrated to Australia with the first fleets (Pybus, 2006). While many more migrants from Africa followed, growing anxieties concerning the success of the racialised colonial project were expressed in a report in 1838 by the British colonial office that effectively prevented more people from formally migrating from Africa to Australia during that period (Pybus, 2001, as cited in Zwangobani, 2016). More recent migration from Africa to Australia began to be documented at the turn of the 21st century, and the work of Graeme Hugo (2006, 2009) perhaps provides the most comprehensive account. Hugo's (2009) work shows that there are diverse languages, religions, traditions, and values amongst the growing numbers of

people migrating from African countries to Australia. The existence of 55 independent states according to the African Union (n.d.) (although the United Nations (2020) recognises only 54) evidences the national diversity across the African continent. Within these states, many ethnic groups are represented, including some with European heritage. Past colonisation, and contemporary forced and voluntary migration across African state boundaries increases this diversity.

Hugo (2006) noted that by 1947 there were 7,550 African-born persons in Australia, of which 78.3% were from the region of South Africa where they were most likely the children of colonial functionaries and thus people with European heritage. By the year 2000, the proportion of African-born migrants had increased from 2% to 10% and included many Egyptian Coptic Christians and Anglo Saxons from former British colonies in the South and East of Africa (Hugo, 2006). From the 1980s, there was a notable increase in the numbers of immigrants from the region of sub-Saharan Africa with African heritage (Hugo, 2006). The distinction Hugo (2006, 2009) made between North African migrants, sub-Saharan African (SSA) migrants with Anglo Saxon heritage, and those with African heritage raises important empirical questions about statistical snapshots of people migrating to Australia from Africa.

Noting the complexity concerning the ancestral heritage of African migrants, it is necessary to critically reflect upon and recognise these differences in the construction of populations by different actors. First and foremost are the arbitrary lines drawn to carve up the African continent into states during the Berlin Colonial Conference of 1884-1885 (Gbenenye, 2016). The national boundaries depicted on a contemporary map of Africa do not readily reflect the territories of African peoples before colonisation. As such, parts of the continent are in a state of flux, arguably because of this colonial legacy of division (Michalopoulos & Papaioannou, 2016). Additionally, the Australian census demarcates African countries of birth into two regions: ‘North Africa and the Middle East’ and ‘sub-

Saharan Africa.' Global institutions also tend to demarcate sub-Saharan Africa from states in the North (The World Bank, 2016). Delineating African states along the Saharan desert distinguishes 'Arab states' in the North from the rest of Africa, which some consider to be a racist tool to degrade people living in the South of the continent (Butty, 2010). Clustering countries in the field of global business draws attention to the difference between Arabic cultures in the North of Africa and 'African' cultures in the South of the continent, particularly concerning food, religion, language, and values (Gupta et al., 2002; Ronen & Shenkar, 2013). Apart from criticisms concerning the ethics of 'clustering cultures,' distinguishing countries and regions on the African continent to depict different cultures is tenuous due to globalisation and migration. While classification projects may find currency in international politics and business, it is another question entirely if these distinctions carry much meaning in the lives and identities of people captured by them; a question asked of early participants contributing to Phase 1 of this research.

The African Union (n.d.) subscribes to a regional classification of the African continent. Similarly, some studies concerning African migrants in Australia rationalise grouping study populations by African regions based on the assumption of broadly shared customs and values (for example, Drummond et al., 2011). However, shared values, histories, and a collective 'African' worldview (as distinct from a 'Western' worldview), are also evident across multiple fields of research (Thabede, 2014). Furthermore, religious practices and beliefs that likely influence customs and values are also diverse in Africa. According to the 2016 Australian Census, approximately 66.4% of migrants born in African countries (not including Algeria, Egypt, Libya, Morocco, and Tunisia) affiliated with Christianity, while 14.1% affiliated with non-secular beliefs or other religious beliefs or no religious affiliation, which may include African traditional religion, whereas 7.6% affiliated with Islam. Buddhism, Judaism, and Hinduism constituted 11%, with 4.4% not stated or inadequately described. These findings speak to the complexity concerning migration from

Africa to Australia that must be considered when interpreting population data and naming a study population.

Migration pathways from Africa to Australia are also diverse and complicated. Hugo (2009) recorded that 48.8% of all sub-Saharan African (SSA)-born arrivals to Australia came via the skilled-migrant stream in 2007-08. While many of these skilled migrants hailed from South Africa and Zimbabwe, and thus were likely to be white Africans, since 2011 up until 2017/18, people migrating from other SSA states have become more prominent among the skilled streams (Prout Quicke, 2020).

The Special Commonwealth African Assistance Plan in the mid-1960s led to some arrivals of student migrants with African heritage mainly from Nigeria and Ghana (Hugo, 2009). In 2014, Conley Tyler (2014) reported that approximately 9,000 African students from countries including Nigeria, Kenya, Ghana, and Uganda, were studying in Australia. The Department of Education Skills and Training (n.d.) provides an online tool to explore the approximate numbers of international students in Australia. As of April 2020, 120 international students came from Botswana, 33 from Cameroon, 15 from the Democratic Republic of Congo, 207 from Ethiopia, 460 from Ghana, 3,195 from Kenya, 1,847 from Nigeria, 28 from Rwanda, 832 from South Africa, 117 from Tanzania, 141 from Uganda, 236 from Zambia, and 956 from Zimbabwe.

Hugo (2009) also documented the arrival of people of African origin (as opposed to European) via the humanitarian migration streams during the period 2001-2011. While the Sudanese population in Australia was notably the fastest-growing between 2000 and 2005, there were also increases in the number of humanitarian arrivals of people born in Burundi, Congo, Democratic Republic of Congo, Guinea, Liberia, and Sierra Leone (Hugo, 2009). The diversity of migration pathways among people moving from Africa to Australia is evidently complex encompassing a variety of push and pull factors.

While the Australian Census of Population and Housing is limited in its ability to capture migration flows, it does provide an approximate number of migrants from African countries at a single point in time. The 2016 census recorded 387,586 people who stated that they were born in an African country. 61.2% of these African migrants were born in only three countries, namely South Africa, Egypt, and Zimbabwe, and 18% were born in the North of Africa (ABS, 2016). While the census does not capture data concerning racial categories, a question on ancestry is included, and as Hugo observed in 2009, the majority of South African and Zimbabwean-born people claimed European ancestry in 2016 (Prout Quicke, 2020). This important statistic shows that many African migrants from South Africa and Zimbabwe are white with European heritage.

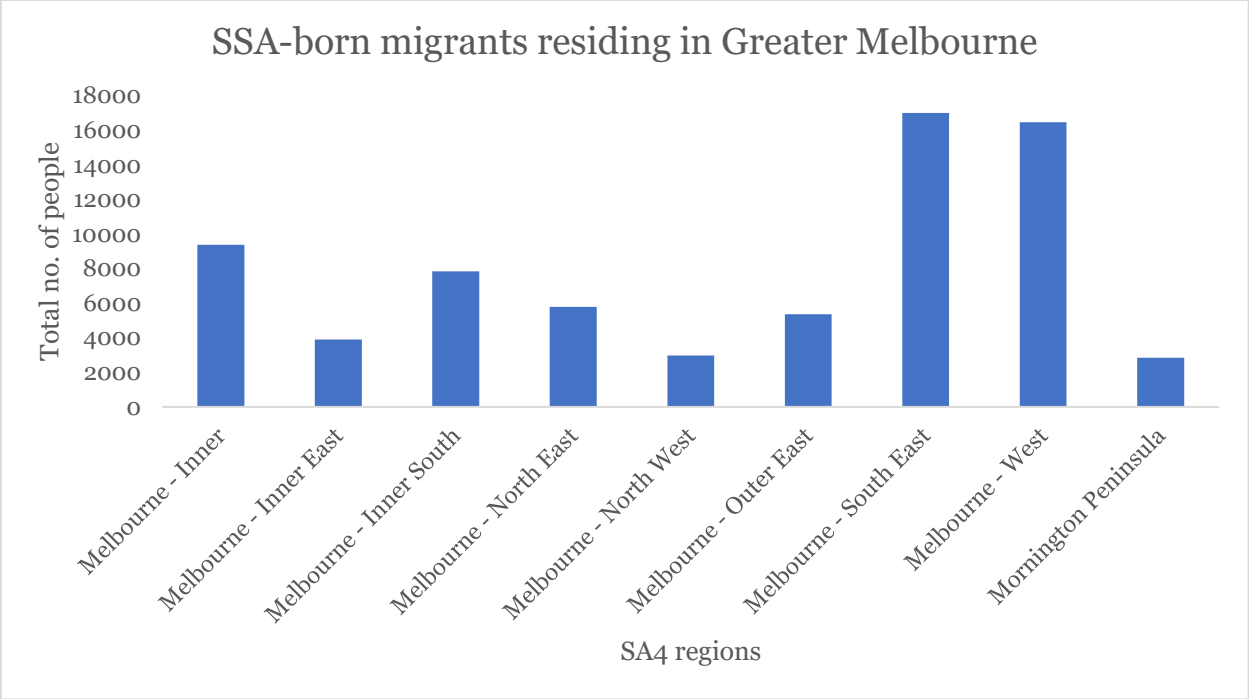
The experiences of white Africans migrating to Australia are likely to be different from those of Black Africans due to the significance of the racial hierarchy already outlined. Similarly, the experiences of those migrating from the North African countries of Algeria, Egypt, Libya, Morocco, and Tunisia are cautiously considered to be different from those migrating from SSA countries. Therefore, to roughly delineate, while bearing in mind the described flaws of doing so, the henceforth reporting of data on African-born migrants living in Victoria and Greater Melbourne omits migration data from the five North African countries. Additionally, the proportion of people born in Mauritius, South Africa, and Zimbabwe are highlighted henceforth to emphasise the likely underrepresentation of Black Africans among these cohorts.

The number of SSA-born people is relatively evenly distributed across four of Australia's six states with 78,491 residing in the Australian State of Victoria where the current research was conducted in 2016; an increase from 66,671 in 2011 (ABS, 2017). As a proportion of the total SSA-born migrants in Australia, nearly 23% live in Victoria. Most of those in Victoria live in the Greater Melbourne area; approximately 71,557. Figure 1

demonstrates that the South-East (17,009) and Western suburbs (16,465) house considerably more African-born migrants than other parts of Melbourne.

Figure 1

SSA-born people residing in Greater Melbourne



Note: SA4 regions are the largest sub-State regions used by the Australian Bureau of Statistics. People born in Mauritius (5,852), South Africa (4,011), and Zimbabwe (901) make up over half the total number of SSA-born people residing in Melbourne's South East (ABS, 2016).

In Greater Melbourne, the top ten SSA countries of birth, as measured by the 2016 census (ABS, 2016) are South Africa (24,167), Mauritius (11,363), Ethiopia (6,172), Sudan (5,223), Zimbabwe (4,035), Somalia (3,840), Kenya (3,531), South Sudan (2,491), Eritrea (1,983), and Nigeria (1,595). On census night in 2016, there was almost an even split between SSA-born men and women living in Greater Melbourne (49% male and 51% female). The ages of SSA-born people living in Greater Melbourne ranged from 3% aged 0-9 years, 10% aged 10-19 years, 16% aged 20-29 years, 21% aged 30-39 years, 20% aged 40-

49 years, 14% aged 50-59 years, 9% aged 60-69 years, 4% aged 70-79 years, and 2% aged 80-89 years (ABS, 2016).

2.4 Towards a Definition of "African Australian"

While a definition of "African Australian" is provided in Chapter 1, the term requires deconstructing before continuing its use within this thesis. As a commonly used expression, without adequate interrogation, there is a risk of (re)producing an "African Australian" social category *a priori* that may not be accepted or understood by those the term seeks to ascribe (Zwangobani, 2016). Discussion during the initial interviews with people contributing to Phase 1 of this thesis explored the various terminology used to refer to migrants from African countries residing in Australia. Participants expressed concern about over homogenising this group of inherently diverse people. Scholars too have pointed out that often, use of the label "African Australian" tends to privilege convenience over accurate representation of the heterogeneous population (Phillips, 2011). The trouble with using a single term to refer to a diverse population, as with any social group, is that it is unlikely to do justice to the multidimensional experience of those it seeks to capture.

Without intending to disguise the heterogeneity among people captured by the umbrella term "African Australian," an argument is made for its usage in this thesis. Zwangobani (2016) suggests two paths that may elucidate contradictory perspectives regarding demarcation of an "African Australian" social group: differentiation and sameness. What is it that means people belong or do not belong in such a category? The construct of race supports an answer to both questions because Blackness produces a visible marker of difference and sameness simultaneously (Zwangobani, 2016). This simple justification, however, has limitations and bypasses the crucial question of who defines "African Australian" on the basis of race?

Mainstream media has played a significant role in racializing and homogenising African Australian discourse with significant consequences (Windle, 2008). Discursive

practices and social policies sustain the demarcation of white Australians as those that belong, while ascribing non-whites inferior status, "creating an expectation of being a target of prejudice and discrimination" (Colic-Peisker, 2005, p. 624). As such, Mapedzahama and Kwansah-Aidoo (2017, p. 11) argue that "blackness as experienced in the predominantly white Australian context, is burdensome." Therefore, race as a constructed social category is both an embodied visible commonality, as well as a shared experience of the determined effort to exclude and in some cases expel African Australians (Farnsworth & Wright, 2016; MacDonald, 2017). It is not, however, the intention to essentialise race when using the term "African Australian" throughout the current research. As Mapedzahama and Kwansah-Aidoo (2017, p. 11) argue "it is not the 'difference' of their [participants] (dark) skin color [sic] or Africanness per se that is the problem; rather, it is how that difference is perceived, interpreted, and acted upon." It is also a matter of who is perceiving, interpreting, and acting upon race as a matter of difference that must be unpacked to justify use of the term "African Australian" throughout this thesis.

A study capturing racial and cultural exclusivism in Melbourne neighbourhoods provides some insight into the way general public perceive and interpret Blackness. Wickes et al. (2020) found that nearly one in four people surveyed had feelings of low warmth toward people of African heritage, and one in six reported anger toward people of African heritage. The results of this survey must be situated within the context of an intense period described by Wickes et al. (2020) as a racialised crime panic that was intently focused on South Sudanese Australians (see Benier et al., 2018). Early 2018 marked the build-up to the Victorian state election and an accompanying surge in sensationalised media reports of crimes committed by African Australian youth (Ryan & Stayner, 2018). These reports included unsubstantiated claims by members of the Federal Government and Victoria Police alleging that 'African gangs' were 'out of control' in Melbourne (Mason & Stayner,

2020). Thus, actors with a platform to perceive and interpret Blackness of African Australians perpetuated unsubstantiated claims of 'African gangs', so that those with the power to act upon such perceptions were bolstered to do so. Calls to deport youth offenders (Farnsworth & Wright, 2016) and reports of racial profiling by the police (Farnsworth, 2016) are examples of Blackness as difference being acted upon. Mapedzahama and Kwansah-Aidoo's (2017) assertion of Blackness as a burden in the Australian context is palpable.

The term "African Australian" is also used by some migrants from African countries living in Australia who express common goals and grievances via organisations designed to respond to the needs of African Australians. For example, in early 2020, a Google search of 'African Australian community organisations' reveals the Celebration of African Australians Inc., the African-Australian Multicultural Employment and Youth Services, and the African Australian Network. While some of these organisations describe an "African Australian community," others prefer to highlight "African Australian communities." For example, an article in *Australian Mosaic*, the magazine published by the Federation of Ethnic Communities Council Australia (FECCA), "addresses the diversity represented by the many African communities in Australia, their challenges and their contributions to our [sic] society and shared goals" (Wille, 2017, p. 4). The edition, while accounting for the diversity among African Australians, simultaneously highlights many shared challenges and barriers.

To identify as a member of *an* or *the* African Australian community is evidently a subjective endeavour. As Hatoss (2012, p. 48) argued when writing of identity construction in the narratives of Sudanese refugee-background Australians, "the multi-layered attachments to ethnicity, race, colour, culture, language, country of origin and pan-African identity pose complex interconnected identity choices." Similarly, Gebrekidan (2018, p. 110) found that while some young African people prefer to self-identify using an ethno-

national hyphenation such as 'Ethiopian-Australian,' there is a trend towards embracing "a globalised Black African identity crafted out of essentialised attributions of 'Africanness' and/or 'Blackness.'" This thesis does not intend to reify the existence of an African Australian identity, nor an African Australian community. Instead, the goal is to simply bound a socially constructed group around some shared social categories of difference so that a valuable contribution to knowledge can be made concerning people migrating to Australia from sub-Saharan African countries. As such, the parameters of the term "African Australian" as a socio-analytic category in this thesis are based on the shared embodied experience of Blackness as a burden as well as the self-expressed "commonalities of needs, interests and diasporic experiences" by African Australians participating in this research (Kwansah-Aidoo & Mapedzahama, 2018, p. 82).

Use of the term "African Australian" to denote Black migrants from sub-Saharan African countries who *reside* or *sojourn* in Australia (excluding tourists) in this thesis raises questions regarding what it means to be Australian; for instance, does Australian status require citizenship status? And why would temporary migrants be considered Australian? Answering these questions in detail is beyond the scope of this section, however, it is suffice to say, that many temporary migrants, such as international students, are on the path to acquiring permanent residency or citizenship (Robertson & Runganaikaloo, 2014). Some international students migrate with the intention of gaining permanent residency (Robertson, 2008). Additionally, the notion of permanency is also questionable because such is the experience of migration, people move, people are not static, and it is problematic to define people as such (Robertson, 2019). More than this, the raced experience of African Australians does not discriminate according to a person's migration pathway or status. Therefore, while it is the stories of Black migrants from sub-Saharan African countries that are at the centre of this research, many of those captured by the common use of the term "African Australian" may hail from other parts of the world.

Therefore, those migrant voices omitted from this research may find points of congruence with some experiences of the African Australians sampled. The literature points to the salience of race in migrant health and wellbeing, such that "Africa ceases to be a geographical space and becomes an embodied experience" (Gatwiri, 2019, p. 5).

Having now cautiously defined the heterogeneous socio-analytic group termed "African Australian" for this research, it is prudent to acknowledge that central to this thesis is the aim of destabilising the notion of a homogenous African Australian group. Intersectionality theory becomes crucial for reflecting the complexity highlighted here, as well as situating the experiences of individual African Australians in relation to the structures and systems that shape their lives.

2.5 Defining Health and Wellbeing

Before summarising and evaluating the literature concerning African Australian health and wellbeing, a definition of *health and wellbeing* must be provided. An early conceptualisation that has persisted through time, particularly in the biomedical fields promotes the view that health is purely a physical state that encompasses the absence of disease (Green et al., 2015). This narrow definition was renewed in 1946 by the World Health Organization (WHO) who defined health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (2020, para. 1). This definition at that time was considered ground-breaking due to its broad scope and ambition (Huber et al., 2011). The WHO's definition has not been amended since it was ratified in 1948, and it has been widely adopted in the field of health promotion. However, its contemporary relevance has been criticised (Huber et al., 2011). A crucial point of contention is with the word "complete," which is deemed unrealistic and can result in conditions being treated as health issues; unintentionally contributing to the medicalisation of society (Huber et al., 2011).

Furthermore, patterns of illness have changed from acute diseases to chronic diseases, and ageing with a chronic illness is becoming the norm. Thus, Huber et al. (2011) argue that declaring people with chronic disease and disabilities as definitively ill is problematic as it curtails the role of human capacity to deal with the situation and experience wellbeing in spite of a health condition. An alternative definition of health was proposed to position "health, as the ability to adapt and to self-manage" (Huber et al., 2011). The emphasis on capacity provides a more dynamic approach to health, and is primarily focused on individual empowerment as a means to improve overall wellbeing instead of a complete cure of all illness. This perspective aligns with an emancipatory approach to health that guides many researchers in the field of health promotion.

Both the biomedical and emancipatory approaches can be criticised for their narrow focus on the individual, ignoring how societal structures can impact on health and wellbeing. Alternatively, recognition of the Social Determinants of Health (SDH) draws attention to the significance of the conditions within which people live that influence health and wellbeing (Marmot & Bell, 2009). In "The Health Gap" (2016), Marmot summarises the evidence on the SDH and presents health inequalities as evident along a social gradient. For example, individuals who have lower income typically have worse health than those with higher income. Marmot et al. (2008) argue that if there is the political will to reduce health inequities that are evident between countries as well as within countries, then justice can prevail, and health inequality can ultimately be reduced.

On the surface, Australian health policies demonstrate a commitment to the social justice principle of addressing health inequity and appear generally accepting of the SDH framework (Newman et al., 2006). For example, Medicare, Australia's universal health system, and the Pharmaceutical Benefits Scheme provide reasonably high and relatively equal access to various health-care services (Van Doorslaer et al., 2008). However, with private health insurance unequally distributed by income, individuals do not have access to

the same combination of services (Van Doorslaer et al., 2008). Additionally, at the nexus of immigration and health policies, there are several exceptions where some migrants cannot access free health care (Sanggaran et al., 2016). Within Australia, policy acknowledges the SDH and seeks to address health inequity, while strategies are limited to actions in proximal environments, such as within health-care services (Fisher et al., 2016). Meaning the structural drivers of the SDH, that is the unequal distribution of power, money, and resources (Marmot et al., 2008), remain unchallenged in Australian health policy (Fisher et al., 2016). Newman et al. (2015) suggest that necessary interventions at the structural-level often challenge the status quo, which perhaps explains why health inequities persist.

The persistence of health inequities despite the acceptance of the SDH raises significant limitations. The SDH approach seemingly lacks consideration and application of efforts to shift the status quo within which social determinants are entrenched (Newman et al., 2015). Additionally, SDH do not account for differences along the social gradients due to the nuance of disadvantage people experience as a result of their positionality among multiple mutually reinforcing marginalised social categories (Hankivsky & Christoffersen, 2008). Furthermore, SDH are not unilateral, and they do not exist within a vacuum, they are mutually occurring and are underpinned by systems that reproduce and reinforce inequality. The 'new public health' requires an approach undergirded and characterised by social justice, given that the level of injustice and inequality is a predictor of health outcomes (Wallack, 2019). The People's Charter for Health (PCH), quoted in Chapter 1, offers a definition of health that is sympathetic to these limitations:

> Health is a social, economic, and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence, and injustice are at the root of ill-health. Health for all means that powerful interests have to be challenged, that globalisation has to be opposed, and that political and economic priorities have to be drastically changed. (People's Health Movement, 2000, p. 2)

This conceptualisation of health and wellbeing is used within this research because it emphasises social change and accounts for the root causes of health inequities, where injustices shape the social determinants of health and wellbeing. Using the People's Health Movement (2000) definition also assists the analytical aim of this research, which is to examine, at various intersections, the systems of oppression/privilege that influence the health and wellbeing of African Australians.

2.6 Chapter Summary

This chapter has outlined the particular context of Greater Melbourne in the State of Victoria, Australia, where this research was conducted. By summarising Australia's history of colonialism and migration, as well as African Australian migration patterns, the experiences of the population of interest, and the research itself, are appropriately situated within Australia's colonial legacy.

The inherent diversity among the African Australian population has also been highlighted by describing the various migration pathways, ages, genders, and countries of birth of those residing in Greater Melbourne. The chapter summarises how racialisation and Othering practices targeting this population tend to depict African Australians as a homogenous group. These exclusionary practices are described as exercised through governmental power and the politics of belonging that are shaped by Australia's historical and contemporary colonialism to maintain the white nation. For African Australians, the shared embodied experience of Blackness as a burden within Australia, as well as self-expressed commonalities and shared needs, has justified the cautious use of the term "African Australian" to capture Black migrants from sub-Saharan African countries who reside or sojourn in Australia (excluding tourists).

Finally, this chapter has presented an appropriate definition of health and wellbeing that advances the shift in public health toward appropriate action to address health inequities at their root. The People's Health Movement (2000) definition supports

the intersectional approach of this research that is outlined in Chapter 4. The next chapter analyses the current literature concerning the health and wellbeing of African Australians and what is known about immigrant organisations as health settings.

Chapter 3 Literature Review

3.1 Chapter Overview

The last chapter has outlined the research context, depicting Australia's legacy of colonial and racial oppression. Scholars have identified these themes as significant determinants of health and wellbeing for indigenous and minority groups across various contexts (Sherwood, 2013; Williams et al., 2016). This chapter builds on this narrative with a discussion of literature in answer to critical questions that are pertinent to Phase 1 and Phase 2 of this research.

The first focus of the literature review is, *what do we know about African Australian health and wellbeing*? This question directs Phase 1 of the current research to underexplored areas of significance. The review identifies significant gaps in our understanding of African Australian health and wellbeing, highlighting the need to shift the dominant narrative in public health from individual behavioural determinants to the wider systems that shape individual lives. The next focus encompasses an analysis of the literature to answer *what is being done to improve African Australian health and wellbeing*? reveals dominant approaches to health promotion across health settings situated in the general environment of the African Australian immigrant organisations contributing to Phase 2, providing important context for this research. Finally, this chapter responds to the question w*hat do we know about immigrant organisations*? The literature provides essential background information for exploring the role of immigrant organisations in reducing health inequalities, which is the focus of Phase 2. The review identifies that as a relatively new field of study, the activities of immigrant organisations and their relationship to health and wellbeing are underexplored; a gap in knowledge that Phase 2 of the research begins to address.

3.2 African Australian Health and Wellbeing

Literature from the field of public health concerning African Australian health and wellbeing can be organised around several key themes including studies related to sexual health, mental health, substance use, and nutrition. The dominant, individual behavioural approach, among this literature informs the design of Phase 1, to better extend knowledge about African Australian health and wellbeing by adopting an intersectional approach that Chapter 4 describes. A review of the literature from the field of migration studies, reveals that the social determinants of health specific to the African Australian population is also a key theme.

Sexual Health

A retrospective audit of 375 African Australian patients attending a Melbourne hospital between 2003 and 2006 found frequent cases of blood-borne viruses, including Hepatitis B Virus (HBV; 19%) and Human Immunodeficiency Virus (HIV; 12%) (Gibney et al., 2009). Similarly, Lemoh et al. (2010) reported a higher rate of HIV diagnosis for African Australians (34.3 per 100,000) than those born in Australia (4.4 per 100,000). While these studies are not representative, they suggest an unequal experience of sexually transmitted infections for African Australians.

The prevalence of HIV and HBV has drawn some attention from researchers exploring sexual health literacy among African Australians. For example, Dean et al. (2017) surveyed people aged 16-25 years migrating predominantly as refugees from Sudan living in Queensland. They found that while sexual behaviour among this group is not dissimilar to young people born in Australia, risky behaviour and limited and inaccurate knowledge concerning sexual health heightened their participants 'sexual vulnerability.' Similarly, a study documenting knowledge and use of contraception among African Australian teenage mothers found low sexual health literacy among this group, as well as African Australian parents (Ngum Chi Watts et al., 2015). Ngum Chi Watts et al. (2015) also point to the

influence of gender roles and cultural attitudes as affecting the use of contraception among this cohort, pointing to the influence of social determinants of health.

Muchoki (2012) has drawn attention to a lack of information concerning the sexual experiences of African Australian men from the Horn of Africa within the migration trajectory. Therefore, while sexual health outcomes may be associated with low sexual health literacy, there is a lack of empirical data that accounts for complexities and differences related to gender, culture, and the course of migration. Evidently, health outcomes within this cohort cannot be reduced to individual-level explanations and require an approach that can attend to such complexity while remaining sensitive to the effects of power relations, particularly between men and women.

Mental Health

A variety of mental health problems have been recorded among African Australians arriving as refugees and asylum seekers (Schweitzer et al., 2006; Tiong et al., 2006), which aligns with studies documenting mental health outcomes among other refugee and asylum seeker populations in Australia (Hocking et al., 2015; Li et al., 2016). Similarly, mental health problems are also documented among sub-Saharan African migrants in other Western countries (Scuglik et al., 2007). Despite evidence of pre-migration and post-migration stressors influencing migrant mental health in Australia (Chen et al., 2017), there is a tendency toward Western biomedical frameworks that pathologise and medicalise negative emotions among these populations (Fozdar, 2009). As a result, negative emotional responses arising from the effects of structural disadvantage is often overlooked (Tilbury, 2007). Within this discourse, the focus for improving mental health among African Australians is primarily discussed at the individual-level.

For example, several researchers have pointed to coping strategies among Sudanese refugee arrivals in Australia, which include social support and the Sudanese way of counselling (Savic et al., 2016), reliance on religious beliefs, cognitive strategies, and

focussing on future aspirations, which all factor into the personal management of stresses and traumas (Copping & Shakespeare-Finch, 2012; Khawaja et al., 2008; Puvimanasinghe et al., 2014; Schweitzer et al., 2007, 2006). Tilbury (2007) argued that locating the problem and solution of poor mental health at the individual-level curtails appropriate responses and can be easily enlisted into the arsenal of arguments against immigration. Instead, there is a call for shifting the focus of servicing refugee and migrant mental health in Australia from the individual to the impact of post-migration stressors associated with resettlement (Chen et al., 2017).

Substance Use

Evidence indicates heavy and harmful patterns of alcohol use among marginalised African refugee young people in Melbourne, which is documented as a means of coping with trauma, reducing boredom and frustration, and drinking as a social experience (Horyniak et al., 2016; Manton et al., 2014). Injecting drug use (Horyniak et al., 2014) and dependency on khat a stimulant drug (Young et al., 2016) have also been observed among some groups within the African Australian population. Horyniak et al. (2014) noted that exposure to injecting drug use "was linked with unemployment and marginalisation; young people reflected that they would not be hanging out in the park if they were employed; however, they felt that racism and discrimination were major barriers to employment" (p. 418). Nevertheless, recommendations for tackling such health issues, focused on interventions targeted at the individual-level, including education programs for harm reduction (Horyniak et al., 2016), and encouraging mental health help-seeking and treatment uptake (Horyniak et al., 2014). There is evident need for balance in the public health literature by approaching African Australian health and wellbeing through a structural lens.

Nutrition

Nutrition-related health risk factors have also been recorded for the African Australian population among the public health literature, with frequent cases of vitamin D deficiency and anaemia (Gibney et al., 2009; Tiong et al., 2006). A high prevalence of obesity and an increased risk of Type II diabetes has also been found among the African Australian population (Issaka et al., 2016), and several studies have explored the relationship between being overweight and certain socio-cultural factors among this population. For example, lower household income level, single-parent households, dietary acculturation, intergenerational differences regarding body-type preference, lack of parental supervision, and inconsistent discipline have been documented as factors contributing to obesity among this cohort (Mellor et al., 2012; Renzaho & Burns, 2006; Renzaho et al., 2012). Despite lower-income and single-parent households featuring as significant risk factors for obesity, this body of work has led to health promotion initiatives that use individual behavioural and culture-based frameworks aiming to change food-related behaviours, by educating African Australians about nutrition and parenting styles (Renzaho, Halliday et al., 2015). From this dominant public health perspective, the structures and systems that shape the food-related behaviours of African Australians remain unaddressed.

Social Determinants of Health

International literature on the social determinants of health largely overlooks inequities experienced by migrants and ethnic minorities (Ingleby, 2019). Ingleby (2019) argued that the reason for this is two-fold. First, there has been an overwhelming emphasis on short-term emergency health provision for refugee migrants and unauthorised entrants, which is disproportionate to their numbers in comparison to other migrant categories. Second, Ingleby (2019) criticised a general reluctance to include migrant status and ethnicity as important social determinants of health. Migrant health research in Australia

is disproportionately underfunded compared to mainstream health research funding, which has significant implications for developing policy to overcome health disparities for migrant populations (Renzaho, Polonsky et al., 2015). As much of the public health research concerning the African Australian population outlined so far has utilised a biomedical and individual behavioural approach, there is limited scope in the field of public health that centres the social determinants of African Australian health and wellbeing.

Widening the scope of this review from the field of public health to migration studies allows for knowledge about the settlement and integration of African Australians to be surveyed. Findings among this literature have significant implications for African Australian health and wellbeing. The Australian Human Rights Commission (2010), for example, reported 'On Human Rights and Social Inclusion Issues' that destabilise the physical and mental health of African Australians. The report drew attention to social inclusion, which is a key social determinant of health. Social inclusion can be conceptualised as part of a continuum in opposition to social exclusion. *Social exclusion* is "viewed as a dynamic, multi-dimensional process driven by unequal power relationships" (Popay et al., 2008, p. 7). Inclusionary and exclusionary processes operate across and within four domains namely, economic, political, social, and cultural while manifesting at different societal levels, for example, individual, household, social group, community (Popay, 2010). The inclusion-exclusion continuum is comprised of uneven access to, and distribution of, resources, capabilities, and rights (Popay et al., 2008). Through exclusionary processes, people's participation in economic, social, political and cultural relationships are constrained. Social exclusion can negatively impact health and wellbeing practically through various deprivations such as, unemployment, which can lead to low income, which adversely impacts on health and wellbeing (Popay et al., 2008). The social

determinants of African Australian health and wellbeing can thus be understood from this body of literature.

While the Australian Human Rights Commission (2010) reported culture shock, language barriers, changes in food and diet, social isolation, absence of family networks, and a lack of culturally appropriate health services as direct barriers to health for African Australians, they also noted significant barriers to unemployment and education. Racism and discrimination as processes of social exclusion were reported by African Australians when seeking employment and education (Australian Human Rights Commission, 2010). Despite moving the conversation beyond the individual-level to explore social determinants of African Australian health and wellbeing, a critical limitation of this report was the lack of attention paid to how these health determinants produce different outcomes for different African Australians. As a result, the nuance of experience is rendered invisible.

Social categories of difference, such as gender and migration pathway, are likely to interact with exclusionary processes in different ways. Therefore, the simultaneity of inclusion and exclusion is underexplored, and the risk of individualising the problem and essentialising the African Australian experience comes to bear (Hunting et al., 2015). For example, a whole section of the report detailed the participants' experiences of racism when seeking employment. Yet, an example of a good practice response was provided that detailed a work experience program for migrants and humanitarian entrants (Australian Human Rights Commission, 2010). A work experience program is unlikely to solve the issue of social exclusion stemming from racism and discrimination, instead it may reinforce undervaluing of the work experience that many African Australian skilled-migrants bring to Australia.

Colic-Peisker and Tilbury (2007) point to the visible difference of African Australians arriving as refugees, as significantly disadvantaging access to employment.

Through institutional and interpersonal racism (Kwansah-Aidoo & Mapedzahama, 2018), African Australians face significant barriers to employment, which leads to lower-income and thus, poorer health (Abur & Spaaij, 2016). Several studies have documented experiences of racism and discrimination among African Australians (Baak, 2019; Benier et al., 2018; Gatwiri, 2019) and mounting evidence demonstrates unequal health outcomes on the basis of race in Australia (Paradies et al., 2015, 2009; Priest et al., 2013, 2020).

While evidently significant to the African Australian experience, the explanatory power of race/ethnicity as a unilateral determinant of African Australian health is limited because many distinctions are subsumed within this category, such as migration pathway, education level, health beliefs, and socioeconomic status (Iliffe & Manthorpe, 2004). As Bastos et al. (2017, p. 209) find "perceived racism and other forms of discrimination combine to predict perceived barriers to health care," which points to the multilateral nature of social determinants of health. Thus, a single-axis focus on race/ethnicity can disguise the nuance of experience among African Australians and oversimplify the complexity of health and wellbeing for this population (and others). These limitations among the current literature inform the approach taken in Phase 1, which seeks to account for such complexity by using an intersectional analysis.

In exploring challenges to settlement for West African women in Australia, Ogunsiji et al. (2012) found that loneliness, isolation, and difficulties developing social networks contributed to participants unhappiness and distress post-migration. As social support and good social relations are considered social determinants of health (Wilkinson & Marmot, 2003), this study is among the few in the field of public health that draws attention to the distal causes of poor health outcomes among this population. More notable in Ogunsiji and colleagues' (2012) study is that by capturing the voices of West African women in isolation of men's voices, a gendered perspective to their participants' migration stories was revealed. They noted that many of their participants had "migrated to reunite with their

husbands, suggesting that they might not be fully prepared for or desirous of migration, thereby affecting their settlement experience in Australia" (p. 284). Simultaneously, Ogunsiji et al. (2012) found their participants struggled to gain employment, despite their pre-migration professional occupations. This was attributed to discrimination based on their countries of origin. While this study does not explicitly utilise an intersectional approach, it does highlight the value of one. By retroactively and cursorily applying this lens to their findings, the nuanced raced and gendered experiences of West African migrant professional women become known. At this specific social location, power relations, produced and maintained by the systems of racism and patriarchy, manifest in specific health risk factors such as social isolation and financial dependency.

Similarly, Fisher (2013) utilised intersectionality to explore domestic violence among African Australians with refugee backgrounds resettled in Perth, Western Australia. This study reported that changes to gendered family roles as a result of the migration and settlement experience create the conditions, and particular vulnerabilities, for family violence to occur (Fisher, 2013). The shift in gendered family roles manifest in societal structures, including men's unemployment and women's access to financial welfare support, which challenges men's status as the primary breadwinner (Fisher, 2013). Similar findings are reported in a recent study concerning African refugee spouses' experience of resettlement in regional Australia, where empowerment in regard to women's equality led to the breakup of marriages (Kuyini & Kivunja, 2018). Related to this, Muchoki (2016) writes of the micro-effects of the sudden shift from collective lifestyles to the individualism of Australian society on the intimacies of refugee men from the Horn of Africa. As a result, Muchoki (2016, p. 119) finds both "opportunities and challenges for refugee men in the way they organise and pursue intimate relationships." Such nuances of experience based on intersecting social locations and shifting systems of oppression/privilege are relatively

underexplored in the literature concerning African Australians, particularly regarding the impacts on health and wellbeing.

The studies reviewed here point to significant gaps in our understanding of African Australian health and wellbeing. Among the public health literature, the dominant narrative remains fixed on the individual behavioural determinants of health among this population. While the field of migration studies sheds some light on the social determinants of health and wellbeing for African Australians, a greater understanding of the complexity of individual experience is required as it relates to the systemic drivers of advantage and disadvantage among this population. An intersectional approach can provide this richer knowledge and inform appropriate targeted policy and practice, while avoiding victim-blaming or essentialising the African Australian experience, as Chapter 4 argues.

Whether intersectionality in migration studies is in its infancy or is well established is up for debate (Carastathis et al., 2018; Stasiulis et al., 2020), and the interdisciplinary nature of the field prolongs this matter. There is, however, evidence of an emerging paradigm shift among scholars in this field who are "seeking to unpack the complexity of power relations, inequities and forms of social oppression among migrants," by deploying intersectionality as an analytic tool (Stasiulis et al., 2020, p. 1). Similarly, in the field of public health, advocates of intersectionality recognise its potential for shifting the dominant narrative toward a more comprehensive understanding of the systemic root causes of health inequalities (Kapilashrami & Hankivsky, 2018; Weber, 2006). Therefore, by adopting an intersectional lens to explore African Australian health and wellbeing, Phase 1 of this research is not only essential for attending to gaps in our understanding, but also contributes to the development and emergence of intersectionality across two interrelated fields of research.

3.3 African Australian Health Promotion

As outlined above, much of the focus in public health research concerns individual behavioural determinants of African Australian health and wellbeing. This knowledge is likely to shape the approach to African Australian health promotion, which is the focus of Phase 2 of the current research. Before discussing the particulars of African Australian health promotion, it is necessary to introduce the Ottawa Charter for Health Promotion (World Health Organization [WHO], 1986), because thirty-five years after it was written, this landmark document continues to influence the field globally. By foregrounding the discussion of African Australian health promotion with the Ottawa Charter, the strengths and limitations of these efforts may be better contextualised.

The Ottawa Charter for Health Promotion is a seminal document developed at the 1986 World Health Organization International Conference in Canada. The Charter identified five priority action areas for health promotion including building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services (WHO, 1986). The Charter's focus on social and economic determinants of health as well as its concern for community empowerment echoed a shift toward the 'new public health' where the Charter is considered a blueprint (Baum, 2015). The strengths of the Charter include its ability to shift the biomedical approach out of centre stage and replace it with a broader conceptualisation of health that accounts for the influence of public policy and the wider environment, while also addressing ethical implications of a fly-in fly-out approach to community health interventions. Instead, the Charter's strength in orientating health promotion practice to the empowerment of communities and individuals promotes a practice that is underpinned by social justice concerns. Additionally, the strategy to reorientate health services has had significant impact in the uptake of Health in All Policies whereby accountability for health promotion is shared across a range of policy areas improving the reach of health

promotion efforts (Baum, 2015). While the Charter has received many plaudits, there are also those who have highlighted its limitations.

Most significant as a limitation of the Charter is that unequal strides have been made in reducing health inequities since its inception thirty-five years ago (Thompson et al., 2018). This may be partly explained by the inherently political nature of the strategy outlined in the Charter. Particularly the notion of strengthening community action, which requires a transfer of power that may be resisted by those in control. Laverack and Keshavarz Mohammadi (2011) point out how a "reorientation of professional practice to strengthen community actions in their [health promoters] day to day work has not happened and the complexity of communities and approaches that actively engage with them remain elusive" (p. 259). Furthermore, an empirical study on the influences of the Ottawa Charter on the work of professionals in the field of health promotion in Europe has found a continued predominant focus on developing personal skills and knowledge in health promotion efforts, where this action area from the Charter was rated most frequently and regularly used (64%) (Wilberg et al., 2021). A potential reason for this continuance of the old ways of health promotion is arguably the ideological turn in the 90s toward a more individualistic way of living in many European countries (Wilberg et al., 2021). Thus, neoliberalism may continue to repress the shift that the Ottawa Charter called for many years ago.

Another contributing factor to the repression of the core message of the Charter may be explained by McPhail-Bell et al. (2013) who interrogated the foundations of the Ottawa Charter and noted that the document was constructed with a colonial imagination. For example, while the Charter sought a global agenda, the discussions at the conference were primarily concerned with the needs of industrialized countries. Additionally, those present at the conference were in attendance by invitation only and largely represented wealthy countries. With only one delegate listed as an Indigenous consultant from the First

Nations Confederacy, and another who had referenced Indigeneity in their professional background, the silence of Indigenous voices at this conference is deafening (McPhail-Bell et al., 2013). These authors also critique the use of collective language throughout the background papers, noting all-encompassing references to a global humanity, homogenous in its worldview; "the background papers worked to normalize Western individualistic neo-liberal assumptions and in so doing created a conceptualization of health promotion implicitly Western and neo-liberal in nature" (p. 25). Similarly, the Ottawa Charter arguably perpetuates the Western/other binary reinforcing the global inequity of power to produce knowledge and specifically participate in, and shape, health promotion practice of the future.

The negation to acknowledge the power dynamics at play in the creation of the Charter echoes a similar omission in the Charter itself. There was a failure to recognise and address the systems of power that produce and reproduce global health inequities including but not limited to sexism, racism, classism, ageism, ableism. Furthermore, the health promotion practice of the future depicted in the Charter does not account for the complexity of multiple forms of oppression that are embedded within structures of society, including that which led to the development of a Charter for Health Promotion steeped in the colonial imagination (McPhail-Bell et al., 2013). For example, while developing healthy public policy is commendable and certainly necessary, attention must be paid to the complex question of for whom will the healthy policy work? If embracing the approach depicted in the Charter, a policymaker may notice the disparity between men and women's employment rates, which has significant implications for health as per the social gradient of health (Marmot, 2016). The policymaker may then design a policy to positively discriminate women in the labour market. On the surface this policy may indeed reduce the inequity between men and women's participation in the labour market. However, without an appropriate framework that acknowledges how some migrant women for

example, may be subject to limitations in the number of hours they can work as per their visa requirements, this nuance of experience is unaddressed. Therefore, the healthy policy is ineffective for women experiencing multiple forms of oppression as particular systems intersect with their specific positionality. More than this, health inequity between migrant women and non-migrant women is exacerbated. The Charter did not equip health promoters with the adequate tools to address such complexity that is evident in health inequities. This critique of the Charter may explain some of the limitations perceptible in the following discussion of African Australian health promotion, and certainly the critique facilitates a more critical reading of these efforts.

Health settings feature heavily in the 'new public health' agenda and are defined as "places or social contexts where people engage in daily activities, in which environmental, organisational and personal factors interact to affect health and well-being, and where people actively use and shape the environment, thus creating or solving health problems" (Newman et al., 2015, p. 126). This section of the literature review outlines common approaches to African Australian health promotion that emerge across key health settings to answer the question *what is being done to improve African Australian health and wellbeing*?

The following summary of what is being done to improve African Australian health and wellbeing is not exhaustive. However, it encompasses enough context to establish and inform the contribution of Phase 2 of this research; a case study of two African Australian immigrant organisations. The concern for culturally responsive care within the health and welfare sectors, the work of non-profit organisations (NPOs) and community-based organisations (CBOs), and the political domain that are discussed in the following, constitute interrelated parts of the *general environment* (Jones & May, 1992) of the two African Australian immigrant organisations that participated in Phase 2. The general environment refers to the broad societal context comprising "economic, political, legal,

technological, and societal dimensions" (Jones & May, 1992, p. 121). The aspects of the general environment presented via discussion of the health settings below enriches the analysis of Phase 2 by providing adequate context.

Culturally Responsive Care in the Health and Community Welfare Sector

A relevant branch of the literature concerning African Australian health and wellbeing reveals significant barriers to health-care services. Many of the identified barriers are presented at the individual-level, such as feelings of shame and fear, logistical difficulties (Drummond et al., 2011), lack of awareness of services (Posselt et al., 2015), as well as language and financial barriers (Sheikh-Mohammed et al., 2006). Some scholars locate barriers within health-care systems, arguing that service providers must understand the specific needs of the population and adopt a context-specific approach to health-care provision (Ogunsiji et al., 2012). Similarly, researchers in Australia call for greater sensitivity to the health needs of culturally and linguistically diverse (CALD) consumers more broadly, advocating for a systematic approach to cultural difference (Nyagua & Harris, 2008; Renzaho, 2008), for example, cross-cultural training for clinicians in health services (Murray et al., 2010).

International and Australian evidence shows that racial/ethnic minorities experience a lower quality of health care, which further necessitates change within health-care systems (Bailey et al., 2017; Berman & Paradies, 2010; Fiscella, 2016; Krieger, 2014). Studies demonstrate the multifactorial causes of this phenomenon (Ingleby, 2012; Marmot et al., 2010; Paradies et al., 2015; Viruell-Fuentes et al., 2012), including but not limited to, practitioner biases toward cultural and ethnic minorities (Oliver et al., 2014; Staudt, 2011), and differences in patients' health beliefs, values, preferences, and behaviours (Betancourt et al., 2003). The call for cross-cultural expertise in health-care provision that is sensitive to cultural dimensions of diverse patient groups is well established and resonates with the literature concerning African Australian health promotion specifically (Green et al., 2008).

Much discourse produced within the Australian health sector, particularly by organisations working in migrant health, is dedicated to the provision of care that involves various accommodations for different cultural needs (National Health and Medical Research Council, 2006; The Centre for Culture Ethnicity and Health, 2020). The Victorian Government's Cultural Responsiveness Framework (Department of Health, 2009) is the most recent reworked and renewed effort to "improve and extend cultural responsiveness performance" across the Victorian health sector (p. 6). The framework is intended to provide benchmarks for health-care services in Victoria. The term "cultural responsiveness" is preferred, instead of the commonly used term "cultural competency" for which an agreed definition has not yet been found, and to align with government and department use of language concerning the need for 'responsive service delivery'.

> Cultural responsiveness refers to health care services that are respectful of, and relevant to, the health beliefs, health practices, culture and linguistic needs of diverse consumer/patient populations and communities. That is, communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language, or language spoken at home. (Department of Health, 2009, p. 9)

The framework established six core standards for culturally responsive practice including: (1) a whole-of-organisation approach; (2) demonstrated leadership; (3) the provision of accredited interpreters; (4) inclusive practice in care planning; (5) the participation of culturally and linguistically diverse communities in the planning and improvement, and review of services; and (6) the provision of professional development opportunities for staff to enhance their cultural responsiveness (Department of Health, 2009).

Striving for culturally responsive services is also evident across the community welfare sector, which is broadly conceptualised as "a site embracing a whole range of

activities that can enhance well-being" (Kenny, 1997, p. 47). For example, Spectrum is a non-profit organisation, providing support to migrant and refugee background families in the northern and western suburbs of Melbourne; their website states that the organisation provides "culturally appropriate and responsive settlement and family services" (Spectrum, n.d., para. 5).

The notion of cultural responsiveness shifts the framing of barriers to health care from the individual-level to the organisations that are responsible for servicing migrant groups (Green et al., 2008). However, a preoccupation with cultural responsiveness risks drawing attention away from the systemic drivers of health inequities. As Lambert (2014) finds in his assessment of the engagement of African Australians with HIV services in Melbourne; cultural barriers were significant, but so too were the structural barriers to these services that included complicated migration policies, low socioeconomic status, the focus and location of services, limited availability of multilingual workers and materials, as well as legal and financial barriers, and gender inequality. While cultural responsiveness in health and community welfare services is essential and may address some of the barriers identified by Lambert (2014), the approach risks overshadowing the need to redress structural and systemic factors that contribute to the health and wellbeing of migrant populations. As argued already, there is also a need to move from "individual culture-based frameworks, to perspectives that address how multiple dimensions of inequality intersect to impact health outcomes" (Viruell-Fuentes et al., 2012, p. 2099). Cultural responsiveness does not facilitate this transition, yet still presents as a significant theme for migrant health promotion efforts in the State of Victoria, which may influence the activities of African Australian immigrant organisations that are the focus of Phase 2 of the current research.

NPOs and CBOs: Individual-Level Approaches to African Australian Health Promotion

NPOs and CBOs provide a variety of services to African Australians through a myriad of programs. The approach taken by these organisations to reduce health inequities is significant in shaping the general environment within which the case organisations of interest to Phase 2 operate. Six interventions implemented by Melbourne-based NPOs and CBOs have been identified. Table 1 summarises these initiatives and provides a snapshot of the typical individual approach to redressing African Australians health inequalities.

Table 1

Summary of Identified Health Promotion Interventions Implemented by NPOs and CBOs Seeking to Address African Australian Health and Wellbeing in Greater Melbourne, Australia

Intervention name (year)	Approach	Aim	Evaluation method	Participants *n*	Evaluation outcome	Limitations
African Australian inclusion program (2009 - ongoing)	Health-related	To help African Australians overcome the barrier of a lack of local work experience preventing qualified African Australians from gaining employment.	Social Return on Investment (SROI) (cost-benefit analysis commensurate to social and environmental indicators of impact).	39	$1: 4.64 SROI value	Quantifying social benefits is paradigmatically and epistemologically problematic. Value judgements placed on indicators. Difficult to distinguish the impact caused by the program from external factors (Arvidson et al., 2010). No long-term follow-up evaluation.
African leadership development program (2016)	Health-related	To support aspiring African Australian leaders to develop their communication, professional, and networking skills so they can confidently contribute to the local community.	External review conducted. Not publicly available.	-	-	-
Brimbank young men's project (2009)	Health-related	"To enhance … capacity of engagement in education, training and employment and to help them rebuild their lives through supportive family, peer and community	Follow-up participant interviews and surveys.	10	69% of participants described themselves as either at school or undertaking education and training.	No pre-intervention survey. Low response rate of participant surveys.

Intervention name (year)	Approach	Aim	Evaluation method	Participants *n*	Evaluation outcome	Limitations
		relations" (Turnbull & Stokes, 2011, p. 13).		13		
Be a brother (2015)	Health-directed	"To encourage young African men to reduce their alcohol intake" (Cohealth, 2015, para. 11).	Qualitative interviews and focus groups	?	"Increase in social acceptability of moderate drinking and a reduction in alcohol consumption" (Obrien et al., 2016, para. 3).	Lack of information regarding the evaluation process.
Blood from everyone, for everyone (2015)	Health-directed	To develop and implement a culturally-relevant social marketing intervention to increase African migrant blood donation amongst (Francis et al., 2017).	Interviewer-administered community surveys and donor centre surveys (pre- and post-intervention).	452	Campaign material increased blood donation knowledge and attitudes, but did not impact blood donation intentions or number of African donors (Francis et al., 2017).	Small sample of new donors. Short-term evaluation does not show long-term effects.
Bridging the gap (2014)	Health-directed	To develop and pilot a health promotion resource to encourage parents to support their children to seek help for anxiety, depression, and alcohol and drug use problems (Lubman et al., 2014).	Participants asked to rate the resource on a three-point scale; excellent, average, or poor and then qualify their answers.	49	Resource considered helpful, relevant, and appropriate. Increased awareness of signs and symptoms of mental health, alcohol and drug problems. Increased willingness to engage in help-seeking behaviour (Lubman et al., 2014).	-

Lieberman et al. (2013) distinguish between two types of *structural interventions*. Structural interventions seek to modify the contexts within which people make health behaviour decisions, which are in contrast to *individual interventions* that seek to modify a person's behaviour at the individual or interpersonal level, often through efforts to increase awareness or knowledge. Lieberman et al. (2013) also note that structural interventions are varied in their focus, and so distinguish between *health-directed* and *health-related* structural approaches. Health-directed structural approaches target a specific health issue such as, smoking behaviour and may seek to modify environmental factors such as, smoke-free workplace policies. Whereas, health-related structural approaches may seek to "enhance access to resources or power for vulnerable populations," which relate to health and wellbeing, such as through the provision of universal education or living-wage laws (Lieberman et al., 2013, p. 521). The programs summarised in Table 1 are individual interventions, and the same language is adopted to distinguish between the different approaches. *Health-directed individual approaches* target a specific health issue, for example, increasing help-seeking for anxiety and depression. *Health-related individual approaches* seek to enhance resources and power for African Australians that have flow-on effects for health and wellbeing, for example, increasing an individual's capacity to access employment via a training initiative.

As evident in Table 1, interventions using a health-related individual approach have included efforts to redress underemployment, a lack of networks and skills for employment, as well as increasing education and capacity. These interventions consider some of the social determinants of health (employment, education), however, in focusing on individual-level change, they do not address structural barriers to employment that include, for example, structural racism and discrimination. Similarly, health-directed interventions highlighted in Table 1 focus on changing individual behaviours, for example, around alcohol consumption, donating blood, and help-seeking. Focusing on the individual

as the target for change reflects the dominance of the individual behavioural approach in the field of health promotion (Newman et al., 2015), also identified in Section 3.2.

While this review of health and wellbeing interventions targeted at African Australians is not exhaustive, it captures how even among projects aiming to address social determinants of health, there is a tendency to place responsibility on individuals, rather than addressing the root causes of health inequality. While the jury is still out in considering the effectiveness of individual versus structural approaches (Lieberman et al., 2013), it is evident that public health practice favours individual approaches to health promotion and must integrate interventions at the structural level (Newman et al., 2015). The reviewed interventions targeting African Australians demonstrate this trend well, highlighting the dominance of individual behavioural approaches to African Australian health promotion in Greater Melbourne.

Immigration and Settlement: Neoliberal Policies and Politics

The policy and political landscape represents another setting for African Australian health promotion and significantly shapes the general environment of the case organisations that are the focus of Phase 2 of the research. Australia's history of immigration policy outlined in Chapter 2 significantly impacts on migrant health and wellbeing, evidenced, for example, by the destructive detainment policies for migrants seeking refuge (Killedar & Harris, 2017). Migration policies in Australia are also gendered, producing disparate health outcomes as a result (Dehm & Vogl, 2018). Immigration policy is inherently political, such that the role of the Immigration Minister is central in shaping discourse concerning migrants entering and residing in Australia. For example, in 2007, Kevin Andrews (former Immigration Minister under the Howard Government) publicly announced his unease "about the slow integration of African humanitarian arrivals. He expressed particular concern about the apparent violent behaviour of young Sudanese men; one of whom was found dead in a Melbourne street from a bashing a week after

Andrews' statement" (Jakubowicz, 2010, p. 18). As mentioned in Chapter 2, a more recent example of unhealthy politics occurred in 2018 when Minister for Home Affairs Peter Dutton and then Prime Minister Malcolm Turnbull echoed the tactics of Kevin Andrews by voicing their concern about African Australian gangs (Majavu, 2020; Mason & Stayner, 2020). Political dog-whistling (López, 2015), perpetuated by the press, has scapegoated African Australians serving the racist, colonialist, and nationalist agenda of political actors who are intent on maintaining the historically ingrained status quo (Gatt, 2011). This anti-black, racist, nationalist, and colonialist political discourse has significant consequences for the health and wellbeing of African Australians (Benier et al., 2018) and other racial/ethnic minority groups.

Politics and policy also determine the structure and distribution of settlement provisions for new migrants. New public governance theory outlines the way market-driven solutions to social problems have been favoured and a push for 'joined-up government' has occurred in Australia, like other Western countries around the globe (Evans & Veselý, 2014). Under this ideological banner, numerous policies have been established that substantially minimise government while maximising governance (Evans & Veselý, 2014). New public management occurred during the 1990s in Australia, and was accompanied by an expansion of community services (Furneaux & Ryan, 2014). Much effort was expended on controlling NPOs through new competition funding policies (Butcher & Dalton, 2014). Contracts for some human services were put out to tender by state and territory governments, and as a result, funding has become increasingly competitive. As with all market-driven services, "competition favours the more efficient over the less efficient. Larger organisations gain efficiencies of scale, and from the funding bodies' point of view are more reliable, with firm business risk-management protocols in place" (Onyx et al., 2017, p. 46) and lower transaction costs (Butcher & Dalton, 2014). These processes are characteristic of the system of *neoliberalism*, which "refer[s] to a set of

ideals and practices that involve a shrinking state mandate, deregulation and privatisation, a faith in markets to govern social life, and an increased emphasis on personal choice and freedom" (Trnka & Trundle, 2014, p. 137). This neoliberal agenda has altered the funding landscape for NPOs in Australia, and organisations have been forced to adapt by growing or merging (Onyx et al., 2017). Within this competitive neoliberal environment, resources for migrant settlement are distributed.

Butcher and Dalton (2014) argued that the contracting method for funding NPOs to deliver human services had left its mark on the culture of larger NPOs. While some studies have reported a conflict between government and NPOs under this new regime, with government deliberately marginalising NPOs for example (Maddison & Denniss, 2005), others have argued that the capacity of NPOs to influence policy is now higher than it once was (Butcher & Dalton, 2014). As with many outcomes of neoliberal policies, there is an uneven distribution of gain, and in this regard, policy influence is concentrated among the NPOs who have had more success under the new contracting regimes (Furneaux & Ryan, 2014). Butcher and Dalton (2014, p. 141) stated "there are fears within the non-profit sector that it is organisations with the largest 'market share' that gain a seat at the policy table." How immigrant organisations are faring under such conditions remains relatively underexplored, a gap that Phase 2 of the current study can begin to fill.

Research shows that in Australia the representativeness of large NPOs and their legitimacy, are called into question when disadvantaged groups that take many years to organise and express their voice are increasingly stifled and excluded from policy debates (Maddison & Denniss, 2005). Furthermore, the European literature reveals a similar problem. A particular concern for immigrant organisations is put forward, arguing for the need to recognise that non-migrant led NPOs may out-compete immigrant organisations for resources, limiting migrants' contribution to policy debates and the delivery of services (Spencer, 2006). It is within this policy and political landscape that NPOs and immigrant

organisations operate to promote African Australian health and wellbeing. The smaller less formalised and less embedded NPOs such as the African Australian immigrant organisations of concern, may struggle to have their voices heard in such an environment.

3.4 Immigrant Organisations: A Setting for African Australian Health Promotion

Phase 2 of this research concerns African Australian immigrant organisations and their influence over health and wellbeing. The following summarises what is known about immigrant organisations, and in doing so provides contextual background for understanding the case studies in Phase 2. This section of the review finds the immigrant organisation as an underexplored health setting, specifically for African Australian health promotion. While three previous studies have documented the existence and nature of African Australian immigrant organisations (Hiruy, 2014; Mwanri et al., 2012; Okai, 1995), the activities of these organisations in relation to health and wellbeing remain underexplored.

There is increasing recognition of community organising "as a vehicle for unleashing the collective power necessary to uproot socioeconomic inequities at the core of health disparities" (Pastor et al., 2018, p. 358). However, immigrant organisations, as a distinct form of community organising, are relatively underexplored, particularly within the field of public health, and across the major disciplines of migration studies and non-profit or third sector studies (Bloemraad et al., 2020). Bloemraad et al. (2020) argued the need for researcher and practitioners to heed the civic infrastructures developed by, and with the purpose of servicing, immigrant groups. They propose that at the nexus of immigration and third sector studies, it is possible to understand *civic inequality,* that is "a disparity in the number, density, breadth, capacity, and visibility of organised groups in a community" (Bloemraad et al., 2020, p. 292). Civic inequality is important to the pursuit of migrant health equity because it can impede access to services and employment while also

muffling the sound of migrant voices in society (Bloemraad et al., 2020). Using this reasoning, civic equality and visibility may facilitate the health and wellbeing of minority and migrant groups by providing space to make claims for resources, and more than this, to serve as a foundation for challenging powerful interests and changing political and economic priorities, as is the cry of the People's Health Movement (2000). More research is required to empirically ground this argument, and Phase 2 of the current study contributes in this way.

Defining Immigrant Organisations

The immigrant organisation can be characterised as a distinct type of non-profit organisation (NPO) (Lyons & Hocking, 2000), a distinct type of community welfare organisation (Kenny, 1997), and even a type of human service organisation (Jones & May, 1992). The typologies and classifications of these greater known entities are useful for pointing to similar characteristics and features of the immigrant organisation. Specifically, the work of Jones and May (1992) on human service organisations informs the analysis of the case studies for Phase 2 of this research, as Chapter 4 describes. That said, a definition is required that can capture both the distinctiveness of immigrant organisations from these other organisations, as well as the variety that is found among them. There are different typologies that represent the diversity among immigrant organisations. Basch (1987, as cited in Babis, 2016b) outlined nine categories of immigrant organisation based on their purpose and function:

- Benevolent societies
- Sport and social clubs
- Welfare organisations
- Occupational associations
- Educational and cultural clubs
- Political clubs

- Performing cultural clubs
- Women's groups
- Umbrella organisations

Alternatively, Moya (2005) used a global and historical perspective to suggest that every immigrant group, no matter where in the world, has founded at least some of a variety of six types of organisation:

- Secret societies
- Rotating credit associations
- Mutual aid societies
- Religious organisations
- Hometown associations
- Political groups

Layton-Henry (1990, as cited by Babis, 2016b) presented yet another alternative typology of immigrant organisations based on their orientation; toward the country of origin, toward the new country, and toward both the country of origin and the new country. Notwithstanding their orientation, purpose, and function, immigrant organisations can be formal or informal, large or small, well-established and long-lasting, or unstable and transient (Schrover & Vermeulen, 2005).

A definition of the term "immigrant organisation" should capture the diversity outlined above while determining when an immigrant organisation can be labelled an 'immigrant' organisation. Given the fluidity and non-static nature of people generally, and migrants specifically, a definition prompts tricky questions such as, *is an immigrant organisation still an immigrant organisation when its membership consists mostly of second or third generation migrants*? Moya (2005) has grappled with such questions, and Babis (2016b) has raised an important distinction between ethnic organisations and immigrant organisations, which moves toward greater clarity. The *ethnic organisation*

includes two groups; native organisations (such as Aboriginal and Torres Strait Islander organisations) and organisations of descendants of immigrants, both of which include members that have not immigrated. Certainly, an immigrant organisation may transition to an ethnic organisation over time (Moya, 2005; Schrover & Vermeulen, 2005), and for Babis (2016b, p. 359), the point at which this transition manifests is "when the immigrant group ceases to be a significant factor in the organisation, and it is run mainly by second- and third-generation immigrants."

Furthermore, an immigrant organisation may gradually and organically become more open and accessible to a wider target audience, and it is difficult to isolate the precise second it ceases to be an immigrant organisation. However, in serving a wider audience, it cannot be considered an immigrant organisation any longer (Babis, 2016b). Immigrants must make up most of the membership and have a significant presence on any board of directors in order for it to be considered an immigrant organisation (Babis, 2016b). Based on this complexity, a definition that provides exact parameters, while also accounting for the unique characteristics of the immigrant organisation is provided by Babis (2016b). Immigrant organisations are "non-profit organisations, founded by immigrants at all stages of immigration, with the purpose of serving mainly the immigrant group itself" (Babis, 2016b, p. 359). This definition is comprehensive with sufficient breadth, while also highlighting immigrant organisations as distinct from NPOs, community welfare organisations, and human service organisations. Therefore, for this thesis, Babis' (2016b) definition of immigrant organisation is adopted.

Factors Influencing the Formation of Immigrant Organisations

Research points to the importance of context in the formation of immigrant organisations (Vogel & Triandafyllidou, 2005; Vogel & von Ossietzky, 2005), which is a significant finding that guided the analysis in Phase 2, to account for how the social context shaped the African Australian immigrant organisations of interest. Given the diversity

among the African Australian population, understanding the factors that have led to the formation of African Australian immigrant organisations is integral for understanding their activities for health and wellbeing. Despite the inherent complexity, several factors are repeatedly highlighted in the literature that contribute to the emergence of immigrant organisations. Most obviously, there is one indisputable circumstance that leads to the formation of immigrant organisations, namely immigration itself (Moya, 2005). Beyond this, several frameworks are used to explain the formation of immigrant organisations.

Breton (1964) outlined three sets of factors that he argued relate to the formation of immigrant organisations. First, were social or cultural differences between the immigrant group and the host-country population, for example, language, skin colour, or religion. Second, was the level of resources the immigrant group has, notably the fewer the resources, the more likely it is that an organisation will be formed. Third, was the pattern of migration pertaining to the number of immigrants and the rate at which they arrive (Breton, 1964). This early attempt at explaining the conditions under which an immigrant organisation is formed has since been superseded. The extent of cultural difference is no longer considered a determining factor for the formation of immigrant organisations, particularly when there is little difference between the number of organisations established by immigrants who are culturally dissimilar to the host-population, than there are established by culturally similar immigrants (Moya, 2005).

Schrover and Vermeulen (2005) put forward a revised set of three characteristics that relate to the formation of immigrant organisations: “the migration process (similar to the migration pattern mentioned by Breton); the opportunity structure in the host society; and the characteristics of the immigrant community (of which level of resources is just one element)” (p. 826). The latter two characteristics will now be discussed in turn.

Opportunity Structures.

Opportunity structures include the notion that immigrant organisations are instrumental for creating a coherent community that acts as a responsible entity for the immigrant group, which the government in the host society can hold to account (Schrover & Vermeulen, 2005). Additionally, changes or continuities of the host or sending societies also operate as opportunity structures which can promote either heterogeneity and disunity, or homogeneity and unity, constraining or stimulating the number of organisations (Schrover & Vermeulen, 2005). While immigrant organisations may be encouraged or facilitated by exogenous factors such as these, opportunity structures may also emerge from within the immigrant group, for example, the selection of leaders to represent them in times of crisis (Chung, 2005). Therefore, opportunity structures can be distinguishable according to their source.

Political opportunity structures, for example, specifically concern the receptiveness of powerful groups to the claims made by marginalised groups with little political representation (Schrover & Vermeulen, 2005). Therefore, a government's perception of immigrants is likely to dictate the opportunities afforded to immigrant organisations, for example in multicultural Australia the settlement of migrants is vital to maintain this policy narrative and so funding may be allocated to African Australian immigrant organisations as a result. Casey (1988) found that seed funding programs in the 1980s were the impetus for the growth of immigrant organisations in Australia at that time. Interestingly, however, the growth of organisations dedicated to alternative political leanings (for example, an organisation with ties to the Italian Communist Party) was limited, as compared to those with more mainstream political sensibilities (Casey, 1988). Thus, the conditionality of political opportunity structures has shaped the formation of types of immigrant organisations in Australia, at least in the 1980s. There is also the risk of a crowding-out effect, whereby too much interference from government or other

institutions such as churches, can diminish organisational activity (Schrover & Vermeulen, 2005).

Ethnic opportunity structures can also shape the formation of immigrant organisations (Chung, 2005). Ethnic opportunity structures are "the dynamics of competition, conflict and inequality that arise from unequal access to capital" (Chung, 2005, p. 916), which may include tensions and disparities around language, culture, class, and gender within the immigrant group. For example, women who are carriers of ethnic identity are found to be mostly absent in positions of power in immigrant organisations (Schrover & Vermeulen, 2005). Therefore, unequal distribution of power within the immigrant group itself may present as an obstacle for the development and cohesiveness of immigrant organisations. Chung (2005) contends that while ethnic opportunity structures operate within the confines of political opportunity structures, internal power dynamics can influence the distribution of resources and shape the political activities of immigrant organisations. Therefore, the micro- and macro-level power dynamics that influence the formation of immigrant organisations are likely to influence their activities as well. Accounting for these two levels of power dynamics is thus integral for a comprehensive analysis of Phase 2's African Australian immigrant organisations—especially given the already highlighted complexity and diversity among this population.

Local opportunity structures are also argued to influence the formation of immigrant organisations. For example, in a case study of Surinamese and Turkish organisations in Amsterdam, the different approaches taken by the local authorities influenced the development of the immigrant organisations, despite being in the same city (Vermeulen, 2005). Additionally, the difference in group characteristics between the Surinamese and the Turkish communities also shaped the formation of the organisations. Thus, political, ethnic, and local opportunity structures together shape the formation of immigrant organisations.

Characteristics of the Immigrant Group.

Immigrant group characteristics also appear to play a role in determining the formation and type of immigrant organisation. The size of the immigrant group is not linearly related to the number of immigrant organisations that arise within a particular community (Schrover & Vermeulen, 2005). However, evidence shows a bell-shaped relationship between size and immigrant organisational activity, which may be better explained by the heterogeneity of the immigrant group, because as an immigrant population increases in size, they simultaneously become more heterogeneous (Vermeulen, 2005). Therefore, where the immigrant group number is small (or heterogeneous), there is limited formal organising (Schrover & Vermeulen, 2005). As the group increases in size and age, then the organisational infrastructure appears to develop and increase, with organisations leveraging commonalities that bind the group together. Eventually, as the group increases in heterogeneity, these binding agents become weaker, and the organisational activities are also weakened as a result (Schrover & Vermeulen, 2005). The African Australian population is relatively small in size, yet heterogeneous in regard to social categories of difference as outlined in Chapter 2; this informs Phase 2 analysis to be conscious of the binding agents that the case studies may be leveraging.

The vast scope of immigrant organisations raises further questions regarding why immigrant organisations form in the specific ways that they do. For example, Babis (2016b) noted how some immigrant organisations align with a particular ethnicity, the district, country, or continent of origin. This diversity relates to organisational purpose that is arguably shaped by three key factors (Babis, 2016b). First, is the notion that immigrant organisations form in *response to special needs*, this dimension recognises gaps vis-à-vis the host society. It maintains that "immigrant organisations fulfil a wide range of economic, cultural, social, and political roles, which are unique for immigrants in their new country" (Babis, 2016b, p. 360). Second, is the role that immigrant organisations fulfil in

representing the community. Representation of the immigrant group may come in a variety of forms, including advocating on behalf of the group (Sassen-Koob, 1979). The third and final rationale for the scope of immigrant organisations is that they form under conditions that may require the development of a *collective identity*. As ethnic identity is challenged through the process of immigration, organisations can offer festivals and cultural events that provide a space to renegotiate a new collective identity (Babis, 2016b), which has been found in across various contexts (Hung, 2007; Vermeulen & Keskiner, 2017).

Schrover and Vermeulen (2005) argued that studying immigrant organisations provides insight into the processes of immigration and integration; they argued that "the extent to which immigrants cluster in organisations is a critical measure of collectively expressed and collectively ascribed identity" (p. 824). In understanding immigrant organisations, it is possible to examine how much immigrants are seeking to differentiate themselves, or how much others differentiate them. It is also possible to determine the treatment of immigrants as a collective "within and between immigrant groups, and between immigrants and the host society" (Schrover & Vermeulen, 2005, p. 824). Accordingly, Schrover and Vermeulen (2005) make the distinction between defensive and offensive immigrant organisations, which form either as a reaction to social exclusion (defensive), or as an active choice to distinguish the immigrant group (offensive).

This literature on immigrant organisations is comprehensive in its coverage of understanding the overlapping rationales, frameworks, factors, and conditions that shape the formation of immigrant organisations and the diversity among them. This work lays the foundations for understanding, in this research study, more specifically, the importance of power dynamics among political, ethnic, and local opportunity structures, as well as the characteristics of the immigrant group that shape the activities and strategies

adopted by immigrant organisations to achieve their goals. This guides the analytical approach in Phase 2's African Australian immigrant organisations.

Activities of Immigrant Organisations

Babis (2016b) has noted four factors that shape the diversity of immigrant organisations' activities. First of these is the *characteristics of the immigrant population*, which not only influences the formation, and type of, immigrant organisation as already outlined, but can also affect its activities. For example, the representation of different ages among the immigrant group will determine whether childcare or elderly care are provided (Babis, 2016b). The second key factor is the *characteristics of the country of origin,* where political, economic, existential, and cultural circumstances can shape activities. For example, where political activity is oppressed in the country of origin, diaspora have been found to develop immigrant organisations that are politically motivated (Moya, 2005). The third factor concerns *gaps vis-à-vis the host society*. For example, where existing voluntary organisations cannot meet the economic, social, and cultural needs of a new immigrant group, the immigrant organisation may perform activities to address unmet needs. Finally, the *attitudes and policies of the host society toward immigrants* is the fourth and final factor proposed to shape the activities of immigrant organisations (Babis, 2016b). For example, if the immigrant group experiences social exclusion in the form of discrimination, racism, or rejection, activities may arise in defence of the immigrant group (Zetter et al., 2005). These four key factors direct Phase 2's analysis to consider the circumstances that shape the activities of the African Australian immigrant organisations of interest.

Furthermore, while political opportunity structures influence the emergence and formation of immigrant organisations (as previously discussed in this chapter), so too do they influence the organisational activities. For example, political opportunity structures that favour bureaucracy affect immigrant organisations through socialisation where their

form may become aligned with government administration, particularly through practices such as the formulation of written statutes, democratic, and bureaucratic structures (Takle, 2015). This process dictates the type of activities and approaches that immigrant organisations select. Thus, the power relations evident within the organisational environment become visible through the exploration of processes and activities, which is explored in Phase 2 of this research.

Research concerned with the activities and impact of immigrant organisations is relatively lacking as compared to other types of organisations. However, this review identifies the activities of immigrant organisations can be broadly grouped across key areas of thematic interest. One theme contemplates the activities of immigrant organisations for integration (Caselli, 2010). Branches from this theme include a focus on building networks and volunteering, and subsequent impacts on social capital (D'Angelo, 2015; Handy & Greenspan, 2008; Vermeulen & Keskiner, 2017; Wang, 2017). Another key theme seeks to transcend the limited framing of immigrant and refugee organisations in terms of social capital, highlighting a greater breadth of activities and impact, such as the provision of support services instead (Casey, 1988; Clarke, 2014; Gonzalez Benson, 2020). Additionally, a small body of work concerns activities relating to advocacy and political participation for social change (Bloemraad, 2005; Ejorh, 2011; Maddison & Denniss, 2005; Peucker, 2017).

Furthermore, activities towards transnational engagement of immigrant organisations attract attention as an emerging theme of literature. Notably, researchers have found philanthropy orientated towards the country of origin (Marini, 2013); the development of transnational political practices (Morales & Jorba, 2010); and co-development (Caselli, 2012). The impacts of transnational practices in organisations are argued to have potential to increase capacity for the social and economic development of the ethnic community in the host society (Zhou & Lee, 2013) and facilitate collaboration with other organisations in the host country (Caselli, 2012). Detailing the transnational

contributions of immigrant organisations is beyond the scope of this review. Instead, the following discussion remains focused on literature regarding activities orientated toward the host country, which is directly related to the focus of Phase 2 of this research that is concerned with how organisational activities are perceived to influence health and wellbeing of African Australians.

Activities for Integration.

There is an extensive debate regarding the impact of immigrant organisations on integration and segregation, which transcends the literature into political discourse concerning assimilationism and multiculturalism (see Babis, 2016a, for an overview). This debate is premised on the concern that immigrant organisations may encourage social segregation from the host society (BiParva, 1994). Findings from several studies across various contexts contribute to the argument that immigrant organisations support integration as opposed to segregation. Factors identified to support integration include providing space to negotiate ethnic identity (Sassen-Koob, 1979), providing both individual and collective services (Babis, 2016a), generating an entry point for civic participation, facilitating cross-community engagement, and representing a gateway to political involvement (Peucker, 2017). Babis (2016a) argued that the immigrant organisation integrates its membership through isolation, acting as a 'ship on a lake,' transforming this debate by highlighting this paradoxical relationship. Immigrant organisations' perceptions of integration are, however, argued to be influenced by the political opportunity structures within the context that they operate within, pointing to external factors that shape the activities and impact of immigrant organisations (Kortmann, 2015).

Particularly, integration policy, national regimes, and religious governance can determine the type of integration facilitated by immigrant organisations (Kortmann, 2015). The religiosity of the host country certainly affects the level at which religious immigrant organisations specifically, can facilitate integration as outlined in a comparative study

exploring Muslim integration in the US and West Europe (Foner & Alba, 2008). However, integration has multiple dimensions, and regarding *social* integration, it is argued that immigrant organisations deliver a sense of trust, solidarity, and security to its membership, which ultimately enables and encourages greater involvement in society beyond the confines of the immigrant community (Peucker, 2017). Through provision of cultural traditions and activities that support the construction of a collective identity (see Soyer, 2001), immigrant organisations that emphasise ethnic identity, seemingly produce participation in local matters, social service, and community development (Irvine et al., 2007).

Networking, Volunteering, and Generating Social Capital.

In addition to and related to integration, are those activities orientated towards developing networks. Vermeulen and Keskiner (2017) highlighted the bonding and bridging role that professional network immigrant organisations adopted between their community and other public service organisations. They learned that although the goal of their case organisations was to broaden the professional networks of the immigrant membership, the added value came from cultivating bonding capital. By establishing and strengthening connections between like-minded people of a similar background and educational level, these organisations were able to support the members and encourage their ambitions of upward mobility in the new and challenging environment (Vermeulen & Keskiner, 2017). Less effective was the organisations' role in cultivating bridging capital through professional networks, with little value extracted for assisting members with career progression. Therefore, while social capital in the form of bonding may be fostered via intra-community networks, the story of the development of cross-community networks for getting ahead is more complicated. Especially as Patulny (2015) points out the need to attend to differences of social connection according to migration pathway in Australia, with greater disconnection of migrants arriving via refugee and family reunion pathways.

Van Dam and Raeymaeckers (2017) find that although immigrant organisations can develop bridging capital, they often occupy a vulnerable position within their networks and face barriers, which can produce limited collaboration between them. In alternative cases, bridging capital is leveraged by immigrant organisation leaders which results "in a legitimisation process whereby, through trying to find human, social and financial resources, both from their community and from external authorities, leaders have developed innovative strategies, making them 'professionals of mobilisation'" (Pirkkalainen et al., 2013, p. 1276). Professionals of mobilisation are argued to have a positive impact on the professionalisation of the organisation. However, questions remain regarding the micro- and meso-level power relations between members of immigrant organisations, and between the immigrant organisations and their external networks and stakeholders. Therefore, these power dynamics are a focus of Phase 2 of this research.

Service Provision.

Service delivery was another activity of immigrant organisations observed by Casey in the Australian context in 1988. Casey (1988) noted that the services provided at that time were "as much a product of the political human service systems in Australia as they are an expression of the needs" (p. 241) of the immigrant communities. These formalised organisations initially catered to social and cultural activities and were mobilised into service delivery by the available funding opportunities. The specifics of their service delivery included casework that involved "informing clients of services available and how to obtain them; filling in forms; assisting clients in dealing with English-only government departments and businesses; and assisting them in finding work, accommodation, etc." (Casey, 1988, p. 263). They also sought to address significant needs that included information and referral, income maintenance and employment, housing, language and culture, legal and immigration advice, and services for special groups.

Advocacy and Political Participation for Social Change.

Immigrant organisations have also been found to perform advocacy activities similarly shaped by political opportunity structures (Bloemraad, 2005; Scaramuzzino, 2012). For example, an immigrant organisation in Toronto was involved in conducting needs assessments for targeted lobbying of government and speaking to local and provincial government on behalf of immigrant communities (Bloemraad, 2005). Immigrant organisations also draw on ethnic media, such as newspapers and radio, to advance community advocates and politicians (Bloemraad, 2005). Therefore, immigrant organisations seemingly leverage available opportunities, indicating flexibility and adaptability. Volunteerism of immigrants within immigrant organisations is also identified among the literature (Handy & Greenspan, 2008) and may be considered an additional opportunity to be leveraged.

Civic participation is also argued to be fostered in voluntary organisations more broadly, and as such, a "training ground" effect may extend to immigrant organisations as well. Specific activities such as hosting discussions about politics, for example, increases interest in, and proclivity towards, political engagement (Peucker, 2017). "Groupedness" is a key mechanism that influences immigrant participation in the political system (Bloemraad, 2007), particularly when identities are exposed to discrimination, or structural inequality mobilisation occurs intent on equality (Irvine et al., 2007). Evidently, the activities of immigrant organisations play a role in facilitating political integration, which may indicate greater power to influence broader social determinants that impact on the health and wellbeing of the immigrant group. This link between the activities of immigrant organisations and health and wellbeing is seemingly underexplored among the literature. Therefore, findings from Phase 2 of this research contribute significantly to a greater understanding of immigrant organisations' activities as they relate to health and wellbeing.

Immigrant Organisations and Health

The documented activities of immigrant organisations outlined indicates multiple benefits to new immigrants, however, evaluation and impact studies are limited. There are few studies that document immigrant organisations' ability to influence health, for example, by mitigating stressors associated with feelings of isolation (Dixon et al., 2018), or by lending voice to health-related concerns and supporting members to access existing opportunities for health (Ejorh, 2015). However, such studies rarely centre the activities of immigrant organisations for health equity. Similarly, while the literature reviewed above points to several mechanisms through which immigrant organisations may play a role in cultivating health and wellbeing, further evidence is required that explicitly addresses immigrant organisations as settings for health promotion. Phase 2 of the current study responds to this significant gap in knowledge.

By drawing on the above review, the potential for immigrant organisations to influence health and wellbeing is evident when synthesising these activities with known facts about the determinants of health and wellbeing. For example, social group memberships (of which immigrant organisations are comprised) have been shown to positively impact on depression with the shared identity of the group being a crucial factor (Cruwys et al., 2013; Jetten et al., 2014). Given that immigrant organisations arguably facilitate collective identity (Babis, 2016b), there is potential for immigrant organisations to comprise specific mechanisms for health. Similarly, while studies show that immigrant organisations use networks to generate and utilise social capital for participation and integration (Brettell, 2005; Zetter et al., 2005), social capital has also been found to have a complicated, both good and bad, relationship with health (Song, 2013). Thus, the activities of immigrant organisations may be framed according to mechanisms for health.

Additionally, the ability of immigrant organisations to generate socio-political participation and integration into the host community (Galandini, 2014; Mariñas, 2018;

Sardinha, 2009, 2013) may have benefits for health. For example, Majka and Longazel (2017) found that coalitions between immigrant organisations and other institutional actors have a positive impact by ensuring the interests of immigrant communities are represented. This USA based study suggests that understanding the organisational processes that catalyse these coalitions is necessary at a time of growing numbers of foreign-born populations. The same can be said in Australia with 29.7% of the population born overseas (Australian Bureau of Statistics, 2020). Understanding the potential of immigrant organisations as settings for health promotion can direct policy and practice toward maximising opportunities to achieve health for all.

Similarly, the ability of community-based organisations (CBOs) to influence health and wellbeing is explored by Bloemraad and Terriquez (2016). In their work with youth CBOs operating in immigrant neighbourhoods in California, they found three key mechanisms that CBOs can use to foster a *culture of health*. "A culture of health promotes individual and community wellbeing, creates physical and social environments that prioritise health, and supports equitable, healthy living for everyone" (Bloemraad & Terriquez, 2016, p. 214). They argued that the activities of CBOs could, empower individuals, foster solidarity, and mobilise people to have a voice. Such a study, raises the question, *could these mechanisms for health that occur in CBOs extend to, and emerge from, the activities of immigrant organisations?* Phase 2's case study provides the answer to this question in Chapters 11 and 12.

While there is a general presumption that immigrant organisations tend to have positive effects (Bloemraad et al., 2020), this cannot be taken for granted especially as evidence points to the potential for harm caused by certain mechanisms for health, such as social networks (Green et al., 2008). For example, networks developed within a community of Somali refugees in Australia were found to restrict women from using and creating social capital for their resettlement (McMichael & Manderson, 2004).

Furthermore, in the USA, studies have found that community networks among African migrants may in some cases encourage maintaining family structures and gender roles, which may reduce help-seeking behaviour of women in abusive relationships (Ting & Panchanadeswaran, 2009). These studies point to the need for a critical, intersectional approach to the study of immigrant organisations that attends to power dynamics that can be resisted, but also reproduced and reinforced within immigrant organisations. Phase 2 of this research adopts such an approach that will be outlined in the following chapter.

Power relations are expressed not only within organisational settings, but also across immigrant organisations and populations. For example, developing an effective immigrant organisation takes time, and Robinson and Reeve (2006) have argued that in the meantime "new immigrant populations are effectively 'squeezed out' of local representative structures and consequently wield little power or influence" (p. 30). Furthermore, relationships between immigrant organisations and other entities, including government and NPOs are underscored by specific power dynamics. For example, a teaching case developed by Terrana and Wells (2017) demonstrated a *capacity paradox* for an immigrant organisation in the USA. The capacity paradox denotes the situation where an immigrant organisation is considered to be too small or with too little capacity or resources to manage multiyear contracts or grants effectively. Therefore, the immigrant organisation likely remains underfunded, understaffed, too small and lacking capacity (Terrana & Wells, 2017). Even within this precarious state, immigrant organisations are "often expected to lend their legitimacy and community outreach efforts to larger organizations that do have larger capacity (and thus funding) but lack community connections" (Terrana & Wells, 2017, p. 5).

Similarly, an Australian example provided by Hiruy and Eversole (2015) demonstrates the challenges created by state-non-profit sector relations, whereby the close relationship between larger NPOs and government, constrains NPOs ability to advocate for

immigrant communities while also generating conflict. This conflict limits the control over resources and the decision-making power of immigrant communities. Because of the competitive funding environment, such conflict undermines connections between organisations and divides the community, while at the same time emboldening the view that immigrant organisations are competitors for the limited funding available (Hiruy & Eversole, 2015). Furthermore, viewing large NPOs as "proxy community organisations" stifles and inhibits interactions between immigrant organisations and government, which ultimately restricts the participation of, and advocacy by, immigrant communities themselves.

Further exploration of immigrant organisations and situated power dynamics is required to develop a deeper, more critical understanding of the activities of immigrant organisations and their potential to influence health and wellbeing. Phase 2 is informed by this need to account for and understand the power dynamics of immigrant organisations, and draws upon intersectionality as an analytical framework to aid such an approach.

3.5 Chapter Summary

This chapter has drawn together relevant yet disparate bodies of literature to ground, inform, and direct the course of this research. The reviewed literature depicting the health and wellbeing of African Australians has been found lacking in three key areas. First, structural and systemic barriers are underexplored. Second, the nuanced experiences of African Australians at different social locations are not adequately accounted for. Third, there is a lack of consideration of the determinants of health as they relate to contextual power dynamics across multiple social locations. This assessment informs the analytical approach adopted for Phase 1 of the research, outlined in the following chapter, which seeks to understand key concerns about African Australian health and wellbeing, by ensuring that the systems that produce and reproduce health inequalities are adequately

captured. The intersectional analytical approach ensures that Phase 1 contributes to knowledge by attending to these significant gaps in understanding.

This chapter has also summarised efforts for African Australian health promotion by reviewing evidence and discussing key themes across three key health settings. Health promotion efforts tend to overemphasise cultural differences and rarely attend to the systemic drivers of health inequities, instead utilising individual approaches. Furthermore, the analysis of the policy and political environment provides relevant context for Phase 2 of this research, demonstrating that African Australian health promotion occurs within a political climate that favours market-driven solutions for the provision of settlement support services, and is steeped in a divisive anti-refugee discourse. Phase 2 of this research, which explores the activities of African Australian immigrant organisations for health promotion, accounts for these contextual dynamics, which shape the organisations participating in the case study.

Finally, the chapter has focused on immigrant organisations, which are presented as distinct organisations that are underexplored as a potential health setting. These entities are found to facilitate integration, networking, volunteering, and the generation of social capital, advocacy, and political participation, suggesting potential for promoting health and wellbeing that requires empirical substantiation. Therefore, Phase 2 of this research attends to this gap in knowledge by exploring African Australian immigrant organisations' activities for health promotion from the perspective of two organisations and their members.

The interrelated areas of study depicted in this chapter inform the analytical approach for both Phase 1 and Phase 2 of this research by repeatedly highlighting the importance of context and power relations in shaping health and wellbeing outcomes and health promotion. The chapter argues that the dominance of individual behavioural and culture-based frameworks among the public health literature is problematic. Therefore,

this research utilises an intersectional analytical approach, which in Chapter 4 is argued to be useful for answering the research questions outlined in Chapter 1.

Chapter 4 Theoretical and Analytical Framework

4.1 Chapter Overview

The previous chapter highlights that among the public health literature, there is a tendency to frame immigrant health inequalities broadly, and African Australian health inequalities specifically, at the individual-level. Similarly, reviewed health promotion efforts in Greater Melbourne target African Australians with the aim of changing behaviour or increasing knowledge. Such individual approaches are limited because the structural and systemic forces that influence health and wellbeing remain invisible. The People's Charter for Health (People's Health Movement, 2000) presents an alternative health approach that emphasises the systemic and structural determinants of health and wellbeing rooted in injustice and shaped by powerful interests. The current research is approached through this lens.

The previous chapters also demonstrate the inherent diversity among the African Australian population, which complicates analyses and poses a risk of reifying and essentialising an African Australian identity. Furthermore, the settlement of African Australians in Greater Melbourne is situated within a context characterised by colonialism, racism, white supremacy, and anti-Blackness. Consequently, this study requires a theoretical framework that responds to this complexity, is sensitive to the heterogeneity of the population, while also attending to the structural and systemic forces that influence health and wellbeing.

First, this chapter discusses the ontological and epistemological position adopted. Social constructionism, critical theory, and a participatory approach are shown to guide the research methodologies of Phases 1 and 2, which are outlined in Chapters 5 and 9, respectively. Second, intersectionality is presented as integral to both phases of this research, providing a conceptual and analytical framework. Intersectionality is argued to be most valuable for this research due to its strengths in dealing with the complexity of

multiple social locations, drawing focus to interacting systems of oppression/privilege, as well as its ability to seamlessly move between micro- and macro-levels of analysis (Yuval-Davis, 2015).

4.2 Ontology and Epistemology

Ontology relates to the nature of reality, existence, and becoming. Bryman (2012) distinguishes between two ontological stances in social research, namely objectivism and constructionism. While objectivism asserts the existence of a reality that is independent and discoverable, Bryman (2012) stated that constructionism accepts "social phenomena and their meanings are continually being accomplished by social actors" (p. 33). The current research falls into the constructionism camp, accepting that it is actors who create reality via human practices (Crotty, 1998) and so, reality is changeable, contextual, and thus, negotiable. From this position, the African Australian population does not exist without ongoing meaning-making about national borders and racial/ethnic groups, for example. Thus, the African Australian socio-analytic category is not essential; it does not exist without the work done to bring it into existence. While ontology is concerned with what there is, epistemology is concerned with what we can know.

Social constructionism and interpretivism as epistemologies share an acceptance that social phenomena and their meanings are socially constructed as opposed to objectively determined (Bryman, 2016). Stemming from Weber's Verstehen philosophy (Giddens, 1971), interpretivism posits that knowledge is attained through an understanding of the subject's interpretations of phenomena. Therefore, the goal of the researcher is to determine what meanings people attribute to reality, rather than what reality is, independent of these interpretations (Schutt, 2006). Reality is, therefore, not universal; instead, realities are relative, multiple, situated, and dependent on various systems for meanings (Lincoln, 1985). This research is concerned with the socially constructed African Australian population that captures people with diverse cultures,

languages, experiences, contexts, and more. Therefore, accepting the multiplicity of reality is not only necessary, but conducive to this inquiry, which must accept and account for the multiple realities of people within this social group. The goal of this research then, is not to produce broad generalisations about African Australians, but rather to deepen understanding of the contributing participants' individual realities about health and wellbeing as situated within the context of the socially constructed grouping.

Social constructionism differs from interpretivism due to its emphasis on interaction and dialogue as the intermediary of meaning-making. For Crotty (1998, p. 42) constructionism is the epistemological lens through which "all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context." This research favours social constructionism as an epistemology because drawing focus to broader systems and structures that shape meaning-making for participants is arguably essential for moving beyond the dominant individual-level conceptualisations of health and wellbeing that Chapter 3 describes. Social constructionism emphasises dialogue and interaction as tools for meaning-making, and yet these tools do not operate and exist within a vacuum (Crotty, 1998). Accounting for social context is necessary to understand the social location of individuals as they construct meaning. Therefore, supplementary epistemologies allow for the practices used to construct meaning to be understood through social context.

Drawing on the "Heuristic Schema of Inquiry, Thought, and Practice" by Lincoln et al. (2018, p. 114), this research approach aligns with, and between, some aspects of social constructionism (outlined above), critical inquiry, and participatory (or postmodern) inquiry. Together, these epistemologies endorse the nature of reality as relativist, multiple, and socially constructed, while simultaneously assuming the structures and systems that prop-up society, are built upon, and sustain, a struggle for power and influence (Lincoln et

al., 2018). This struggle for power and influence shapes the subjective realities of individuals and groups. Likewise, the research process itself is neither immune nor independent of these assumptions, and is therefore, equally rooted within a struggle for power and influence. Consequently, a participatory approach (Minkler & Wallerstein, 2011) is strived for throughout the research process to resist power dynamics entrenched within the traditional researcher-participant relationship.

Meanings are collectively constructed (Berger & Luckmann, 1966) and as Bryman (2012, p. 28) argued, "researchers construct an image of reality based on their own preferences and prejudices and their interactions with others." Thus, the embeddedness of the researcher in the meaning-making process of this inquiry is acknowledged. As such, this research does not seek to capture a universal, objective truth, nor does it aim to portray an authentic reality. Instead, the ontological and epistemological position outlined here accepts this inquiry as a means for the researcher and the participants to jointly construct their subjective reality shaped by their lived experiences, social interactions, and the methods employed (Lincoln et al., 2018). Likewise, the reader of this thesis also plays a role in the production of knowledge by constructing an additional layer of interpretation.

Accepting the nature of reality as socially constructed through people's interactions and dialogue within structural, contextual, and historical power struggles requires a theoretical and analytical approach that is sensitive to such complexity. Exploring health and wellbeing among the socially constructed African Australian population while seeking to shift our understanding of health and wellbeing from the individual-level to the structural and systemic-levels requires a perspective that can simultaneously attend to micro- and macro-levels of analyses.

4.3 Intersectionality

As a broad social grouping, the African Australian population is likely to encompass many nuances of experience and perspective regarding health and wellbeing.

Intersectionality is orientated toward these micro-level variations and encourages the researcher to account for such multiplicity. Simultaneously, intersectionality offers a particular lens through which research methodology can connect the individual experience with the broader systems and structures of power within society. Together, these two levels of analysis can account for the complexity inherent in concerns about African Australian health and wellbeing, and draw focus to broader, relational dimensions, and determinants of health and wellbeing. Collins and Bilge (2016, p. 141) offer a working definition of intersectionality as "a way of understanding and analyzing the complexity in the world, in people, and in human experience." They go on to stress that multiple mutually influential factors shape the conditions within which people live, and these factors cannot be reduced to a single-axis of social division such as class or race. Instead, many axes of division operate together shaping each other. Intersectionality thus provides a useful framework for this study to account for such complexity.

4.4 A Fast Travelling Theory

While the first use of the term "intersectionality" is attributed to Kimberley Crenshaw's work "Demarginalising the Intersection of Race and Sex" (1989) and "Mapping the Margins" (1991), the roots of the framework can be traced back much further. In her speech "Ain't I A Woman?" in 1851 at the Women's Rights Convention, Sojourner Truth emphatically rebuked the notion that a woman is "essentially this or essentially that" (Brah & Phoenix, 2004, p. 70). In her speech, Truth explained her identities as relational, highlighting her experience and positionality as an enslaved Black woman as constituted within and through relations of power, such as patriarchy, capitalism, and white supremacy (Overstreet et al., in press). Intersectional approaches were also evident in the 1960s and 1970s among various social justice projects such as, the Combahee River Collective, which emerged because the American civil rights movement and the second wave of white feminism marginalised black, lesbian, women. The Combahee River

Collective (1983) critiqued white feminists' preoccupation with the predominance of gender oppression while ignoring experiences of oppression at the intersection of multiple social categories, including race and sexuality. These initial uses of intersectionality became incorporated into the academic field of US Black Feminism in the 1980s via race, class and gender studies, and later, Crenshaw's seminal articles signified a critical juncture that linked these two worlds of activism and academia via a shared concern about the multiplicity of oppressions (Collins, 2015). Combining these worlds established a call for intersectional frameworks to tackle the injustice of violence against women of colour (Crenshaw, 1989).

Despite its emergence in the USA, the application of intersectionality has resonated around the globe illuminating experiences that are eclipsed at various intersections. In the 30 years since the term was established, intersectionality has traversed through various occupations and across multiple disciplines. At the forefront, Sociology has explored intersectionality's theoretical and methodological contribution to knowledge about social inequalities (Collins, 2015). This fast travelling theory (Knapp, 2005) has received a seemingly positive reception due to a high uptake across multiple disciplines, demonstrating the accessibility of its ideas to scholars and laypeople alike (Collins, 2015). Nonetheless, its enthusiastic acceptance is in some cases problematic and indicates dilution from its original intent, especially in the quest for simple definitions, which serve to distort or flatten the concept by leaving out fundamental ideas (Alexander-Floyd, 2012; Berger & Guidroz, 2009). A heavy focus on categories of social difference is criticised as it tends to divert from the socio-political power relations that intersectionality intends to address (Shields & Dicicco, 2017).

Furthermore, misunderstanding and misappropriation of intersectionality (Mohanty, 2013) resists, or occasionally, even refuses its fundamental ideas inadvertently or indirectly, or both (May, 2015). By attending to the roots of intersectionality (Collins &

Bilge, 2016), embracing complexity, relationality, and centring power relations, concerns related to distortion and misappropriation can be circumvented. Additionally, May (2015) argued that treating intersectionality as a heuristic device, by observing what it can do, rather than what it is, can overcome these problems, emphasising intersectionality's capacity to problem-solve. The following section presents intersectionality as an analytical framework for both Phase 1 and Phase 2 of this research concerning African Australian health and wellbeing.

4.5 An Analytical Framework

Demonstrating the complexity of intersectionality and its varied uses are the multiple ways that scholars from several fields of study conceptualise it (Rodriguez et al., 2016). Collins (2015) viewed intersectionality as a broad-based knowledge project while also acknowledging the many alternative characterisations of intersectionality prevalent in the literature. Styhre and Eriksson-Zetterquist (2008) for example, view intersectionality as a concept, other scholars consider it a perspective (Browne & Misra, 2003; Steinbugler et al., 2006), for Lykke (2011) it is a nodal point for feminist theorising. Intersectionality has also been described as an ideograph (Alexander-Floyd, 2012), a methodological approach (Steinbugler et al., 2006), a normative and empirical research paradigm (Dhamoon, 2011; Hancock, 2007), and a measurable data construct (Bowleg, 2008). For Crenshaw (2015) and Cho et al. (2013), intersectionality is an analytical sensibility. Despite this variation, there is consensus regarding the crux of intersectionality, which "references the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age [among others] operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities" (Collins, 2015, p. 2).

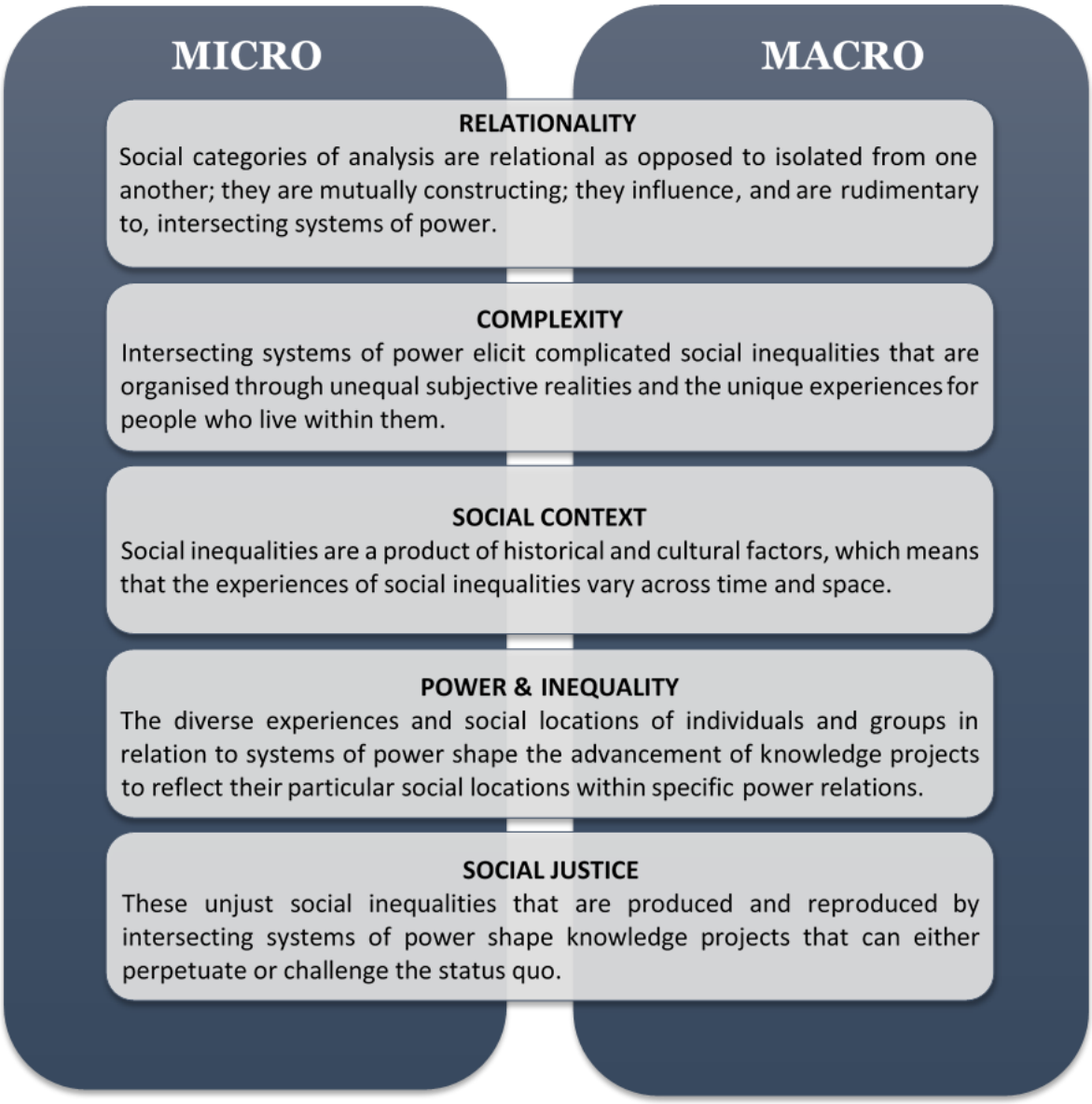
By emphasising the inseparability of social categories, light can be cast on the intersecting power relations that produce and reproduce interacting dimensions of social

difference spanning individual, institutional, cultural, and societal spheres (McCall, 2005; Rodriguez et al., 2016). Collins (2015) has argued that intersectionality exists to attend to power relations and social inequalities, and as a broad-based knowledge project is characterised by three inter-reliant forms of inquiry, including intersectionality as a field of study, an analytical strategy, and as critical praxis. This research contributes to the second of intersectionality's corresponding knowledge projects by utilising intersectionality as an analytical strategy in line with Cho et al. (2013), Collins (2015), and Crenshaw (2015). Drawing on intersectionality to explore concerns about African Australian health and wellbeing, and immigrant organisational activities for African Australian health promotion, as this research seeks to do, can provide a new angle of vision (Collins, 2015). The approach can account for the complex multiplicities of realities among this population, and shift the focus from individual behavioural and culture-based explanations for health inequalities that dominate current literature. Indeed, "intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves" (Collins & Bilge, 2016, p. 141).

In exploring literature that draws on intersectionality as an analytical strategy, Collins (2015) has provided a list of guiding assumptions that are commonly adopted either on their own or in combination with one another. These assumptions are paraphrased and presented in Figure 2, where each one straddles both micro- and macro-levels of analysis. Collins & Bilge (2016, pp. 27-30) have also presented six core concepts to be utilised as analytical guideposts in intersectional analyses including relationality, complexity, social context, power, inequality, and social justice. Figure 2 combines each concept with a guiding assumption of intersectionality, and the following text elaborates by bringing them into dialogue with one another and applying them to the specific context of the current research, thus detailing the analytical framework adopted in Phases 1 and 2.

Figure 2

Intersectionality as an Analytical Strategy: Guiding Assumptions and Core Concepts



Note. Combines the guiding assumptions and core concepts of intersectionality as an analytical strategy (adapted from Collins, 2015, p. 14; Collins & Bilge, 2016, pp. 27-30) that straddles both micro- and macro-levels of analysis.

Relationality

The concept of relationality in intersectionality observes that social categories of difference, such as gender, do not exist on their own or in isolation of one another. In the context of this research, it is not possible to understand African Australian health and wellbeing purely on the basis of belonging to the African Australian population. The socio-analytic category, African Australian, interrelates with other socially constructed categories such as migrant, citizen, and resident, it also incorporates socially constructed categories of race and ethnicity. These categories, among others, are mutually reinforcing and present a myriad of possible social locations for African Australians. For example, a young woman migrating temporarily to Australia from Kenya to study, may have concerns about, and experiences of, health and wellbeing that are distinct to that of a young man migrating permanently to Australia as a refugee from South Sudan. In the context of Phase 1 of this research, African Australians' experiences of health and wellbeing are unique to each individual's personal constellation of intersecting identities, their social roles, and their wider social environment (Dhamoon & Hankivsky, 2011; Koehn et al., 2012). Some scholars are rightly critical of research that focuses "on a single category of difference which is considered salient by previous studies, rather than identifying what is salient in that specific context" (Tatli & Özbilgin, 2012, p. 182). By starting with the category, African Australian, this research may too be criticised, however in the context outlined in Chapter 2, the relevance of the category as most salient is not taken for granted. Instead, this study approach recognises the complexity associated with the formation of an African Australian category of difference by practices that are both external to, and internal to, this social grouping. The inquiry seeks to generate a deeper understanding of this category as it relates to others; exploring this complexity in relation to health and wellbeing concerns. The value of focusing on African Australians, without seeking to reify or essentialise an African Australian identity, "is to make visible group dynamics that were previously made

invisible in thinking of a group category as homogeneous" (Kapilashrami et al., 2015, p. 293).

For McCall (2005), one of three methodological approaches to social categories of difference in intersectionality is the *anticategorical complexity* approach, which questions the assumed reality of categories of difference altogether. These categories, such as "disabled" are considered reductive and fail to capture the infinite manifestations of such elaborate social constructions (Koehn et al., 2012). As such, there is a need to interrogate the central social category of the current study to shift away from single static identities rooted in Cartesian dualisms that underpin Othering (Koehn et al., 2012). In the context of this research, the social category "African Australian" is unpacked in Chapter 2 via a discussion that accepts the category as socially constructed, as opposed to essentialising the notion of an African Australian identity. Therefore, in contrast to an anticategorical approach (McCall, 2005), which rejects social categories altogether, this research acknowledges the significance of the social category, African Australian, while simultaneously accepting that it is culturally, historically, and socially constructed.

With contextual references to an African Australian population, it thus follows that there is meaning attributed to its existence as a socially constructed category of difference. However, as an isolated socio-analytic category, its relevance to health and wellbeing is not entirely useful, and is arguably reductive. Therefore, in line with the ontological and epistemological underpinnings of this research outlined in Section 4.2, there is a need for accepting and accounting for the multiple, relational, and mutually reinforcing social categories that are housed under the African Australian umbrella. There is also a need for interrogating the "boundary-making and boundary-defining process itself" (McCall, 2005, p. 1773). The approach that follows this rationale is the *intracategorical complexity approach* (McCall, 2005).

Accounting for multiple relational categories of difference in a single analysis has raised a core critique of intersectionality from scholars concerned with the lack of depth that can occur when seeking to account for a never-ending range of social categories; "a project of limitless scope and limited promise" (Conaghan, 2009, p. 31). Similarly, a research design that seeks to account for all the social locations of African Australians risks quickly becoming unwieldy. Therefore, in this research, the intracategorical complexity approach encourages exploration of the interrelations between the socio-analytic category, African Australian, and the participants' self-expressed social categories (and subcategories). While efforts to include diverse participant voices is still necessary, instead of predetermining the analytical focus with additional categories of social difference selected arbitrarily by the researcher, social categories of difference central to the analysis emerged from the participants themselves. In this way, salient social categories of difference, that participants themselves named as significant to their experiences and concerns about African Australian health and wellbeing, were brought to the fore, deepening an understanding of health and wellbeing concerns at various social locations.

By accepting the relational nature of social categories of difference, a nuanced perspective of African Australian health and wellbeing can emerge. This assists in shifting conversations concerning African Australian health and wellbeing from single-axis explanations such as, culture, or gender, or migration pathway, or age, to account for multiple-axes of interaction. Furthermore, by using intersectionality as an analytical strategy, this inquiry has potential to account for the underlying complex social locations that shape intersecting systems of power, which produce and sustain health inequalities, not only between African Australians and non-African Australians, but also within the social group itself.

Complexity

Marfelt (2016, p. 32) noted that, "intersectional research faces an inherent paradox – it must deal with the complexity that follows from the acknowledgment of multiple-axis [*sic*] interactions." Accounting for the myriad of social locations occupied by African Australians that may emerge from the data is complex in and of itself, however, as Crenshaw (2015, para. 9) proffered, "intersectionality is not just about identities but about the institutions that use identity to exclude and privilege." Therefore, contributing to the complexity inherent to intersectionality is the view that social locations do not merely determine specific outcomes on their own. Instead, by examining salient and specific social locations of African Australians relevant to health and wellbeing concerns in Phase 1, for example, interactions with social structures and institutions such as the family, education, and work can emerge. From this processual vantage point intersecting systems of power can become visible as they elicit complicated social inequalities that manifest in distinct and diverse ways for African Australians.

Cho et al. (2013) have argued that integral to intersectional analysis is approaching the problem of sameness or difference and its relation to power in an intersectional way. For African Australians, there is perhaps sameness in the shared experience of racism. Race, however, as presented in Chapter 2, does not stand alone; a person's gender, age, socioeconomic status may also contribute to diverse experiences of combined and intertwined racism, sexism, ageism, and classism. 'An intersectional way' involves accepting the complexity inherent in intersectional analyses, seeking not to prioritise any one social category or system of oppression/privilege above another, instead viewing the interactions as fluid, mutualistic, and ever-evolving.

Intersectionality "captures the complexity of lived experiences and concomitant, interacting factors of social inequity, which in turn are key to understanding health inequities" (Hankivsky & Christoffersen, 2008, p. 272). Following scholars that utilise

intersectionality to examine health and wellbeing in a variety of contexts (Hankivsky & Christoffersen, 2008; Koehn et al., 2012; Triandafilidis et al., 2016), this research draws on intersectionality to produce rich evidence and understanding of health and wellbeing concerns and disparities arising from various social locations occupied by African Australians and their associated systems of oppression/privilege. Charting the complexity of health inequalities in this way, with the level of precision enabled by intersectionality, policy and practice decisions for eradicating health inequities can be more effectively navigated (Kapilashrami & Hankivsky, 2018).

Social Context

Accepting that social inequalities are inherently contextual prevents universal generalisations from being made about African Australian health and wellbeing. At the same time, it also presents possibilities and opportunities for change. Chapters 2 and 3 outline the contextual factors that are relevant to understanding the specific social locations of African Australians within a country characterised by its colonial legacy and its ongoing maltreatment of refugees and asylum seekers. The critical junctures leading to African immigration to Australia are equally pertinent for an intersectional analysis, and the complexity of context is paramount considering the multiplicity of factors that will have influenced the migration journey of some participants, from the languages spoken, to the customs, and political circumstances in origin countries. While an overview of context is required, analytically, it is imperative to help draw out the intersecting systems of power that are pertinent for the analysis in Phase 1 and 2. Knowing the colonial legacy of Australia heightens the analytical sensitivity to the systems of racism, nationalism, and colonialism, and how they might interact with the specific locations of participants and the organisations that are contributing to this study.

At the micro-level too, social context is pertinent. Intersectional analysis is comfortable with the notion that in any given micro-interaction, the most salient elements

of an individual's social location may change. For example, an African Australian woman attending a church with many African Australians may find that her religious identity, and her role as a mother and a wife are most significant to her interactions and experiences there. The same woman may also work as an engineer for a company predominantly dominated by white men. Perhaps her workplace interactions are underscored by a heightened awareness of, and attention to, her race and gender, which can ultimately produce alternative outcomes to that of her colleagues, as her social location intersects with racism and sexism embedded within workplace structures. While intersectionality is readily being incorporated into quantitative research designs (Ferlatte et al., 2018; Haukenes et al., 2018), scholarship that draws upon rich, descriptive accounts, steeped in context is better suited to capture such complexity and fluidity of identity construction and disadvantage (Trahan, 2011). Therefore, this research is qualitative in its design and attentive to social context, which grounds the explanatory power of intersectionality as an analytical strategy.

Power and Inequality

The notion that specific knowledge projects are advanced over others to produce an understanding of a wide range of social locations, as they exist in relation to existing systems of power, is key to an intersectional analytical strategy. Collins (2015) drew on the example of the racial project of eugenics, which emerged from Biology and had profound and devastating implications in the USA and across the globe. Similarly, the legislative, executive, and judicial powers of the Australian state are underscored by past and continuing colonial and racial projects that tactically differentiate people along racial lines to produce and maintain adverse outcomes for Indigenous Australians (see Koerner & Pillay, 2020; Moreton-Robinson, 2015). While the notion of race as a social construct has arguably superseded that of eugenics, it remains true that some knowledge projects prevail

while others languish. Thus, it is within existing power relations that intersectional research is conducted and particular knowledge projects are advanced over others.

The predominant knowledge project within the field of public health is outlined in Chapter 3—where the People's Charter for Health (People's Health Movement, 2000) presents an alternative—and it is at the nexus of the field of migration studies and public health that Phase 1 of this research lies. In Phase 2, the fields of organisation studies, third sector studies, and community development pose additional arenas for competing knowledge projects that can complicate and muddy the analytical terrain that this research traverses. Utilising the guiding assumptions of intersectionality as a broad-based knowledge project can, however, act as a topographical map for avoiding pitfalls that may reinforce rather than critique existing power relations. While this will be elaborated on via the following discussion of social justice, for now, it is necessary to focus on the concepts of power and inequality as central to this analytical framework and deeply interconnected. As power relations privilege some individuals and groups, they inevitably oppress others, perpetuating inequality.

Power is both a means for some groups to oppress others as well as an abstract entity that is organised via four societal domains: structural, disciplinary, cultural/hegemonic, and interpersonal (Dill & Zambrana, 2009). Within and across these domains of power, mechanisms and processes produce specific power relations. Intersectional scholars conceptualise power relations to be comprised of both a) intersecting systems of power (such as, capitalism, racism, sexism), which shape social structures (like health policies) that produce and sustain, b) intersecting categories of social difference and subsequent experiences of oppression/privilege (Lapalme et al., 2019). At the core of the concept of power is relationality. Power relations are mutually constructed of both systems of power, and the social locations of individuals and groups. Thus, systems of power and social locations are mutually constitutive. Power relations in

intersectional analysis can thus be understood through a matrix and relational lens as opposed to a single-axis lens.

Understanding the mechanisms that simultaneously constitute both the intersecting systems of power and the intersecting social categories, as power relations, can be enhanced by breaking down the overall analysis into Collins' domains of power (Collins, 2000; Collins & Bilge, 2016). Taking this approach in this research that is broadly concerned with the health and wellbeing of African Australians, can assist in examining more closely the processes that reproduce, reinforce, and resist power relations. Therefore, the domains of power present a heuristic device that is useful for understanding power relations as they play out in individual lives and within immigrant organisations.

Social Justice

Following the discussion of power and inequality, and the ability for knowledge projects to reflect social locations in relation to systems of power, is the next guiding assumption, which forces an engagement with the potential for work that is intersectional. In this research concerning African Australian health and wellbeing, it is necessary to understand that the discursive practice of this research does not occur in a vacuum. Research is shaped by the same intersecting systems of power that foster the social inequalities that are under study. Collins (2015) observed that knowledge projects thus have the potential to either reinforce or resist the status quo. Indeed, as Tomlinson's (2013) analysis of the core criticisms of intersectionality demonstrates, tropes and discursive tactics run the risk of reinforcing existing power relations within the academy by seeking to reject and replace, rectify, reduce, or regulate intersectionality within existing dominant modes of inquiry.

Tomlinson (2013, pp. 996-997) argued that certain critics of intersectionality fall into familiar traps that "misrepresent the history and arguments of intersectionality, treat it as a unitary entity rather than an analytic tool used across a range of disciplines, distort

its arguments, engage in presentist analytics." In doing so, intersectionality's radical critique of power is reduced to mere aspirations of inclusion, which props up the dominant discourse (Tomlinson, 2013). Related to this argument and the risks of reinforcing existing power relations through the processes of knowledge production, Dhamoon (2011) drew attention to intersectionality's ability to centre alternative worldviews by critiquing, deconstructing, and disrupting existing forces of power. Dhamoon argued that to facilitate this disruption and avoid reinforcing existing power relations, researchers should employ self-reflexivity to critique their "implication in the matrix of meaning-making" (2011, p. 240).

In this research, efforts were made to destabilise power imbalances in several ways, including through choice of method, practising reflexivity, and intending for participants in Phase 1 to define the research problem for investigation in Phase 2, as the following chapters convey. While such techniques may support an approach to research that is critical of dominant disciplinary discourse, particularly that of public health, it is the concept of social justice that embeds a normativity within intersectionality as an analytical strategy.

Intersectionality is more than its analytical power as Collins' (2015) final guiding principle promotes, harking back to the roots of intersectionality, which advocates a more radical mission than mere exposition. A concern for social justice is similarly echoed in the second half of the definition of health that this study subscribes to, outlined in Chapters 1 and 2 and repeated here: "Health for all means that powerful interests have to be challenged, that globalisation has to be opposed, and that political and economic priorities have to be drastically changed" (People's Health Movement, 2000, p. 2). Embedding this call for powerful interests to be challenged is intersectionality as critical praxis (Collins & Bilge, 2016). Consequently, intersectionality offers a transformative paradigm for health determinants (Hankivsky & Christoffersen, 2008).

More than its ability to expose the dynamics of power, the knowledge gleaned from intersectional scholarship can effectively "guide actions toward eliminating health disparities across race and ethnicity but also across gender, sexual orientation, social class and socioeconomic status, and other critical dimensions of social inequality" (Weber & Parra-Medina, 2003, p. 183). Intersectionality is, therefore, a radical analytical approach to the study of health inequalities due to its significant potential to disrupt the status quo, not only within the societal systems that it helps to expose, but also within the field of public health, where the application of intersectionality remains underdeveloped and under-utilised (Bowleg, 2012; Kapilashrami et al., 2015). It is for these reasons, that this research adopts intersectionality as an analytical strategy, to show up for social justice rather than merely explain its absence.

4.6 Intersectionality in Organisations

Phase 2 of this research focuses on African Australian immigrant organisations at the meso-level of society. Organisations, like individuals, are contextual sites for intersectional analyses. Nevertheless, among the literature concerning organisational theory, intersectionality is a marginal analytical approach. Instead, classical theories dominate this field, meaning that this research that utilises intersectionality challenges existing knowledge projects within the field of organisation studies.

Jones and May (1992) draw attention to several dominant theories that contribute to the broad understanding of organisations, specifically concerning their role, how they function, and how they can be made to be more effective. Weber's bureaucracy, Taylor's scientific management, and the systems and ecological theories of structural functionalists posit unique perspectives of organisations from controlling systems based on rational rules, to mechanistic entities with clear goals, to dynamic organisms adapting with the needs of stakeholders and environmental factors. While it is not necessary to summarise these theories here, it is prudent to distinguish classical perspectives from those that offer

a more critical lens through which to analyse organisations, to locate Phase 2 of this research and its new angle of vision.

Through a Neo-Marxist lens, emphasis is placed on the power relations between organisations and dominant groups in the society and the economy that shape the organisational processes. Ultimately, "organisations function within a capitalist system of production, they are structurally constrained to serve the interests of capitalism" (Jones & May, 1992, p. 57). Political economy perspectives view the organisation as a competitive arena where various stakeholders compete to optimise their values in and through the organisation itself (Jones & May, 1992). This perspective shares a concern with intersectionality for the factors that affect the power and influence of individuals and groups within organisations. At the micro-level, power and influence are viewed to be mobilised and determined by an actor's position and skill within the organisation. Broader dynamics of inequality that are expressed outside the organisation (e.g. based on sexuality, class, gender), from the political economy perspective, are also viewed to determine the distribution of power and influence between those within the organisation as well. Alternatively, feminist perspectives view gender relations as central in understanding organisations and argue that processes are instrumental in fostering and facilitating the empowerment of women. Finally, Aboriginal perspectives centre institutional racism that manifests in organised social arrangements, such as organisations. Social justice and effectiveness "should be defined and measured in Aboriginal terms in the Aboriginal context" (Jones & May, 1992, p. 73). While these critical organisational theories share with intersectionality a concern for power relations, there are limitations that intersectionality can transcend.

Among the critical organisational theories is a tendency to treat power as distributed by unilateral systems of oppression/privilege along single-axis of difference, such as, racism, sexism, or capitalism. There is a distinct absence among organisational

theory that explains how multiple and mutual inequalities, are both reproduced and resisted in and by organisations. Thus, applying the intersectional approach described above to the study of immigrant organisations in Phase 2 of this research contributes to existing organisational theory by developing the approach for embedding, and accounting for, greater complexity within organisational analysis. While the intersectional approach outlined above is utilised in Phase 2, its practical application can be gleaned from Acker's (2006) work on inequality regimes.

Seminal work by Acker (2006; 2012) points to *inequality regimes* defined as "loosely interrelated practices, processes, actions, and meanings that result in and maintain class, gender, and racial inequalities within particular organisations" (Acker, 2006, p. 443). Inequality regimes, Acker argued, are in relation to inequality within the wider society and embedded in organising processes. Her thesis on work organisations highlighted critical organising practices that produce and sustain inequalities based on gender, race, and class. These practices are often entrenched and produced in textual components of the organisation. For example, organisational practices might include organising around class hierarchies where power remains concentrated in roles at the top, and less power and control is afforded to those at the bottom. While elements of the organisation will determine the extent to which inequalities are legitimate, so too does the social context, where for example, anti-discrimination laws and work standards influence what is considered to be legitimate forms of equality and inequality.

Acker's approach is instrumental in teasing out the systemic production of inequality through organisational practice and processes. However, there is some criticism in that the fluidity and dynamism of privilege and oppression is somewhat obscured by Acker's approach (Rodriguez et al., 2016). Holvino's (2010) recent contributions to the field of work and organisations may assist in further operationalising intersectionality within the study of immigrant organisations. Holvino's model of simultaneity

recommended that dimensions of social difference are thought of as "simultaneous processes of identity, institutional and social practice" (Holvino, 2010, p. 262). In striving for an intersectional approach, Holvino (2010) suggested contextualising subjectivities within structures and institutions, and exploring individual narratives, organisational practices, and broader societal processes as interconnected, instead of in isolation of one another.

The immigrant organisations of interest to Phase 2 of this research, although distinct from work organisations, may benefit from similar analytical treatment to that proposed by Holvino (2010). Examining the individual, the organisational, and the societal levels simultaneously, requires a tool that can easily transition between them. Jones' and May's (1992) analytical approach to the study of human service organisations is utilised to assist with the intersectional analysis in Phase 2 of this research. By drawing on four overarching constructs, each with their own sub-set of ideas, the intersectional lens is framed from a broad vantage point that can capture the various levels necessary for understanding the immigrant organisations activities to influence health and wellbeing.

Organisational Structure

First of the four constructs is organisational *structure*. Structure encompasses "the socially created pattern of roles and relationships that exist within it" (Dawson, 1986, p. 41). This definition accepts the dynamic and interactive nature of the organisational structure, rooted in the decisions made by individuals in pursuit of their related interests. It accounts for a vast spectrum of structure ranging from formal to informal, and incorporates core elements of roles, relations, rules, and records. Structure is shaped by the organisational environment, and is therefore meaningful for considering power relations that are reproduced, reinforced, or resisted by structural elements of the immigrant organisations in Phase 2.

Organisational Goals

Organisational goals in this research are viewed to be driven by members of the organisation who "are conscious of their membership and legitimise their cooperative activities primarily by reference to the attainment of impersonal goals" (Smith, 1970, as cited in Jones & May, 1992, p. 154). Viewed in this way, the African Australian immigrant organisations are not represented as entities that are independent of those who work within them, and it is the agency of these individuals that shape and mould the purpose and goals of the organisation. That said, social structures, the wider context, and the macro-level societal factors that are so important to the intersectional analysis, shape and mould the organisational goals as do the people that work within them. Thus, the development of organisational goals indicates the multi-level interactions between the individual members and the wider social structures and systems, making goals integral to the analysis of Phase 2 of this research.

Given the power relations inherent to the development of organisational goals, they are unlikely to be universally agreed upon, especially as societal systems will intersect differently at the micro-level social locations of each of the members. Jones and May (1992) offer a framework for understanding organisational goals that can capture such complexity. *Official goals* are those the organisation projects publicly that are often under greater influence of the organisational environment. *Operative goals* are talked about internally, but may reveal more about the organisations purpose. Considering where the organisation members spend most of their time and money can assist in identifying operative goals.

Organisational Environment

The *organisational environment* is also a necessary consideration to facilitate Phase 2's intersectional analysis and is defined as "entities external to the organisation" (Jones & May, 1992, p. 109). Entities operating in the organisational environment are

likely to influence the subjectivities, organisational practices, and relationships, which are situated within the wider struggle for power and influence. Jones and May (1992) argued that the organisational environment can be understood via linkages to "fields of endeavour" that they call *arenas*.

Five arenas make up the organisational environment. First, the *supra-organisation,* might, for example, include peak-body organisations, which in the context of immigrant organisations operating in Greater Melbourne includes the Ethnic Communities Council of Victoria. Second, the *sector* is where actors and entities are working towards a common interest, for example, the community welfare sector. Third, *locality,* represents a geographical arena encompassing local authorities, councils, and state governments. The fourth arena identified by Jones and May (1992) is *industry,* where several entities may comprise a system of production, such as children's services. Finally, *network* as an arena of organisational environment encompasses the direct and indirect external relations of the organisations. For example, immigrant organisations are likely to have direct links to non-government organisations within the community welfare sector, they may also have indirect links to the Federal Government via their connections with the supra-organisation.

The *task environment* presents another useful construct for analysing organisational environment. The task environment is "all those elements in the organisation's environment that have the potential to influence its performance or survival" (Lauffer, 1977, as cited in Jones & May, 1992, p. 116). The task environment broadly captures indirect elements, such as the media and pressure groups that may not come into direct contact with the organisation but influence the climate within which the organisation operates. *Stakeholders* are integral to the organisational environment, and they are defined as internal and external interest groups seeking to optimise their values through the organisation (Jones & May, 1992). In some ways, the task environment is a

construct similar to opportunity structures described in Chapter 3. However, its scope is more expansive, in that it simultaneously draws focus to the actors operating with interests, which facilitates an analysis of power distribution at the meso-level.

Organisational Culture

Organisational culture is also a significant construct for focusing the intersectional analysis on organisational practices that may reproduce or resist systems of oppression/privilege. Organisational culture is "created by individuals and groups within organisations, but in conditions that are not entirely, or even substantially, under their control" (Jones & May, 1992, p. 239). Although individuals are carriers of culture and creators of meaning, culture is held in common (Jones & May, 1992). Therefore, organisational culture can be understood as created and developed via interactions between the individual members' and the organisations' consumers' culture, the organisational culture as a whole, and the culture of the wider society. This interplay is integral to the intersectional inquiry.

Once again, given the multiple layers of power relations, a distinction is made between *overt* and *covert culture*, where overt culture is the more readily displayed elements of culture, such as through value statements, and covert culture is less readily acknowledged or may even be hidden. Covert culture may be visible in practices that imply a particular set of values, for instance, the privileging of some voices over others in meetings, or the treatment of consumers (Jones & May, 1992).

Using the key constructs outlined here to facilitate the intersectional analysis of immigrant organisations in Phase 2 of this research toward particular practices and processes, may assist in making visible the otherwise taken-for-granted assumptions that reproduce inequalities within the organisations. At the same time, this vantage point may expose the multiple dynamics of the organisations' practices that span the micro-, meso-, and macro-level to resist systems of oppression/privilege that health inequalities are

rooted in. An intersectional approach to the study of immigrant organisations will offer a much-needed critical lens through which greater understanding of immigrant organisations as health settings can be achieved. Embedding the analytical framework outlined in Section 4.5 into each of the core constructs identified here contributes to the development of intersectionality as a tool for analysis in the study of organisations more broadly.

4.7 Chapter Summary

To conclude, the theoretical framework for this research is ontologically and epistemologically informed by social constructionism. Intersectionality, as an analytical strategy, is considered to be most appropriate for this study for several reasons. First, to avoid essentialising an African Australian identity, an intracategorical complexity approach is adopted throughout this research. Thus, the constructed nature of categories of difference is acknowledged. Exploring the interrelations between the socio-analytic category, African Australian, and the participants' self-expressed social categories, is necessary to understand how various social locations intersect with systems of power to produce diverse concerns about, and experiences of, health and wellbeing in this research. Intersectionality's strengths in dealing with the complexity of multiple social locations is therefore necessary and useful for this research.

Second, intersectionality assists with drawing focus to interacting systems of oppression/privilege that underpin health inequalities. This alternative focus serves to move the conversation beyond an emphasis of individual-level approaches that prioritise behaviour change to improve health and wellbeing, which Chapter 3 shows is the predominant narrative in public health scholarship concerning African Australians. By considering the impact of social location for African Australians, an intersectional analysis also moves this research beyond a focus on difference associated only with race/ethnicity and culture (Koehn et al., 2012). Bringing multiple and interlocking forms of

oppression/privilege into the analysis attends to the complexity inherent to the experiences of the African Australian population.

Third, intersectionality's ability to seamlessly move between micro- and macro-levels of analysis (Yuval-Davis, 2015) enables a more contextualised understanding of African Australian health and wellbeing concerns in Phase 1, and the activities of immigrant organisations in Phase 2. Furthermore, intersectionality is chosen for its radical position that aligns with the definition of health that this research subscribes to. Social justice as a central driver of both intersectionality and the new public health, echoes the beliefs of the researcher that appropriate and specific responses to inequality must involve challenging the status quo. The transformative potential for intersectional research, which strives to highlight the impact of interacting and interdependent social location and social structures (Hankivsky & Christoffersen, 2008) is thus an attractive quality for this research.

This chapter has also integrated additional core constructs to facilitate the intersectional analysis of the African Australian immigrant organisations in Phase 2 of this research. Drawn from the work of Jones and May (1992), the constructs of organisational structure, goals, environment, and culture help to orientate the aforementioned intersectional framework within the context of the African Australian immigrant organisations. These constructs provide a vantage point from which to capture the wider societal factors, the organisational processes, and micro-level interactions to understand the activities and perceived influence of these organisations on African Australian health and wellbeing. The following chapter outlines the methodology adopted for Phase 1 of this research.

Chapter 5 Phase 1 Methodology

5.1 Chapter Overview

This chapter is the first of two chapters that outline and justify the research methods chosen for Phase 1 of this research. This chapter represents the research questions and objectives for Phase 1, followed by a description and justification for selecting a qualitative research design that was inspired by community-based participatory research design principles. The participant recruitment process is described, and the methods of data collection are outlined including group interviews, the slow interview, and the review of an Issues Paper as a secondary data source (AACLF, 2016). As an unusual qualitative research technique, the slow interview (Young et al., 2020) is described in detail in the journal publication that comprises Chapter 6. The current chapter also discusses the technical process adopted in Phase 1 for data analysis, which was underpinned by the analytical framework outlined in Chapter 4. The research limitations and critical ethical considerations are also discussed. The chapter concludes with a summary before moving to the second of the two Phase 1 methods chapters that details the slow interview.

5.2 Phase 1 Research Objectives and Questions

This research inquiry began in Phase 1 with an exploratory scoping study. Two of the three core principles underpinned by tenets of community-based participatory research outlined in Chapter 1, drove this phase of the research. First, the issues of importance expressed by those participating in Phase 1 would drive the research focus of Phase 2. Second, responsible relationships with participants would be established. The key objectives of Phase 1 were to:

- Make visible the multiple social locations of African Australians
- Understand how, at various intersections, systems of oppression/privilege influence the health and wellbeing of African Australians

Phase 1 sought to answer the following research question:

> *From the perspectives of African Australians and non-African Australians working with and for African Australians, what are the priority concerns regarding African Australian health and wellbeing in Greater Melbourne*?

To elucidate the answer to this research question, Phase 1 studied perspectives on:

- The causes of these health and wellbeing issues
- How these issues are being addressed
- The effectiveness of attempts to address these issues

5.3 Phase 1 Research Design

In accordance with principles of community-based participatory research (CBPR), Phase 1's research design drew upon advice and experiences from several sources. As outlined in Chapter 1, as a British migrant, the researcher had limited connections to the African Australian population in Greater Melbourne. Therefore, advice was sought from three African Australian colleagues (two men, one woman) who kindly guided the researcher at various junctures of the research and assisted in shaping the research design. As academics themselves, two of these colleagues encouraged the researcher to adopt a reflexive and critical approach to the study, while also providing expert advice that bridged the cross-cultural interpersonal task of working with African Australians and the academic world of rigorous, relevant, and ethical qualitative research. As a community worker in a large non-profit organisation, the third colleague worked on several projects involving African Australians, and therefore, she provided unique guidance through several honest and open conversations about this research.

Additionally, participants early in the data collection were asked to comment on the appropriateness of the methods, language, and interview questions, which assisted in refining the interview questions and adopting cautious use of the term "African Australian." Furthermore, the researcher's participation and attendance at several African

Australian community events and the African Studies Association of Australasia and the Pacific 2016 conference provided greater familiarity with the intricacies of lived experience within the African Australian population and matters of interest to researchers and African Australians more broadly. These engagement activities facilitated a strong foundation for Phase 1's research design.

Phase 1 research design was qualitative, which in cross-cultural settings is well-suited to obtaining rich data about a phenomenon by enabling participants to convey their needs and concerns in depth (Liamputtong, 2010). Developing trusting and responsible relationships with participants involved collaborative partnerships and the promotion of a co-learning process (Israel et al., 1998). Acknowledging that both the researcher and the participants came to the research as experts, facilitated relationship building. The researcher brought her grasp of the existing empirical knowledge base, and the participants' expertise included, for some, their lived and (in many cases) professional experiences working with and for African Australians in the community welfare sector.

Because adopting more than one source or method of data collection facilitates understanding a phenomenon in greater depth (Denzin & Lincoln, 2000), Phase 1 benefited from the use of data triangulation. An Issues Paper produced by 50 African Australians detailing African Australian concerns (AACLF, 2016) and interview notes contributed to a deeper layer of understanding of self-expressed health and wellbeing concerns (Mays & Pope, 2000). Triangulation is argued to increase the trustworthiness, rigour, and quality of qualitative research (Creswell & Miller, 2000; Golafshani, 2003). Incorporating the Issues Paper for analysis and performing slow interviews, not only with African Australians but also with non-Africans working with and for African Australians in local government and non-profit organisations, facilitated the inclusion of a variety of viewpoints (King et al., 2018). Triangulation of data sources is typical among CBPR in

public health, which involves "obtaining multiple perspectives in order to address community concerns" (Minkler & Wallerstein, 2008, p. 61).

5.4 Phase 1 Recruitment Process

Qualitative researchers often regard the purposive selection of participants as a strategy integral to obtaining information-rich cases that can garner a deep understanding of the topic of inquiry (Creswell & Poth, 2018). Purposive sampling involves a deliberate choice of participants who by virtue of knowledge or experience are proficient and well-informed about the phenomenon under study (Etikan et al., 2016; Patton, 2015). Furthermore, purposive sampling methods are often encouraged when researching with so called "hard-to-reach populations" (Green & Thorogood, 2018). For Phase 1, African Australians and non-African Australians working with and for African Australians as community workers were considered to have requisite knowledge, experience, and proficiency in matters concerning African Australian health and wellbeing. No further criteria were placed on the recruitment of the sample because as an exploratory scoping study, it was essential to gain understanding from a range of people due to the multiplicity of social locations housed within the African Australian population.

An initial online search for "African Australian in Melbourne" led to a list of 83 organisations and 20 individuals working in various ways to advance African Australian settlement and integration. A diverse selection of the identified organisations and individuals were emailed and followed up with phone calls where possible. The email provided a brief explanation of the research aims, expected benefits of participating, and requested a meeting to discuss the project in more detail. This led to eight meetings, of which the first occurred in October 2016. These early meetings facilitated more introductions to African Australians who expressed interest in the research. This snowball technique (Patton, 2015) also delivered several invitations to public events hosted by African Australians, and the researcher attended these events where possible, which

provided opportunities to grow the sample further and learn more about African Australian concerns and interests.

After four weeks of attending events and meeting people, those who had expressed interest in the research were invited to participate in a slow interview (Jentoft & Olsen, 2017; Young et al., 2020). During the slow interviews, participants were prompted to provide some basic demographic information about themselves by asking "tell me about yourself." The casual approach to solicit this information was deliberate, so not to focus on analytic categories that were not salient to the participants identity; as a result, some participants provided more personal information than others.

By December 2016 the first 17 participants were found to share many demographic similarities in that most were men, middle-aged, well-educated, proficient in the English language, and were often employed in full-time professional jobs. Given this sample did not embody the diversity inherent to the African Australian population, the researcher contacted an African Australian woman whom she had become acquainted with via her attendance at events. The woman connected the researcher to a group of young women involved in a community arts project, and they agreed to participate in the research. The researcher attended one of their prearranged meetings and was given a short time slot to facilitate a group interview. This group interview assisted in providing a younger woman's voice in Phase 1.

As the common themes emerging from the slow interviews became repetitive, a final attempt was made to broaden the sample further and include more voices. Slow interviews with non-African Australian community workers from local non-profit organisations and local city councils, who were working with and for African Australians, occurred to include the perspective of community workers and facilitate growth of the sample as gatekeepers to their African Australian clients. The health and wellbeing concerns of their clients were discussed, which echoed the concerns raised in earlier slow

interviews. Therefore, it was considered an unnecessary intrusion to encroach on the lives of the community workers' clients when the information provided by the community workers reflected key themes already emerging from the research.

Phase 1 ended in June 2017, and a total of 44 participants had contributed via slow interviews and two group interviews. 35 African Australians and nine non-African community workers perspectives were directly captured in Phase 1. Table 3 in Chapter 7 provides an overview of the participant characteristics.

5.5 Phase 1 Data Sources

Phase 1 data sources included interview notes from two group interviews (*n*11 and *n*8), 22 slow interviews, and an Issues Paper produced by a group of 50 African Australians that described some of the critical challenges facing the population (AACLF, 2016). Eighteen of the slow interviews involved only one participant, while four slow interviews involved two participants at the same time. One participant was involved in a one-on-one slow interview and participated in a group interview.

Including the Issues Paper as a secondary source of data for analysis was considered beneficial for a number of reasons. First, because the Issues Paper was developed by and for African Australians, and expressed their needs and concerns, it was directly related to the research interests and could provide an additional source for triangulation (Bowen, 2009). Second, the document offered additional scope as it comprised insight from a variety of consultation techniques including surveys and group interviews. However, because this data was not available in its raw form, the Issues Paper was treated cautiously as a summary of the concerns raised by the 50 contributors. This breadth of information increased the scope of Phase 1 by providing additional coverage of people's concerns (Bowen, 2009). Finally, capturing the additional voices of those who had contributed to the Issues Paper generated greater efficiency and inclusion of African

Australian voices in Phase 1, while reducing obtrusiveness and the risk of fatiguing the African Australian population in Greater Melbourne (Bowen, 2009).

Interactions with participants in Phase 1 were informal and free-flowing. That said, a discussion guide (Appendix B) was used to aid the flow and focus of conversation, when required, in both the slow interviews and the group interviews. Key to the slow interview is the conscious decision to abandon the audio-recorder in favour of recording via interview notes (Jentoft & Olsen, 2017; Young et al., 2020). As this process deviates somewhat from the tacitly implied best practice of audio-recording interviews, the technique requires further development in the qualitative research literature. Therefore, Chapter 6 outlines the slow interview process in detail in the format of a manuscript published by *Qualitative Research*. Elements of the slow interview process were echoed in the group interviews, including opting for interview notes rather than audio-recording, however, there were also some differences.

The group interviews were necessary to garner multiple views and make the best use of the time available to the participants involved (Frey & Fontana, 1991). Both group interviews were opportunistic in the sense that the researcher was invited by two organisations to join an existing meeting and was allocated a small amount of time. Both group interviews followed the same style as the slow interview, which involved recording via interview notes, drawing on the discussion guide where necessary, and ensuring the participants drove the conversation to ascertain their priority concerns about health and wellbeing. While group interviews are useful in generating a dynamic encounter where a rich ideas exchange can occur, a challenge posed by the group interview is to ensure that all participants are involved and contribute to the discussion (Peterson & Barron, 2007).

The first group interview of eight participants was allotted a generous amount of time and was successful in terms of the dynamism of the conversation. However, upon reflection after the discussion it was noted that the key points discussed had been raised by

only three individuals. Other participants of the group interview had contributed to furthering the discussion of those topics, but had not put forward any additional concerns of their own. As stifling of individuals is acknowledged as a potential disadvantage of group interviews (Frey & Fontana, 1991), it was necessary to structure the second group interview differently, to ensure each participant's concerns were captured, not least because only 45-60 minutes had been allocated for the second group interview.

To achieve maximum efficiency in the time available and ensure that all participants contributed their concerns to the discussion, an alternative strategy using sticky notes was adopted in the second group interview, as informed by the work of Peterson and Barron (2007). The participants were each given sticky notes and wrote their key concerns about African Australian health and wellbeing. Then, the researcher collected the notes and grouped them according to repeated concerns. The listed concerns were used to efficiently structure the conversation by interrogating the items identified on the sticky notes, for example, by asking questions such as, "three people have listed a concern about a gap between parents and their children, in what ways is there a gap?" This process had the advantage of de-identifying the informants from their selected health and wellbeing concerns, while allowing other members of the group to contribute to the discussion of a point that they may not have considered.

5.6 Phase 1 Data Analysis

A core underlying principle of Phase 1 was to direct the course of Phase 2 to an area of importance expressed by the participants of this study. Secondary to this, was the goal to explicate health and wellbeing concerns through an intersectional lens, ensuring that the multiple social locations of African Australians were made visible, and that systems of oppression/privilege were centred, properly understood, and accounted for. Therefore, the analysis sought to identify the key concerns of participants, while also picking up additional threads that weave a deeper understanding of for whom the issue is most

pertinent, why the issue is important, why it is an issue at all, how it is, or could potentially be abated, and how this relates to broader structural processes and systems of oppression/privilege.

As outlined in the manuscript presented in Chapter 6, the first stage of analysis occurred during the slow interviews, which resulted in some initial and rough categorisations of key concerns raised by the participants (Young et al., 2020). Chapter 6 describes the slow interview's dialogue-based quality assurance process, which enhanced the trustworthiness of the data and allowed the researcher's early interpretations to be tested with participants. Additionally, interview notes were summarised and sent to participants who had provided contact details for their review and edits (also described in Chapter 6). Beyond this engagement, the analysis was conducted by drawing on the key concepts and guiding assumptions of intersectionality as an analytical strategy outlined in Chapter 4. At the practical level, thematic analysis facilitated the process.

Thematic analysis as a common practice of analysing ethnographic data in the form of field notes (Reeves et al., 2008) as well as verbatim interview transcriptions, was a suitable tool for organising the data collected in Phase 1, which arguably lies somewhere between the two. Thematising meaning from qualitative research is a generic skill, which has led some to identify thematic analysis as a tool to be used within or across, differing methods of analysis. Others, however, view thematic analysis as a method in its own right (Braun & Clarke, 2006; Green et al., 2007; King & Horrocks, 2010). This study follows the former view, especially as intersectionality informed the researcher's crucial analytical decisions.

The data sources were treated the same during the analysis process, with no distinction made between the Issues Paper (as a secondary data source) and the interview notes and sticky notes (as primary data sources), although in the presentation of findings in Chapters 7 and 8, the source of data extracts is identified. Indicating extracts from the

Issues Paper in the reporting of findings is necessary because of the somewhat political nature of the document as its purpose is to communicate the needs of the population to a variety of stakeholders.

Thematic sorting of the interview notes, the sticky notes, and the textual content of the Issues Paper adhered to the following process: immersion, coding, categorising, and generating themes (Green et al., 2007). The data immersion stage involved reading and re-reading the data repeatedly to achieve a foundational state of understanding of the data in its entirety, building a clear picture of the concerns about African Australian health and wellbeing (Green et al., 2007). This immersion occurred throughout the data collection period, which Green et al. (2007) have argued makes the analysis more manageable.

Coding and categorising the data was assisted by NVivo qualitative data analysis software; QSR International Pty Ltd. Version 11, 2015. The researcher named descriptive codes to classify keywords, phrases, and significant extracts that identified concerns about health and wellbeing and explicated the context surrounding these concerns (King & Horrocks, 2010). For example, the quote, “men experience a shift in family roles from usually being the breadwinner to relying on their wives’ income. Family violence can occur under these circumstances because men feel disempowered and depressed,” was coded as “depression”, “family violence”, and “gendered family roles.” Codes were merged and redefined iteratively.

Creating categories involved grouping descriptive codes that shared a relationship (Green et al., 2007). For example, a pattern was identified among codes that captured determinants of particular health concerns. Some of these codes were grouped under the category “structural determinants” (such as unemployment, racism, housing, gender) where others were grouped under the category “individual determinants” (such as, a lack of knowledge, concurrent sexual relationships, dislike of contraception). Creating

categories and generating themes were driven by the analytical goal of intersectional scholarship put forward by Weber (2006, pp. 24-25):

> To explicate the processes through which multiple social inequalities of race, gender, social class and other dimensions of difference are simultaneously generated, maintained, and challenged at the institutional and individual levels, shaping the health of societies, communities, and individuals.

With this in mind, the researcher also coded and categorised according to the participants' self-expressed social categories of difference. For example, when a participant discussed experiences of unwanted pregnancy in relation to migration pathway, a code was created for "migration pathway." Exploring the interrelations between the socio-analytic category, African Australian, and the participants' self-expressed social categories (and subcategories) concerning health and wellbeing, allowed for the complexity of identity formation and the contextual importance of race/ethnicity, migration pathway, age, gender, length of time in Australia, and sexuality to emerge from the data via a grounded approach (Marfelt, 2016).

While the guiding assumptions and core concepts of intersectionality as an analytical strategy outlined in Chapter 4, steered and framed the analysis process at every stage, specific questions developed by Kaijser and Kronsell (2014) and Marfelt (2016) adapted and presented in Table 2, were applied when developing themes. In striving to answer these analytical questions the researcher evoked depth of meaning to the collated categories (Green et al., 2007), and the inextricable links between intersecting categories of social location and systems of oppression/privilege were alluded to (Marfelt, 2016).

Table 2

Analytical Questions for the Generation of Themes: Examples from Phase 1 Intersectional Analysis (Adapted From Kaijser & Kronsell, 2014; Marfelt, 2016)

Analytical question	Example answers from Phase 1
Which social categories of difference, if any, are represented in the empirical material?	Migration pathway, gender, age, race/ethnicity.
Are any categories that seem important to the empirical material missing?	Sexuality (only mentioned by two participants), class, religion.
If so, why?	One participant explained that stigma is attached to relationships that do not meet the hegemonic standard of heterosexuality. Participants may also not be diverse in terms of sexuality. Class seems to be under-discussed or is being implicitly treated by participants as synonymous to migration pathway, occupation type, and English language skills.
Are there any observable explicit or implicit assumptions about social categories of difference?	Participants' implicit assumptions of refugees include limited English, and low education level. Refugees' experience of trauma is an explicit assumption. Some data demonstrates explicit assumptions about the sexuality of student migrants who are women. Heterosexuality is an implicit assumption about African Australians of all participants except the two who raised this as a category of significance.
Are there any observable explicit or implicit assumptions about relations among social categories of difference?	Relations between age and gender are explicitly discussed when explaining the expectations parents have of their different gendered children. Young girls are expected to stay at home and perform domestic chores. Young boys are afforded more freedom.
How do represented and/or absent categories of difference support or oppose each other?	Men and women in the sample, young and older raise some opposing explanations for inter-generational differences and attribute lack of exercise to alternative factors.
How does the representation of the categories of difference and their intersections shift over time or in different contexts?	Length of time in Australia seems to change experiences at the intersections of migration pathway and age. More acculturation is assumed to produce less inter-generational difference.
How are the social categories of difference meaningful to the concerns raised about African Australian health and wellbeing? [a]	Social location of an African Australian, young woman, student migrant, means a heightened risk of unwanted pregnancy at the intersections of sexism and racism.
How are the health and wellbeing concerns raised by participants	Dropping out of school is a behaviour shaped at the intersection of a pupil's positionality and racial practices in education.

Analytical question	Example answers from Phase 1
evident at the institutional and individual-level? [a]	
How do the identified concerns relate to systems of oppression/privilege? [a]	Poor mental health, such as depression, is attributed to unemployment, which is determined by racism.

[a] Indicates question developed by the researcher.

Intersectional analysis aims to investigate intersecting patterns between systems of power—that may or may not be explicitly mentioned—and the simultaneous position of people due to their social location (Christensen & Jensen, 2012). Therefore, moving from the descriptive to the analytical required interrogating overarching societal structures and institutions that produce and maintain the health concerns at the various intersections described by the participants in this study. Contemplating the meaning and implications of these practices involved engaging the guiding assumptions of intersectionality as an analytical strategy in dialogue with the six core concepts recommended by Collins and Bilge (2016, p. 27) and presented in Figure 2 in Chapter 4. This higher-order intersectional analysis allowed for a more in-depth interpretation of the data, which affords a significant contribution to knowledge concerning African Australian health and wellbeing. The key themes identified, and presented in Chapters 7 and 8, included segregation and Othering in education, labour market discrimination, gendered racism in health care provision, identity, mental health, substance use, exercise and nutrition, and cultural responsiveness and health and wellbeing.

5.7 Phase 1 Limitations

Findings from Phase 1 are subject to several limitations. First, because Phase 1 findings represent the co-constructed knowledge produced by the participants and the researcher at a single point in time, generalisations cannot be made beyond the specific context that is Greater Melbourne between October 2016 and June 2017.

Second, the diversity inherent to the socio-analytical category, African Australian, is a point of interest in this study, which offers much-needed insight into the complexity of health and wellbeing for people within this social group. However, snowball sampling may have worked against the recruitment of a diverse sample, resulting in participants arguably 'in the know' about public, academic, and government discourse concerning African Australian social issues. These participants were also willing to discuss their concerns about African Australian health and wellbeing, had the time to do so, appeared confident and comfortable communicating their opinions, and spoke English well. Therefore, caution must be taken not to reify and reproduce stereotypes of African Australians at various social locations raised in this study based on the perceptions of this sample, which incorporates some relatively privileged positions. Thus, the interpretations of concerns about African Australian health and wellbeing are not representative of all African Australians, particularly as nine of the participants are not African Australian, and none of the African Australian participants required an interpreter. Similarly, the relative silence around specific categories of social difference including sexuality, class, and religion, as noted in Table 2, bounds and limits the depth of analysis.

Third, the shortcomings of the slow interview are detailed in Chapter 6, including some of the strategic compromises that the researcher made to mitigate intrinsic power imbalances. That said, researcher-participant power imbalances still pose significant limitations. For example, despite the goal for participants to determine the research focus of Phase 2, the researcher made the final decision choosing the research question and the most appropriate methodology, where the doctoral program dictated available resources, time, and expertise.

Finally, as an exploratory study and considering the breadth of its coverage in terms of the all-encompassing concepts of "health and wellbeing" and "African Australian," the approach was fruitful in gleaning multiple intersections and their subsequent impacts

on health and wellbeing. However, simultaneously the broad scope limited a deeper exploration of some of the issues raised. Thus, further research is necessary to compliment the findings produced in Phase 1.

5.8 Phase 1 Ethical Considerations

Prior to commencing Phase 1 of this research, approval was attained from the Australian Catholic University Human Research Ethics Committee (Appendix C). The application process raised several ethical considerations that guided the research. In contemplating the procedural ethical principles of research merit and integrity and beneficence, the balance of power and ownership of the produced knowledge was brought to the fore. The term reciprocity in qualitative research is concerned with a balance in the relationship between giving and taking; the researcher takes from the participant as the participant also takes from the researcher, with no one taking advantage of the other (Harrison et al., 2001). Therefore, the researcher considered that while the knowledge produced would benefit the researcher's career, an equally valuable output was required for the participants. The researcher communicated the potential benefits of participating in the research to prospective participants via the participant information sheet. However, participants might have perceived alternative personal benefits that they could weigh up when deciding to participate. Furthermore, for the findings of the research to be owned by participants, an optimum means of sharing the findings was necessary. After discussions with several participants, the researcher produced a report in plain language to summarise the key findings from Phase 1 and circulated it via email to all participants who had provided their contact details.

Context is vital when considering ethical conduct in research and working with African Australians as a white-British migrant in Australia, as discussed in Chapter's 1 and 2, which draw attention to the legacy of abused power differentials between white researchers and Black participants (Liamputtong, 2010). Qualitative research offers a

greater chance of equalising the researcher-participant relationship, however, it also has constraints and thus, achieving balance is necessary. While Chapter 6 outlines the primary method chosen in Phase 1 to develop responsible and dialogical relationships with participants to disrupt traditional power imbalances, additional efforts to equalise the researcher-participant relationship were informed by the recommendations of Karnieli-Miller et al. (2009, pp. 286-287). Ethical conduct to equalise power imbalances involved:

- Practising reflexivity at every stage and carefully considering personal motivations, commitments, and obligations to participants.
- Maintaining open communication with participants throughout the research and beyond.
- Engaging in candid conversations regarding power dynamics even during interviews with participants.
- Conducting verification of interpretations via the slow interview.
- Reporting the research using participants own language.
- Acknowledging and revealing the researcher's positionality and its impact on the production of this knowledge.

Regarding gaining participant consent, Phase 1 opted for the acquisition of verbal consent because of the informal nature of the encounters with participants, and the possibility that some participants may be unable to read or write in English. Before each encounter, the researcher asked participants if they would like to participate, using a script for guidance to ensure the terms and the risks were properly communicated.

Regarding inclusivity, Phase 1 sought multiple viewpoints from a diverse sample and therefore, the researcher planned to engage an interpreter when necessary. The provision sought to avoid excluding anyone from the research. The use of an interpreter, however, was not required because all participants spoke English well, likely a result of the sampling technique.

Qualitative interviews pose a potential risk of harm to participants and researchers, particularly when engaging in sensitive discussion. Therefore, a list of possible support services was kept close to hand during the data collection. Additionally, the everyday ethical research practice involves sensitivity to 'ethically important moments' and requires developing responses to ethical concerns as they arise (Guillemin & Gillam, 2004). Reflexive practice enabled 'on the job' learning to occur and facilitated flexibility during the research process. For example, the length of interviews was modified to either minimise fatigue or provide greater social interaction.

5.9 Reflexivity in Phase 1 and Phase 2

While this chapter describes Phase 1's methodology only, this section regarding reflexivity relates to both phases of the research. Reflexivity has flourished under feminist and postmodernist theories and has become an integral part of the qualitative research process. Similarly, reflexivity aided the co-creation of knowledge throughout both phases of this research (Hesse-Biber & Piatelli, 2012). The process involved "reflecting critically on the self as researcher, the 'human as instrument'" (Denzin & Lincoln, 2018, p. 124). Some regard reflexivity as a tool to ensure validity and rigorous standards of research as it allows for clarification of researcher bias (Bradbury-Jones, 2007; Marshall, 1990). This is challenged, however, by the argument that much can escape the 'self-present subject' (Lather, 1993), and as the researcher is never fully detached from the object of inquiry, objective reflection is impossible to achieve (Jootun et al., 2009; Smith, 1984). It is acknowledged in Chapter 1, that the researcher is implicated in the construction of knowledge (Bryman, 2016). Consequently, being reflexive does not provide a standard of objective rigour in this research. Instead, it allowed for deep consideration of my influence over the research process and interpretation of data, proving a useful qualitative validation strategy that improved the quality and accuracy of the research by acknowledging the limitations of the produced knowledge (Creswell & Poth, 2018).

Reflexivity is an active process of critical reflection that saturated every step of the journey to pay due attention to the kind of knowledge that was produced and how it was generated (Guillemin & Gillam, 2004). Reflexive practice in Phase 1 and 2 of this research organically took on a holistic form of scrutiny whereby, the reflection on the epistemological aspect of the research practice was accompanied by reflections concerning the relationships and interactions between the researcher, the participants, and the research context (Guillemin & Gillam, 2004).

I practised reflexivity to unpack my assumptions, expectations, and values (Bradbury-Jones, 2007), which helped to elucidate my influence over the generation of interpretations and the findings (Bergum, 1991). I used practical tools to encourage reflexivity, for example, during the slow interviews of Phase 1 (described in Chapter 6), testing early interpretations with participants fruitfully engaged participants in my own reflexive practice. Also, the reflexive interviews in Phase 2 (described in Chapter 9) enabled reflexivity in collaboration with participants. Additionally, reflexive note-taking throughout observations and data analysis in the form of analytic memos enabled me to challenge my assumptions privately; on the one hand, this allowed for candidness, but on the other, I may have shied away from discomfort. Furthermore, frank and open discussions with participants and supervisors aided meaningful reflexive practice. Finally, in Chapter 1, I provided a summary of my positionality and offered considerations of how this might have affected the research. By offering purview of my personal motivations, values, and background, the reader is in a better position to determine the authenticity of the findings in this research.

5.10 Chapter Summary

This chapter has outlined the research methodology for Phase 1 of the research that makes up this thesis. The study design aligned with the key principles underpinning Phase

1 of the research that ensured Phase 1 directed the course of Phase 2, and established responsible relationships with participants.

Phase 1 data sources consisted of slow interview notes, group interview notes, and an Issues Paper produced by 50 African Australians in Greater Melbourne (AACLF, 2016). This chapter describes how these data sources were triangulated and organised using thematic coding, which assisted in generating higher-order interpretations through intersectional analysis. The core concepts and guiding assumptions of intersectionality outlined in Chapter 4 were utilised in thematising the data and generated key themes demonstrating how systems of oppression/privilege intersect at various African Australian social locations to impact on health outcomes. Chapters 7 and 8 present these findings in detail. Next, the slow interview technique as a key method of Phase 1 is described in detail in Chapter 6 that comprises a published manuscript.

Chapter 6 The Slow Interview Technique

6.1 Chapter Overview

This chapter is the second of the two chapters dedicated to presenting the methodology for Phase 1 of this research. This chapter comprises a manuscript that has been published by *Qualitative Research*, an international methods journal. The manuscript provides greater detail than is given in Chapter 5 on the use of the slow interview technique in Phase 1 of this research. As a relatively underexplored technique, developing key principles and practices can inform future uptake of the slow interview in qualitative research, therefore, the manuscript contributes to literature on qualitative research methods. The manuscript outlines key principles that align with the approach adopted in the current research, the steps taken to implement this method in Phase 1, and the researcher's reflections that consider the suitability of the technique in this context.

6.2 Publication 1: The Slow Interview? Developing Key Principles and Practices

Young, C., Zubrzycki, J., & Plath, D. (2020). The slow interview? Developing key principles and practices. *Qualitative Research*. Advance online publication. https://doi.org/10.1177/1468794120935300

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The slow interview? Developing key principles and practices

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Abstract

Audio-recording an interview is often a taken-for-granted aspect of qualitative research. Alternative recording techniques are typically under-reported in the literature meaning that audio-recording interviews may be tacitly conceived as 'best practice.' To address this gap, this article discusses the effectiveness and suitability of the slow interview recording technique by drawing on the empirical example of a qualitative study concerning African Australian health and wellbeing in Greater Melbourne. This article argues that 'dialogue-based quality assurance' is achieved during the slow interview by testing early interpretations with the participant/s as opposed to after the event via member checking of data. Furthermore, we discuss and contribute three foundational principles from whence a researcher may choose the slow interview, including aligning with social constructionism, qualitative validation strategies, and responsible researcher/participant relationships. We argue that while the slow interview is rooted in social constructionism as a theory of knowledge, the slow interview as 'social practice' may also facilitate the co-production of research by interpreting the data with the participant during the interview through 'dialogue-based quality assurance.'

Introduction

A research interview is commonly regarded as a useful means of gaining understanding of an individual and their perceptions, experiences and feelings (Silverman, 2017). Within the qualitative research tradition, the process typically involves audio-recording and transcribing the interview, followed by a variety of analyses that usually rely on the identification of themes (Al-Yateem, 2012). The practicality of audio-recording interviews and converting the data to text is often an unquestioned and undocumented part of the research process (Lee, 2004). Lee (2004) observes that between the 1950s and the 1970s the technological development of tape-recorders resulted in their gradual, almost ubiquitous introduction to, and adoption within, the research interview process. Lee

(2004) describes this as occurring 'in a rather matter-of-fact way'; 'the tape recorder rather quickly became a "black box" in Latour's (1987) sense of the term, a device interposed within a sequence of research operations, the inner workings and operation of which are treated in a taken-for-granted manner' (Lee, 2004: 879). Therefore, the audio-recording device has become bound to the interview method since its very inception (Lee, 2004). Its use is often justified by listing pragmatic advantages in comparison to its precursor, note-taking during or after interviews. For example, without relying on note-taking, the researcher can give the participant their undivided attention (Bucher et al., 1956), facilitate the conversation effectively by fully concentrating on the 'topic and dynamics of the interview' (Kvale, 2007: 93) and the conversation can flow freely without any distracting interruptions such as taking notes (Kvale, 2007), which arguably creates a naturalistic research setting (Lee, 2004).

Accordingly, discussion of the use of an audio-recorder in research methods textbooks, tends towards a tacit 'best practice.' For example, Liamputtong (2013: 64) states 'it is highly desirable that researchers tape-record an in-depth interview' [emphasis added]. Bryman (2016: 479) points out 'that, in qualitative research, the interview is usually audio-recorded and transcribed whenever possible' [emphasis added]. While these authors do provide practical limitations of the audio-recorder such as the risks of background noise, mumbling, exhausted batteries, or loss of data due to corruption of files, the audio-recorder remains readily unquestioned even in critical research fields where you might expect such scholarship to occur, such as in feminism and post-structuralism (Nordstrom, 2015). Significantly, there is limited depth of discussion dedicated to alternative recording methods, which is of ethical importance as researchers have noted that participants' comfort may be compromised by an audio-recorder (Bryman, 2016; Liamputtong, 2010).

Gaining participant consent also presents a need for greater representation of alternatives to audio-recording interviews. When participants express their right not to be audio-recorded, the researcher must be prepared with an alternative technique so data collection can continue uninterrupted and the researcher unperturbed. Moreover, providing a genuine choice to participants on how the interview will be recorded is not only a matter of ethics but may be more appropriate for some research designs. Alternatives to audio-recording interviews warrant equal expression in the literature to allow researchers (particularly those new to research) to make an informed choice about the most appropriate techniques available. To address this gap, this article contributes by building on the work of Jentoft and Olsen (2017) to discuss the effectiveness and suitability of the slow interview as an alternative to audio-recording in the context of a qualitative study concerning African Australian health and wellbeing in Greater Melbourne.

Structured in two parts, we first outline the slow interview and draw on an empirical example of the first author's research to demonstrate the slow interview process and reflect on its suitability in this research context. Unlike Jentoft and Olsen (2017), we argue that 'dialogue-based quality assurance' is achieved by testing early interpretations with the participant/s during the slow interview as opposed to after the event via member checking of data. Secondly, we outline three foundational principles from whence a researcher can choose the slow interview including social constructionism, qualitative validation strategies and responsible researcher/participant relationships. We argue that from these foundations the slow interview may facilitate the co-production of research. This article is intended to stimulate more debate regarding the value of the slow interview.

The Slow Interview Technique

Jentoft and Olsen (2017: 5) use the slow interview in combination with data triangulation to broaden their analysis, while the key mechanisms of the slow interview that ensure depth is reached are reciprocity and trust, supported by two defining elements:

1. Using handwritten notes to record the interview as a conscious and deliberate choice, preferring the absence of an audio-recorder.

2. Adopting 'a dialogue-based quality assurance' process, which involves sending the interview notes back to participants after the slow interview for editing.

We add that the 'dialogue-based quality assurance' is better established by testing initial interpretations and understanding during the slow interview.

A Qualitative Study Concerning African Australian Health and Wellbeing in Greater Melbourne

This article draws on the empirical example of a qualitative study that sought to understand priority concerns about African Australian health and wellbeing in Greater Melbourne. The study was conducted by the first author between October 2016 and June 2017. Comments made in the first person refer to the first author's perspective. The study constituted a scoping exercise as part of a larger study, with the aim of identifying a research problem of importance to African Australians involved in the study. Ethics approval was granted by the Australian Catholic University Research Ethics Committee.

Many participants in this study expressed concern for over-generalising African Australians and ignoring the great diversity among this population. The term "African Australian" refers to people residing in Australia of sub-Saharan African descent and encompasses great diversity in terms of migration pathway (if any), ethnicity, socioeconomic status, gender and more. While the authors acknowledge the intricacies of the 'African Australian experience', the term is preferred because there are 'many commonalities of needs, interests and diasporic experiences: enough parallels to justify reference to it as a socio-analytic category' (Kwansah-Aidoo and Mapedzahama, 2018: 82).

As a white-British migrant to Australia and thus an 'outsider', I was concerned with equalising any potential power imbalance that could arise due to the researcher/participant dichotomy and the legacy of historical cases of abuse committed by

Western researchers against non-Western people (Liamputtong, 2010). Therefore, I drew upon guiding principles of community-based participatory research (Israel et al., 1998) and sought to foster some degree of 'ownership' of the research from those who were central to the inquiry (Jentoft and Olsen, 2017). The study involved attending several community events, document review, two group interviews and slow interviews with a variety of stakeholders, including 35 African Australians and nine non-African Australians who worked with and for African Australians in the community sector. This combination of data sources provided necessary breadth and depth for understanding health and wellbeing concerns.

The slow interview was adopted because of the potential for audio-recorders to negatively affect the comfort of participants (Al-Yateem, 2012; Liamputtong, 2010), which presented an ethical concern and a challenge to establishing genuine, trusting and responsible relationships. However, by choosing the slow interview 'for' the participants, it is possible that I inadvertently reinforced the power imbalance that I was seeking to redress. It is therefore recommended that participants are involved as much as possible in data gathering decision making and are provided with a genuine choice.

The Slow Interview Process

The following elaborates on Jentoft and Olsen's (2017) practical description of how they utilised the slow interview technique, by providing step-by-step details of how the slow interview was applied to a study concerning African Australian health and wellbeing. Literature regarding the slow interview technique, and qualitative research traditions more broadly, is used to explain why such techniques were chosen. While some elements of the process outlined here are not distinct from interviews that utilise audio-recorders, they are included as relevant context necessary to understand the entirety of the process, while also highlighting the complementarity of the slow interview with other qualitative research

techniques. Qualitative interviews more broadly are referred to simply as 'interviews' to be distinguishable from references to the 'slow interview.'

Pre-slow interview arrangements: Participants were asked where they would like to meet for the slow interview because 'Participants who are given a choice about where they would like to be interviewed may feel more empowered in their interaction with the researcher' (Elwood and Martin, 2000: 656), they may feel more comfortable and the interview may be more convenient for them. As a result, slow interview settings included participants' workplaces, a community festival, local cafés, community centres and a food court in a shopping mall. The slow interview supported this type of setting as there was no concern for the quality of an audio file being affected by background noise.

Briefing: Participants were briefed in full at the outset of the slow interview via a discussion of the research focus, rationale and the goal for participants to outline health and wellbeing concerns that were important to them and to set the research agenda. Time was also spent stating the purpose of the note-taking as providing a record of the key points discussed. Participants were told they could edit the notes later; this ensured participants were aware they had 'ownership' and some control over the data and that their input beyond the initial encounter would be valued, providing an 'invitation to establish trust' (Jentoft and Olsen, 2017: 191). The slow interview allowed ample time for briefing participants and acquiring their informed consent.

Getting to know each other: The slow pace of the slow interview was conducive for engaging in introductory conversation and genuine rapport building with participants. I offered personal information about myself including my research background, my time spent in Ghana, my interests in health and wellbeing, and my migration pathway to Australia. These introductions and sharing of personal information set the tone for developing reciprocity and establishing an equal relationship (see Harrison et al., 2001), as well as finding some common ground as migrants in Australia.

The notepad: The notepad was placed in full view of the participants during the slow interviews. This served to demystify the slow interview notes, put participants at ease and supported the quest for equalising any power imbalance and maintaining trust via reciprocity (Jentoft and Olsen, 2017).

The participant as authority: As a common feature of interviews, I asked initial questions to clarify participants' understanding of related key concepts: "health", "wellbeing," and "African Australian." This produced a richer understanding of the participants' perspective and acknowledged the participant as authority on such matters. While the topic of health and wellbeing was pre-established to provide necessary (albeit broad) research parameters, it was still 'the informants themselves who determined the time and direction' of our discussion (Jentoft and Olsen, 2017: 189).

The researcher shaping the data: The slow interviews were typically free-flowing and conversational. However, by setting the research parameters (to focus on health and wellbeing) and using probing and follow-up questions (Bryman, 2016), I had a role in significantly shaping the data. While these techniques are not unusual in interviews, they are instrumental in the slow interview because probing assisted with initial organising of the data and established some structure to the note-taking (Kvale, 2007). For example, as participants mentioned concerns, I would ask 'what do you think causes X?', 'do any projects respond to X?' and 'what do you think could be done to solve X?.'

Participants' framing: I was alert during the slow interviews for conversational frameworks generated by participants, which also shaped and structured the data. For example, several participants observed migration pathway as a predominant social category that would determine the experience of health and wellbeing; therefore, the notes were structured according to differing migration pathways. Men's health and women's health were also suggested as distinct by some participants, once again structuring the conversation and the note-taking into two parts.

Note-taking as an opportunity for reflection: Some researchers suggest that maintaining an appropriate level of eye contact, interest and interaction with participants is useful in maintaining a natural conversation and 'good dialogue' (Jentoft and Olsen, 2017; Kvale, 2007). Hence, I worked hard to concentrate on what participants said, opting to take notes during the natural pauses that tend to occur in conversation (Jentoft and Olsen, 2017). These pauses were thus elongated and allowed me time to form additional follow-up questions while seemingly generating deeper reflection for the participants who would also add further comments sometimes without prompting.

Dialogue-based quality assurance process: I consistently checked early interpretations of data with participants during the slow interviews. Koelsch (2013) outlines the usefulness of member checking in qualitative research for eliciting additional transformative data. However, other researchers acknowledge the difficulty of acquiring member checks from participants after the interview (Mero-Jaffe, 2011). Therefore, asking 'interpreting questions' (Kvale, 2007: 62) during the slow interview avoided this potential loss of opportunity and further enriched the discussion by engaging the participant and the researcher in real-time reflexivity as we co-produced the data. I used questioning to seek clarification; for example, 'I'm writing down that you think the use of drugs and alcohol is a coping mechanism for some people; do you mean coping with stress, as you mentioned earlier?'

Referring to the notes: During the slow interviews, I frequently referred to the slow interview notes directly to ensure the comfort and ease of the participants and further demystify the note-taking process (Jentoft and Olsen, 2017). This was particularly important for including any participants who may have been illiterate and unable to benefit from the notes being visible, as well as reassuring participants of the contents of the notes when the conversation moved into sensitive topics. Referring to the notes also

allowed me to generate accuracy; for example, I could check spellings and my understanding of complex ideas.

Concluding the slow interview: When concluding the slow interviews, I found it useful to run through some of the key points I had noted down as a means of summarising the discussion: reminding the participant of what we had discussed, openly sharing the data and ensuring I had captured the key points of the slow interview. I also asked if there was any more that the participant wanted to share (Thompkins et al., 2008). Both of these qualitative interview techniques prompted additional information in some instances.

Maintaining involvement in the research: I reminded participants at the end of the slow interview that they would be receiving a typed, 'clean' version of the notes as soon as possible. This reinforced the value of the participants ongoing participation and their continued 'ownership' of the data (Jentoft and Olsen, 2017).

Slow interview-notes' summaries: As is common in qualitative enquiries, I typed the handwritten notes in summary form as soon after the encounter as possible, which was useful while the conversation was fresh in my mind (Patton, 2015). Using bullet points assisted in making the text clear and concise. The summaries ranged from half a page to no more than three pages long and were sent back to participants by email. Jentoft and Olsen (2017: 187) suggest that 'by sharing the notes and inviting the informants to read and amend them, the researcher gave something back to the informant, and thus reinforced the trust relationship.' Edited summaries were used for analysis when they were provided.

Reflecting on the Slow Interview Process

Use of the slow interview in the study regarding African Australian health and wellbeing in Greater Melbourne prompts a reflective discussion and analysis of the suitability of the technique in this context. However, participants were not asked about their experience of the slow interview and so comments refer to the perception of the first author only. Favourably, from the perspective of the first author, the slow interview

seemed to facilitate the building of trusting, genuine, responsible relationships, while simultaneously supporting efforts to equalise the power imbalance often experienced between researcher and participant that qualitative inquiry typically seeks to redress (Karnieli-Miller et al., 2009). This is perceived in part due to the absence of the audio-recorder, the presence of the slow interview-notes, the extended length of time spent with participants and the dialogue-based quality assurance process. However, the slow interview may also have had a reducing effect on the data collected, and was more demanding of participants' time, while more evidence is required to confirm its potential for redressing power imbalances.

The slow interview may be better suited to building trust and equalising power in circumstances where participants may be suspicious of an audio-recorder and view it as a 'surveillance device' (Back, 2012; Johnson, 2008; Liamputtong, 2010; Rapley, 2004). The absence of the audio-recorder signifies that the interaction is not likely to implicate participants in any way. While the slow interview notes represent a record of what is discussed in the slow interview, because they are in direct view of the participants, are referred to by the researcher throughout, and are shared with the participants after being summarised, participant concern about the risk of misrepresentation or of being held to account may be somewhat mitigated. This is particularly important for 'hard to reach' communities, or people who may have had negative experiences of working with researchers, or find the interview to be challenging (Jentoft and Olsen, 2017).

The notion of recording conversations may also demonstrate a cultural bias regarding the 'Western desire to record reality' (Nordstrom, 2015: 390). Sanjek (1990) argues non-'Western' population groups may not subscribe to the same conceptualisation of the conversation (Nordstrom, 2015), and so the slow interview with African Australians had additional benefit in avoiding the potential problem of cultural bias in this regard.

During the slow interviews, there were instances where participants interacted with the interview notes, perhaps indicating a breaking down of barriers between the researcher and participant, in a way that would not be possible with an audio-recorder. The following passage compiled from reflective notes regarding a dual slow interview with James (participant names are pseudonyms) (aged 50+) and Ray (aged 18–29) demonstrates this point well:

> Ray arrived after I had been chatting with James for twenty minutes. When he arrived, Ray stood behind me to read the interview-notes, tracing them with his finger. He would stop in one or two places to elaborate, confirm, and dispute what I had written. His pointing at the notepad demonstrates the 'intra-action' with the data collection tool (Nordstrom, 2015). Furthermore, the physical distance between us was somewhat minimised by the notepad; reading the notes required him to position himself close to me. In this sense the notepad symbolises and epitomises[AQ2] the physical breaking down of boundaries and as such, the unequal power dynamics between researcher and participant during this slow interview. Ray's engagement with the notes allowed him to catch up on what we had been discussing and revealed important differences related to the positionality of the two participants who were providing divergent generational perspectives.[1]

The slow interview takes time, and thus has advantages in enriching the data, not least because initial interpretations can be confirmed, disputed and elaborated upon during the slow interview. This dialogue-based quality assurance challenges traditional roles in research where the researcher interprets the data in isolation, and instead the power to interpret is shared with the participant. Furthermore, natural pauses in the

[1] This encounter raises questions regarding the power distribution between the two participants involved in this slow interview, exploration of which falls outside the remit of this article.

conversation are organically exploited by the note-taking, elongating the silences and providing more time for participant and researcher reflections, revealing more detail and thoughtful insights (Bryman, 2016; Jentoft and Olsen, 2017). While 'Berry (2002) suggests that maintaining silences can be useful for creating a tension which can lead to more detailed answers' (Harvey, 2011: 438), the first author did not perceive the silences in the slow interviews to be tense, they allowed time for reflection seemingly without any pressure to fill an awkward silence, as Kvale (2007: 61) remarks 'silence is golden.' Based on these strengths, the first author perceives the slow interview as having great potential to facilitate building responsible relationships and equalising traditional power imbalance. However, it also presents some limitations as a recording technique that must be considered.

The slow interview notes are a streamlined version of what is said in the slow interview, with more detail and focus given to the data that the researcher deems most relevant. The researcher filters the data so that the final slow interview summaries are concentrated into key areas of interest, which could be considered a limitation. As capturing the entirety of the slow interview word for word is unlikely, the research question will dictate the usefulness of the slow interview. In the empirical example outlined, the research question 'what are the priority concerns regarding African Australian health and wellbeing?' seemed to invoke responses in the style of a list, where participants talked about several concerns, each one in turn. While this made the note-taking relatively straight forward, it may be an indication of the slow interview having a reducing effect on the complexity of the data.

The extensive time it can take to produce handwritten-notes and thus complete the slow interview can also be viewed as a limitation. Some participants did not have much time and the notes produced lacked detail. Related to this, is the effort and commitment required from participants to read through and edit the notes after the initial encounter. In

the empirical example, the summarised slow interview notes were emailed to 24 of the 35 African Australian participants (nine participants did not provide email addresses); two of those elicited an automated response indicating that the email address was no longer in use or incorrect. Of the 22 participants who received their summary notes, four returned edited versions; the edits were minor. This is not uncommon in qualitative research (Hagens et al., 2009; Mero-Jaffe, 2011) and little evidence exists to suggest that participant-edited data leads to substantive changes in research findings (Thomas, 2017). However, it is impossible to know whether a low-response rate is because the slow interview notes accurately summarised the slow interviews, or because the participants were unable to edit the notes, for example, due to a lack of time, literacy proficiency or discomfort with challenging the writing of the author. The difficulty of finding out why participants choose not to review interview data has been acknowledged (Birt et al., 2016). If it is a result of discomfort, then the presupposition that the slow interview can redress power imbalances may not extend beyond the encounter or may in fact be false. However, assuming power relations can be characterised purely by the participant's desire to change the slow interview notes is reductive and other factors such as the atmosphere during the slow interview may be a more useful indicator. Thus, further research is required to understand the slow interview's influence on reducing power imbalances.

The reflections outlined here call for careful consideration of the appropriateness of the slow interview in relation to pragmatic aspects of the research design, and more research is required to confirm or dispute the strengths and limitations outlined here. This article now turns to a consideration of three key principles regarding the slow interview that relate to the nature of inquiry, methodological rigour and the ethics involved in qualitative research.

The Slow Interview as Social Practice

Ontological and epistemological underpinnings of the slow interview relate to what Silverman (2014) terms the 'interview society': the occupation of face-to-face interviews as central in the process of 'making sense of our lives' (Silverman, 2014: 55). People in the West are familiar with interviews, which feature heavily in the day to day operations of society as well as in the context of entertainment, such as talk shows (Silverman, 2014). More than this, interviews with the 'right questions' are assumed to be able to reveal the inner thoughts and feelings of the interviewee and in this way are viewed by some as a window to the self.

There are various epistemological positions that dictate the strengths and limitations of the interview as a tool to reveal the 'self.' For example, a neo-positivist conception of the interview assumes an objective reality that the interview can reveal; this idea has been surpassed by alternatives largely because it negates the subjectivity involved in the interview creation (Brinkmann, 2018). In the Romantic tradition, the interviewer acts as a 'midwife' cajoling and delivering a subjective, authentic representation of the interviewee's life experience (Brinkmann, 2018: 586). The interview then affords 'a "special insight" into subjectivity, voice and lived experience (Atkinson and Silverman, 1997)' (Rapley, 2004: 15). Contrastingly, social constructionism challenges the notion of authenticity, the belief that the interview can generate an authentic reality, and the perspective of a dialogic window through which an authentic private 'self' can be observed (Atkinson and Silverman, 1997). Atkinson and Silverman (1997: 322) warn that personal narratives are not 'any more authentic or pure a reflection of the self than any other socially organised set of practices.' Rather, how the data are constructed becomes the object of focus; 'interviews are inherently interactional events, that both speakers mutually monitor each other's talk (and gestures), that the talk is locally and collaboratively produced' (Rapley, 2004: 16). Conflict between the various interview forms arises from these opposing epistemes, where one views the interview as a useful tool for examining a

topic of interest (interview as research instrument), and the other examines the interview structure itself and the interaction, which constructs a shared reality between the researcher and the participant (interview as social practice) (Brinkmann, 2018).

The interview as social practice aligns with a social constructionist theory of knowledge, which accepts that reality is relativist, multiple and socially constructed. The interview is thus a method of meaning-making that sets the parameters for the co-creation of relational knowledge through dialogue. In the case of the empirical example presented, the use of the slow interview technique was directed by this supposition of 'interview as social practice', using a social constructionist theory of knowledge. From this perspective, the slow interview is a means to craft knowledge with the participant by shaping and influencing the content of the slow interview and testing interpretations via an iterative conversation. Participants in dialogue with the researcher were jointly and relationally constructing a subjective version of reality shaped by their own lived experience, social interactions and ultimately the parameters of the slow interview (Lincoln et al., 2018).

Inherently, the construction of reality and knowledge creation is not devoid of a struggle for power and influence, and the notions of relationality and dialogue that are infused within social constructionism generate the need for methods that are not only accepted as part of the meaning-making process but also attend to unequal power dynamics. The slow interview may assist in interfering with traditional power dynamics and go some way towards equalising the power to influence the data. Specifically, through the dialogue-based quality assurance process, sharing and referring to the slow interview notes and spending substantial amounts of time together carefully crafting and interpreting the data, traditional power dynamics may be challenged by the slow interview. The researcher and participant are centred in the slow interview for meaning-making that is relational and in dialogue with one another. In this way the slow interview is grounded in a social constructionist theory of knowledge via the concepts of relationality and

dialogue, while simultaneously presenting potential to support a commitment to the co-production of research, that is equalising power between researcher and participant. This will be elaborated on in the following two sections.

Thus, the slow interview is argued to be both a method rooted in social constructionism while distinctly presenting as a technique that may facilitate the co-production of research by interpreting the data with the participant during the slow interview through 'dialogue-based quality assurance.' Adopting the slow interview as an alternative recording technique is well-suited to a research design that is underpinned by constructionism and rejects the notion of the interview as 'a window to the self' in favour of the interview as 'social practice.' This has implications for the construct of 'validation', which will now be discussed.

The Slow Interview and 'Validity'

Striving for 'validation' in qualitative research can be viewed as 'an attempt to assess the "accuracy" of the findings as best described by the researcher, the participants and the readers' (Creswell, 2018: 259). Concern for accuracy may influence a researcher's decision regarding the preferred interview recording technique. For some scholars, particularly those who utilise the interview as a 'research instrument' (Brinkmann, 2018: 586–587) and view interview data 'as (more or less) reflecting the interviewees' reality outside the interview' (Rapley, 2004: 16), the audio-recorder may be considered a viable option to capture the content of the interview word-for-word. However, if the audio-recorder affects the participants' presentation of themselves, their opinions, actions and experiences, the result may be a more cautious, censored and a more favourable version of 'reality' according to the participant. While early studies found no evidence of interview data being negatively affected by the presence of an audio-recorder (Belson, 1967; Bucher et al., 1956; Engel, 1962), there are many examples of the audio-recorder producing censorship and constraint on behalf of the participant, suggesting that at least some of the

time, participants may be holding back in front of an audio-recorder (Al-Yateem, 2012; Kvale, 2007; Wolfson, 1976).

Nordstrom (2015: 390) argues that the notion that audio-recorders are 'tools to work against researcher bias, [represents] a hallmark of objectivism and post-positivism.' While the slow interview as a social practice finds roots in constructionism, it does not escape concern for 'validation.' Note-taking in comparison to audio-recording certainly has limitations regarding detail and verbatim representation of the participants' words. However, reducing the potential for heightened feelings of accountability by removing the audio-recorder and encouraging the participants engagement with the notes, the research process is somewhat demystified, and more inclusive of the participant on equal footing, as the slow interviewer and participant co-construct the notes and share any perceived burden of accountability. That said, the slow interviewer, by virtue of being the scribe, arguably maintains more control over which aspects of the conversation are included in, and excluded from, the slow interview notes. Therefore, it could be argued that 'interviewer bias' has the potential to distort the evidence.

However, the assertion that 'interviewers cannot very well taint knowledge if that knowledge is not conceived as existing in some pure form apart from the circumstances of its production (Gubrium and Holstein, 2002: 15)' (Brinkmann, 2018: 15), counters concerns of interviewer bias. The slow interview technique, by relying on note-taking, is not concerned with word-for-word accuracy, because the researcher is equally involved in the construction of the data and works iteratively with the participant to interpret the data via dialogue-based quality assurance throughout the interaction and beyond. This initial phase of interpretation that occurs during the slow interview draws parallels with Frank's (2010) work on dialogical interpretation, which has potential as an analytical framework for data collected via the slow interview. The slow interviewer must carefully embed

practical strategies, such as the dialogue-based quality assurance, into the research design to appropriately address 'validation.'

Additional validation strategies (Creswell, 2018) can be adopted to enhance the accuracy of the findings generated by slow interview data. Creswell (2018) summarises nine validation strategies frequently adopted by qualitative researchers, grouped according to the researcher's, participant's and reader's viewpoints. In the context of the study with African Australians presented here, six of these validation strategies were adopted to varying degrees, including triangulation of multiple data sources, engagement in reflexivity, 'member checking' (dialogue-based quality assurance during the slow interview), prolonged engagement in the field, generating thick description in reporting of the findings and debriefing of the data and research process with colleagues. These strategies enhanced the rigour of the study, whilst simultaneously honouring the voice of the participants and maintaining alignment with the ontological and epistemological approach of the work. Therefore, the slow interview is enhanced by a combination of qualitative validation strategies that are well-suited to the research context. This precludes the need for an audio-recorder on the grounds to eliminate interviewer bias, which may also be counter-intuitive to the aim of generating responsible relationships with participants that will now be discussed.

The Slow Interview and Responsible Relationships

Pranee Liamputtong (2010) draws upon Carol Gilligan's (1982) ethics of care in her cross-cultural research, which suggests that qualitative researchers have a moralistic tendency towards trust-building than purely building rapport and trust for the sake of gaining data. Rather, qualitative researchers should nurture relationships because they 'care about the welfare and dignity of all people' (Trimble and Mohatt, 2006: 333). Building collaborative partnerships and ensuring participants have control over the information presented about themselves may go some way towards developing

'responsible relationships' (Liamputtong, 2010). These principles are embedded in the slow interview technique.

In the case of the empirical study involving African Australians, I was cognisant of my limited understanding of the diverse experiences of this population as a white-British migrant and an 'outsider.' My respect for the welfare, dignity and inherent wisdom of the participants underpinned my attempts to develop responsible relationships. Furthermore, I sought to foster some degree of 'ownership' from those central to the inquiry and ensure the course of the research was directed to an issue of importance expressed by participants. With the slow interview, the researcher's genuine curiosity and desire to learn from participants is well supported by sufficient time to attend to genuine rapport building, with paramount concern for the welfare and dignity of the participants. More than this, by testing initial interpretations during the slow interview, participants can confirm or dispute early findings and exert some control over the eventual information presented. This approach can be described as the development of dialogical relationships as outlined by Frank (2010) and as such aligns with and supports dialogical interpretation as rooted in social constructionism, while also presenting, in practice, as a technique that may facilitate the co-production of research and the development of responsible relationships.

Developing rapport is not always characterised by the pursuit of a responsible relationship. Many research methods texts convey trust as instrumentally important, for example, for sustaining participation, accessing more participants and generating 'high quality' interview data (Harvey, 2011: 433). The pathway to trust is often described synonymously with generating rapport. For some, establishing rapport relies on certain skills, such as adopting a 'pretence awareness' (Glaser and Strauss, 1964), dressing and presenting oneself in a way that will appease the interviewee (Kvale, 2007) or upholding 'a pleasant, encouraging half-smile and a lively (but not too lively) interest' (Duncombe and Jessop, 2012: 110). For Duncombe and Jessop (2012), this trend towards the

commodification of rapport building skills for interviews raises two ethical problems: 'faking friendship' and managing consent. Researchers acting disingenuously, in the pursuit of 'fake friendship' who can hone their rapport building skills to such a degree that the interviewee reveals their innermost thoughts, 'run the risk of breaching the interviewees' right not to know or reflect upon their own innermost thoughts' (Duncombe and Jessop, 2012: 112). When an interviewee is revealing information not because they consent to whatever will come of the data, but because they trust and believe the rapport cultivated by the researcher is representative of a genuine friendship, an ethical issue emerges. Under these circumstances, the participant may not feel able to object to any part of the process out of fear of damaging the (fake) friendship (Duncombe and Jessop, 2012). 'In effect, by "doing rapport" the interviewer "sets the agenda" of the encounter and "manages the consent" of the interviewee' (Duncombe and Jessop, 2012: 112), which significantly undermines the development of a responsible relationship.

The ethical concern associated with 'fake friendship', however, assumes that the interviewee is mostly passive in the interaction, as opposed to being aware of and comfortable with the process of rapport building. As a relatively common occurrence in every-day encounters, rapport building by the slow interviewer should not reduce the interviewee to having 'rapport done to them.' In some instances, interviewees may refuse or counter rapport-building efforts; they may also set the interview agenda themselves by exercising their own rapport building skills. The slow interviewer striving for responsible relationships should not assume participants are passive recipients of rapport. However, acknowledging the potential for developing 'fake friendships' places more value on features of the slow interview that assist in establishing responsible relationships.

Such features have permeated discussion of the slow interview throughout this article. For example, the slow interviewer strives for responsible relationships because they care about the welfare and dignity of their participants. As in the empirical example, the

participants were asked to discuss issues of importance to them and they were relatively free to direct the conversation and research focus. Acknowledging the inherent wisdom of African Australian participants, especially as an 'outsider', may have assisted in equalising the power imbalance between researcher/participant (Heron and Reason, 1997). Furthermore, the extended interview time allows the researcher to share more when establishing genuine rapport during the early phase of the slow interview. Opting for interview notes instead of an audio-recorder also assists in developing responsible relationships, especially where participant comfort may be jeopardised by worry over who might hear the recording and suspicions about the research (Rapley, 2004). This may be particularly true for ethnic minority and refugee groups experiencing settlement issues, as Liamputtong (2013: 8) argues:

> History is filled with the abuse and exploitation of ethnic, non-Western and indigenous people which was calculatedly carried out by Western researchers in experimental or intervention research. It is not surprising that this has resulted in suspicion and fears among these groups.

The slow interview may provide a means to respect and manage the negative effects of historical oppression that may manifest during the encounter, prioritising the comfort of the participant and minimising any potential harm caused by social anxiety (Bryman, 2012).

A responsible relationship both relies upon and may simultaneously produce participant collaboration and involvement in the research over time, which is key for the participants to maintain control over the information presented (Liamputtong, 2012). The slow interviews during the African Australian study seemed relaxed, enjoyable and stimulating. They were characterised by ease of conversation, shared laughter and an air of excited enthusiasm for the topics discussed. The continued engagement of some of the participants involved in this scoping study leads me to believe that the slow interview

supported the development of genuine, trusting and responsible relationships with participants. The slow interview, for me, has also generated pathways to further collaboration with some participants.

Conclusion

Building on the work of Jentoft and Olsen (2017), this article has contributed to a counter-narrative that challenges the tacit best-practice assumption that is audio-recording in-depth interviews. Reflecting on the use of the slow interview in an exploratory study regarding concerns about African Australian health and wellbeing in Greater Melbourne, the authors find that the 'dialogue-based quality assurance' is achieved by testing early interpretations with the participants during the slow interview as opposed to after the event via member checking of data.

The first author perceives the strengths of the slow interview as including potential for equalising the power imbalance between researcher and participant via the dialogue-based quality assurance process, the absence of the audio-recorder, the presence of the slow interview notes and the extended length of time spent with participants. Additionally, the slow interview seems to enrich the data by testing early interpretations during the slow interview, producing opportunities for participant and researcher reflection, and prioritising participant comfort by abandoning the audio-recorder. Abandoning the audio-recorder may be particularly beneficial when working with participants who have historically been and/or currently are experiencing oppression, and thus have good reason to be suspicious of the audio-recorder (Liamputtong, 2010). Furthermore, an additional advantage of adopting note-taking may be with avoiding potential cultural bias regarding the 'Western desire to record reality' (Nordstrom, 2015: 390). However, more evidence is required to test the slow interview's potential for redressing power imbalances.

Perceived limitations of the slow interview include the extended time commitment required from the researcher and the participants. As the researcher filters the data during

the slow interview, focusing on key areas of interest, there may be a reducing effect on the data collected. Qualitative researchers are encouraged to problematise all available research tools before selecting the most appropriate technique for the research design and context.

This article contributes three foundational principles of the slow interview that can guide future researchers in assessing the suitability of the slow interview in the context of their own research designs. Firstly, the slow interview aligns with a research design that acknowledges the subjectivity of 'reality' and the co-constructed nature of the knowledge produced in the interview by both the participant and the interviewer. Secondly, when the research design strives for accuracy via qualitative validation strategies, including checking early interpretations during the slow interview, such strategies may strengthen the quality of the data collected in the slow interview. Finally, the slow interview supports the development of responsible relationships with participants. It avoids the potential for ethical harm produced by 'faking friendship' by striving for rapport, not for purposes of instrumentality, but rather because (a) the welfare and dignity of the participant is paramount, (b) the inherent wisdom of the participant is acknowledged and (c) participants have control over the information presented.

By adhering to these key principles, in practice, the slow interview may facilitate the co-production of research by interpreting the data with the participant via the dialogue-based quality assurance process. While we argue the strengths and potential of the slow interview, we also acknowledge that future scholarship interrogating its application in alternative contexts would assist in developing greater understanding of this technique in comparison to audio-recording interviews.

[End of publication]

6.3 Chapter Summary

This chapter has set out the slow interview used as a core technique for interviewing in Phase 1 of this research. As outlined in Chapter 1 and Chapter 5, a key underlying principle of this research was to establish responsible relationships with participants, while also ensuring that participants directed the course of Phase 2 of this research. Using the slow interview in the way outlined in this chapter was considered a means to adhere to this principle, because, as argued in the presented manuscript, the slow interview can facilitate the co-production of research through 'dialogue-based quality assurance.' The casual nature of the slow interview encounter also supported the development of responsible relationships in Phase 1. The following chapter is the first of two chapters that present the findings from Phase 1. Chapter 7 follows a similar format to this chapter as it is also comprised of a manuscript submitted for publication to the *Journal for Social Issues*.

Chapter 7 Phase 1 Findings (Part 1)

7.1 Chapter Overview

This chapter is the first of two chapters that presents the findings from Phase 1 of this research. An overview of the participants highlights the diverse perspectives presented in this and the following chapter. This chapter comprises a manuscript that is currently under review with the *Journal of Social Issues*, a peer-reviewed international journal. The manuscript has been revised and resubmitted after external peer-review. The manuscript outlines three key findings that emerged from Phase 1 of this research. The findings presented in this chapter, contribute to literature concerning the transformative potential of intersectionality in public health, while also developing our understanding of African Australian health and wellbeing by drawing attention to systems of oppression/privilege that manifest in Australian societal institutions.

Overview of Participants

Not all participants disclosed personal information about themselves. Information gathered from those who did share personal information demonstrates some diversity among the sample. Table 3 consolidates the demographic characteristics of Phase 1's sample, which constituted 16 men and 28 women who were all over 18 years of age. The 35 African Australian participants were born in Ethiopia (n=3), Ghana (n=1), Liberia (n=2), Nigeria (n=1), Somalia (n=3), South Africa (n=2), South Sudan (n=12), Zambia (n=2), and Zimbabwe (n=1). Two participants who were born in the Democratic Republic of Congo (DRC) identified as Burundian. Six African Australian participants did not disclose their country of birth. Two African Australians reported arriving via a skilled migration pathway, three as refugees, four on a family visa, three as international students, and three did not know their migration pathway to Australia. Length of time in Australia ranged from two to 33 years. Employment status was also varied among African Australian participants who chose to disclose; eight participants were working part-time, five

employed full-time, one student, two unemployed, and one casually employed. Similarities across the sample are also evident in that all participants spoke English well and were engaged in community work in some capacity, whether it was through paid employment or in their free time as volunteers, or for some who identified as community leaders.

Of the nine non-African participants, two were born in Australia, one was born in Nigeria with European ancestry, one was born in Colombia, one in Switzerland, and four participants did not disclose their country of birth. All but two of the non-African participants (two chose not to disclose) were working part-time, full-time, or volunteering for community-based organisations that serve the African Australian population. While the perspective of these individuals was useful to glean insight into the concerns about African Australian health and wellbeing informed by their work with African Australian clients, it is prudent to distinguish this perspective from the voice of African Australians, who alternatively provided their perspective through the lens of lived experience. Therefore, while striving to maintain the anonymity of participants, all extracts from the notes taken during the interviews with non-African participants are distinguished as "non-African." Furthermore, all participants are assigned pseudonyms, gender, and age; however, due to the small population of African Australians in Greater Melbourne and the risk this poses to anonymity, country of birth is not assigned to individuals. Where quotes are attributed to more than one participant, this signifies that the interview notes reflect what was discussed in a slow interview with two people. Furthermore, extracts from the group interviews are identified throughout the text.

Table 3

Reported and Estimated Phase 1 Participant Demographics

Characteristic	*n* (total = 44)
Gender	
Women	28
Men	16
Disclosed age	
18-29 years	18
30-39 years	2
40-49 years	3
50+ years	1
Undisclosed	20
Disclosed and estimated age [a]	
18-29 years	25
30-39 years	10
40-49 years	7
50+ years	2
Country of birth	
South Sudan	12
Democratic Republic of Congo	2
Ethiopia	3
Ghana	1
Liberia	2
Nigeria	2
Somalia	3
South Africa	2
Zambia	2
Zimbabwe	1
Non-African	8
Undisclosed	6
Immigration status upon arrival	
Skilled worker/economic class	4
Refugee	3
Family-sponsored	4
Student	4
Do not know	3
Undisclosed/ not migrants	26
Length of time in Australia	
2-5 years	2
6-10 years	4
11-15 years	10
16+ years	1

Characteristic	*n* (total = 44)
Undisclosed/ not migrants	27
Employment status	
Unemployed	2
Volunteering	2
Student	1
Casual	1
Part-time	10
Full-time	8

[a] Some participants did not disclose age however estimates are provided. [b] Two participants born in DRC identified with a Burundian nationality. [c] One participant born in Nigeria was of European descent.

7.2 Publication 2: Interlocking Systems of Oppression and Privilege Impact African Australian Health and Wellbeing in Greater Melbourne: A Qualitative Intersectional Analysis

Young, C. (2020). *Interlocking systems of oppression and privilege impact African Australian health and wellbeing in Greater Melbourne: A qualitative intersectional analysis* [Manuscript submitted for publication]. School of Allied Health, Australian Catholic University.

Abstract

Individual-level factors are typically identified as barriers to health and wellbeing for African Australians, whereas little attention is paid to the multiple intersecting dimensions of inequality. Without accounting for the interrelated nature of African Australians' social locations and intersecting systems of oppression/privilege, practice and policy responses may have limited impact. This qualitative empirical study utilises intersectional analysis to understand concerns about African Australian health and wellbeing in Greater Melbourne gleaned from an Issues Paper produced by 50 African Australians, two group interviews, and 22 slow interviews. Participants included 35 African Australians and nine people of non-African backgrounds working with, and for, African Australians in the community sector. Systems of oppression/privilege that impact health outcomes for certain African Australians are found at the intersections of migration pathway, age, and gender, and manifest within three Australian institutions, including via segregation and Othering in education, labour market discrimination, and gendered racism in health-care provision. As such, intersectional and equity-orientated practice and policy actions are recommended, to shift the distribution of power across all social institutions and eradicate health inequities.

Interlocking Systems of Oppression and Privilege Impact African Australian Health and Wellbeing in Greater Melbourne: A Qualitative Intersectional Analysis

Several health inequities are documented among the African Australian population (defined in this study as Black migrants from sub-Saharan African countries who reside or sojourn in Australia (excluding tourists)). For example, research shows higher rates of some infectious diseases for African Australians as compared to the wider Australian population (excluding Indigenous Australians), such as HIV (Lemoh et al., 2010) and chronic hepatitis B (MacLachlan et al., 2013). Additionally, African Australians have a high prevalence of vitamin D deficiency, anaemia, latent tuberculosis, gastrointestinal infections, schistosomiasis (Gibney et al., 2009), obesity, and an increased risk of Type II diabetes (Issaka et al., 2016). Furthermore, a variety of mental health problems affecting refugees and asylum seekers (Schweitzer et al., 2006), as well as injecting drug use, and harmful patterns of alcohol use among former refugee young people have also been documented (Horyniak et al., 2016; Horyniak et al., 2014).

Globally, health inequalities between migrants and non-migrants receive a variety of explanations, including those that focus on individual choices or behaviours (Hankivksy & Christofferson, 2008). Among literature concerning African Australians specifically, many explanations for poor health outcomes tend to focus on the individual and their supposed deficits, such as a lack of awareness of services, language barriers, and low financial resources (Sheikh-Mohammed et al., 2006). Culture is also relied upon by some scholars to explicate migrant health disparities in a variety of contexts (Viruell-Fuentes, 2012), with literature concerning African Australians often mirroring this approach (Issaka et al., 2016). Such framing leads to health interventions that seek to influence individual behaviour change, as used in health education programs (Renzaho et al., 2015). This is problematic because individual behavioural approaches obscure structural determinants of

health and place the burden of responsibility for health outcomes on individuals. However, individual behaviour change is unlikely to impact structural inequalities meaning that health inequities persist.

Social determinants of health (SDH), which have more recently been incorporated into the global health lexicon, represent an alternative approach to studying health outcomes by examining social structures as a way of understanding health inequalities, rather than focusing on individuals and their behaviours as causal explanations (Marmot, 2016). For example, structural barriers to health and wellbeing for African Australians include experiences of institutional and interpersonal racism (Baak, 2019; Kwansah-Aidoo & Mapedzahama, 2018), unemployment (Abur & Spaaij, 2016), isolation and limited social support (Ogunsiji et al., 2012). The SDH framework draws focus away from the individual to explain health inequalities as resulting from the broader conditions within which people grow, live, and age (World Health Organization, n.d.). Although the SDH framework moves beyond individual-level explanations for health disparities, there have been critiques of this approach for failing to capture the complexity of health and wellbeing due to inadequate conceptualisations of determinants, lack of consideration of the contexts within which they are entrenched, and an inability to account for the nuance of disadvantage resulting from mutually enforcing complex social locations (Hankivsky & Christoffersen, 2008). Social location represents the multiple, and simultaneous, socially constructed groups to which people belong, shaped by race, gender, class, age, ability, and more, as "embedded in relations of hierarchy within a multiplicity of specific situational and conjunctural spheres" (Anthias, 2013, p. 130). Given this complexity, examining African Australian health inequities using the SDH framework is inadequate because of its single-axis focus; for example, on either migration pathway or continent of birth. The approach cannot capture the differential experiences among this population (Kelaher et al., 1999) and how power and multiple-axes of oppression/privilege shape the lived realities of

people at different social locations. This knowledge is essential for health interventions and health policies that seek to eliminate health inequities.

Alternatively, critical approaches to health can produce inclusive knowledge because they attend to people's social location, accounting for the interrelationship between systemic power and how it shapes people's health experiences. This study adopts a critical definition of health as per the People's Charter for Health (People's Health Movement, 2000, p. 2):

> Health is a social, economic and political issue, and above all, a fundamental human right. Inequality, poverty, exploitation, violence and injustice are at the root of ill-health. Health for all means that powerful interests have to be challenged, that globalisation has to be opposed, and that political and economic priorities have to be drastically changed.

This definition of health requires an empirical approach that can capture the complexity of power relations as they intersect with the multiple lived realities of African Australian health and wellbeing. Intersectionality provides an appropriate analytical framework through which the root of health inequities among African Australians can be understood, because it can account for the simultaneous and co-constructed nature of categories of social difference and the power relations that arise as a result of these interacting dimensions spanning individual, institutional, cultural, and societal spheres (Crenshaw, 1989). Therefore, this critical definition of health guides the focus of this study with the support of intersectionality as an analytical framework.

Intersectionality addresses the limitations of the single-axis SDH framework, offering a transformative paradigm by which complex health inequalities can be understood and eliminated (Hankivsky & Christoffersen, 2008; Crenshaw, 1989; Collins & Bilge, 2016). Intersectionality enables two or more axes of oppression such as racism and sexism to be simultaneously examined, accounting for multiple social locations among

African Australians. For example, Ogunsiji et al. (2012) found among a group of West African Australian women, that many had migrated to reunite with their husbands who had decided to move the family. These women experienced social isolation compounded by racial discrimination when seeking employment and making friends. At this specific social location, where race and gender intersect, the women's unique disadvantage is evident. Sexism and racism reinforce their dependency on their husbands because of racial discrimination hindering access to financial security. Instead, a single-axis approach that is attentive only to racism, for example, obfuscates sexism as an interlocking systemic cause of disadvantage at this social location, which means women's particular vulnerability resulting from both racism and sexism is rendered invisible and remains unaddressed. Thus, intersectionality creates inclusive knowledge that embraces the complexity of the systemic drivers of African Australian health at various social locations (Hankivsky & Christofferson, 2008). The current study seeks to produce inclusive knowledge regarding African Australian health inequities using intersectionality as an analytical framework. The intersectional approach is chosen to expand existing knowledge by accounting for multiple-axes of oppression that shape the lived realities of African Australian health and wellbeing.

"African Australian" as a Racialised Socio-Analytic Category

Over the past thirty years, Australia has become home to many people migrating from sub-Saharan African countries (countries that lie geographically South of the Sahara Desert), which has prompted growing interest in the African Australian experience (Kwansah-Aidoo & Mapedzahama, 2018). The term "African Australian" is used in this article to denote Black migrants from sub-Saharan African countries who reside or sojourn in Australia (excluding tourists). The complexity concerning the demarcation of an African Australian social group speaks to a core tenet of intersectionality that highlights a tension between sameness and difference (Cho et al., 2013). Through an intersectional lens, social

categories are not distinct; rather, they are imbued by other categories that are constantly under construction by forces of power (Cho et al., 2013). Indeed, participants of this study expressed concern for overgeneralising and ignoring the diversity among this population. African Australians are diverse in terms of migration pathway, ethnicity, main-language, socio-economic-status, and more. At the same time as acknowledging the diversity among the African Australian population, participants also noted some common values, shared histories, and a collective 'African' worldview (as distinct from a 'Western' worldview), which are also evident across multiple fields of research (Thabede, 2014). Furthermore, media and politics play significant roles in racialising and homogenising African Australian discourse (Windle, 2008), and as such Blackness as a social category of difference represents a commonality among African Australians that is constructed by particular dynamics of power.

The racial hierarchy is well established in Australia, rooted in colonialism and the continuing inequity between Aboriginal and Torres Strait Islander peoples and the normative hegemonic white population (Moreton-Robinson, 2015). The contemporary Australian context is such that, discursive practices and policies sustain the demarcation of white Australians as those that belong and are deserving of health, while ascribing 'non-whites' inferior status, resulting in prejudice and discrimination of African Australians and subsequent health inequities (Kwansah-Aidoo & Mapedzahama, 2018). It is, therefore, the "commonalities of needs, interests and diasporic experiences" that justify the use of the term "African Australian" as a socio-analytic category in this study (Kwansah-Aidoo & Mapedzahama, 2018, p. 82).

Intersectionality as a Radical Tool to Understand African Australian Health

The current study draws on intersectionality as critical inquiry (Collins & Bilge, 2016) to highlight how the homogenisation of African Australians limits our understanding of differential experiences of health among this population, and how attending to multiple-

axes of oppression/privilege yields more expansive knowledge about the root causes of African Australian health inequities. In contrast, dominant narratives concerning poor health outcomes that cut across social locations are often used to inform policy, which can inadvertently reinforce existing hierarchies. For example, focusing on culture as determining health and wellbeing essentialises the notion of African Australians as cultural outsiders, which may be used as cannon fodder in racist media portrayals of African Australians as so 'culturally different' that they do not 'belong' in Australia (Windle, 2008). Intersectionality instead, draws attention to how, in this example, African Australians are marginalised, and their belonging is expressed only in relation to the normative hegemonic white Australian culture.

By shifting focus away from the individual to their relationships with structures and systems, this study contributes to a growing knowledge base that can guide social policy to incorporate responses to health disparities that challenge the status quo (Heberle et al., in press; Williams et al., in press). For example, while evidence shows that racial discrimination results in unemployment for African Australians (Ogunsiji et al., 2012), interventions tend towards increasing personal skills to equip individuals to overcome such barriers (Turnbull & Stokes, 2011), rather than seeking to eliminate structural disadvantage at its root. Alternatively, an intersectional approach exposes the interlocking systems of oppression/privilege, which can better direct health policy to the contextualised root causes of health disparities (Hankivsky & Christofferson, 2008). For instance, African Australians arriving as refugees have been found to experience structural racism via hiring practices that require documentation to prove their work experience and qualifications (Colic-Peisker & Tilbury, 2006). An intersectional approach contextualises these practices by exposing interlocking systems of racism, colonialism, and nationalism that produce unequal access to employment. Thus, while individual-level interventions can impact on the lives of those directly involved, interventions that seek to shift the balance of power

may have more extensive effects for reducing health disparities (Weber, 2006). Consequently, intersectionality is a radical tool for understanding African Australian health and wellbeing due to its potential to disrupt the status quo (Overstreet et al., in press), not only within the social structures that it helps to expose, but also within the field of public health where its application remains underdeveloped and under-utilised (Bowleg, 2012).

Method

This study accepts the nature of reality as socially constructed, relativist, and multiple (Lincoln et al., 2018). Therefore, social categories and systems of oppression/privilege are considered culturally, historically, and socially constructed as well as embedded within a struggle for power and influence (McCall, 2005). That said, the intra-categorical complexity approach adopted here assumes the significance of social categories, including "African Australian" (McCall, 2005), which is identified by the author as a starting point to provide a greater understanding of the complexity of African Australian health.

Author Positionality

Intersectionality's focus on power relations calls for consideration of the author's positionality and how it impacts on this study. As a white-British 28 year old cisgender woman with Australian permanent residency status when the interviews were conducted, the race-based outsider status of the author is evident. However, commonality was also established with participants; for example, in shared experiences of gender, immigration, and age, which shifted the author's status along the insider-outsider continuum. To illustrate, when the author revealed to participants that she had spent time in Ghana some participants occasionally referenced the author's 'knowing' ("you have been to Ghana, so you 'know' what it is like"). This (limited) knowing may have positively affected participant-researcher relationships by demonstrating some cross-cultural sensitivity

(Britton, 2020). However, depth of understanding may have been hindered by participants' omitting details and the author failing to seek clarification due to a mutual presumption of knowing.

Reflexive practice occurred throughout this research for the author to unpack her assumptions, expectations, and values (Creswell, 2018). This reflexivity involved interrogating the epistemological approach, as well as the relationships and interactions between the author, the participants, and the research context. Reflexivity was aided by frank, open discussions with participants and colleagues, reflective note-taking, and analytic memos during the analysis.

Data Collection

This study aimed to understand concerns about African Australian health and wellbeing in Greater Melbourne as an exploratory exercise to direct the course of further research. The qualitative research design involved multiple data sources for greater depth of understanding and rigour (Creswell, 2018). Data sources included an Issues Paper produced independently of this study by a group of 50 African Australians (African Australian Communities Leadership Forum [AACLF], 2016) that describes some of the critical challenges facing the population, two group interviews, and 22 slow interviews. The author conducted all interviews and analysis.

The slow interview is characterised by handwritten notes in the absence of voice recordings and a dialogue-based quality assurance process, which consists of checking early interpretations of the data during the interview and providing interview summaries for editing afterwards (see Young et al., 2020, for a full description of the slow interview technique used in this study). Four participants returned edited interview summaries with minor changes. The slow interview was deliberately chosen to disrupt traditional researcher-participant power relations, as well as those resulting from the historical oppression of Black participants by white researchers (Liamputtong, 2010). Seventeen

slow interviews were one-on-one, and four participants opted to invite a friend or family member; therefore, some individual quotes are attributed to two participant pseudonyms. There were two group interviews, with eight and 11 participants (one of whom was also interviewed individually). Due to limited time, the second group interview began with each participant writing their key concerns about African Australian health and wellbeing on a sticky note. The author collected the sticky notes, grouped them according to repeated and similar concerns, and then asked follow-up questions about the identified issues. Sticky notes ensured a response from everyone and aided in structuring the discussion (Peterson & Barron, 2007). Data were collected between October 2016 and June 2017 across nine Greater Melbourne suburbs. All interviews were conducted in English. All participants provided informed consent as per the ethics protocol approved by the Australian Catholic University Human Research Ethics Committee.

Participants

The author initially utilised purposive sampling via internet searches for prominent African Australians (described by themselves and others as 'community leaders') and community organisations working with this population. Snowball sampling then engaged 44 participants; 35 African Australians and nine non-African community workers. Interviews with non-Africans were centred on the experiences of the African Australians with whom they work.

Not all participants disclosed personal information; those that did demonstrate some sample diversity. That said, similarities are evident; all participants spoke English well and are engaged in community work, either through their occupation, in their free time as volunteers, or as community leaders. Sixteen men and 28 women all over 18 years of age participated. African Australian participants were born in Ethiopia (n = 3), Ghana (n = 1), Liberia (n = 2), Nigeria (n = 1), Somalia (n = 3), South Africa (n = 2), South Sudan (n = 12), Zambia (n = 2), and Zimbabwe (n = 1). Two participants born in the Democratic

Republic of Congo identify as Burundian. Six African Australian and three non-African Australian participants did not disclose their country of birth. Non-African Australians were born in Australia (n = 2), Switzerland (n = 1), Colombia (n = 1), and Nigeria (n = 1). Two African Australians reported arriving via a skilled migration pathway, three as refugees, four on a family visa, three as international students, and three did not know their migration pathway to Australia. Length of time in Australia ranged from two to 33 years. Eleven participants were working part-time, five employed full-time, two volunteers, one student, two unemployed, and one casually employed. Due to the prominence of some participants in their respective communities, quotes are not attributed to countries of birth, and pseudonyms are used to protect participants' identity. Quotes reference extracts from the Issues Paper or the interview notes; the latter are not verbatim representations of participants' words.

Analysis

All data were coded using NVivo qualitative data analysis software; QSR International Pty Ltd. Version 12, 2018. First, thematic analysis involved immersion by reading and re-reading the interview notes and the Issues Paper. Second, coding involved assigning descriptive codes to keywords, phrases, and extracts from the data, such as 'forced to volunteer,' 'qualifications not recognised,' and 'stereotyping.' Third, categorising involved grouping descriptive codes that shared a relationship; for example, the aforementioned descriptive codes were categorised under 'unemployment.' Finally, generating themes (Green et al., 2007), such as 'structural barriers to international student employment,' was driven by the analytical goal of intersectional scholarship. This analytical goal according to Weber (2006), involves explaining how multiple social inequalities (such as that of age, race/ethnicity, migration pathway) are produced, reinforced (such as through English as an Additional Language provision), and resisted (such as by dropping out of school) at the institutional- and individual-level, and

ultimately shape health outcomes. Exploring the interrelations between 'African Australian' and the social categories expressed by participants, allowed for the complexity of social locations and their contextual importance to emerge from the data via a grounded approach (Marfelt, 2016). Wherever participants referred to social categories, the extracts were coded and later categorised according to patterns of migration pathway, age, gender, length of time in Australia, and sexuality. This practice ensured that no single social category was awarded priority over others (Marfelt, 2016).

Developing themes involved interrogating the emergent links between intersecting categories of difference and systems of oppression/privilege (Marfelt, 2016). This task required engaging with core concepts as guideposts such as, "inequality, relationality, power, social context, complexity, and social justice" (Collins & Bilge, 2016, p. 27) and attempting to answer the analytical questions put forward by Kaijser and Kronsell (2014) and Marfelt (2016), including for example: Which social categories of difference, if any, are represented in the empirical material? Are any categories that seem important to the empirical material missing? Are there any observable explicit or implicit assumptions about social categories of difference? Are there any observable explicit or implicit assumptions about relations among social categories of difference? How are the social categories of difference meaningful to the concerns raised about African Australian health and wellbeing (author's question)? How are participants concerns manifest at the institutional and individual level (author's question)? How do the identified concerns relate to systems of oppression/privilege (author's question)?

Results

When asked about their concerns regarding African Australian health and wellbeing, participants identified a variety of issues associated with mental health, substance use, sexual health, and exercise and nutrition. Detailing all raised concerns is beyond the scope of this paper. Precedence has been given to three themes that capture

social determinants of health, namely, education, employment, and gender, and the intersecting structural forces that manifest via institutional social processes. These key themes were chosen because the intersectional analysis sought the inclusion of experiences from a variety of African Australian social locations. Simultaneously, exposing social systems of oppression/privilege manifest at the "micro-level of [African Australian] individual experience" and the "macro socio-structural level" that impact on health outcomes, radically extends existing knowledge (Bowleg, 2012, p. 1267; Weber, 2006).

Segregation and Othering in Education

Participants raised concern for African Australians they identified as, at risk of dropping out of school. Health implications included the lack of employment prospects and the toll this takes on mental health in terms of boredom, feelings of worthlessness, low self-esteem, and depression. Participants felt that school dropout creates conditions for, and may manifest in, use of drugs and alcohol, as well as criminal behaviour.

Concern for school dropout was predominantly reserved for young former refugees. While the diversity was acknowledged, participants also identified some commonalities at this social location that increase the risk of school dropout. For example, participants described that former refugee young people are likely to have been deprived of consistent formal education and are therefore academically disadvantaged when compared to non-former refugees. Limited English language and literacy skills were also identified as typical among African Australian former refugees. However, Faheem (~30-39 year old man) described how migration routes influence English capabilities; South Sudanese people migrating via Uganda and Kenya tend to have stronger English than those migrating via Egypt. Participants expressed concern that those who need additional support often go unnoticed until standardised exams in year nine, at which point it is too late to catch up on the work they have missed. While participants discussed the negative impact of trauma for

former refugee arrivals broadly, only two participants identified trauma as a contributing factor for school dropout.

Participants also identified structural barriers within the education system that disadvantage African Australians at this social location. First of these is the age-based class cohorts as Mapalo (40-49 year old man) described:

> [Placing] children based on their age not based on their ability … causes children to get frustrated if they are in the wrong grade, and so they drop out of school, and they might then end up on the street breaking into houses.

Secondly, participants described that even when additional support is provided in schools, the nature of delivery is problematic. Comfort (18-29 year old woman) described, "young people in school are segregated from their peers through activities such as ESL [English as a Second Language] language courses."

Participants also identified a lack of parental support as a factor contributing to school dropout. Identified barriers to parental engagement included a lack of familiarity with the Australian school system: "families don't always support their students because they themselves may not have experienced education and so do not know what is required" (Asim, ~18-29 year old man). Similarly, Suleyman and Abdurrahim (~41-49 year old men) suggested that some parents' prior experience of education in African countries may result in misinformed expectations of their children's homework obligations.

Family composition was another barrier identified by participants as affecting the amount of time parents can spend on their children's education. Abdo (18-29 year old man) remarked, "some parents do not always have the capacity to engage with schools … because they are lone, single-parents with too much going on with commitments of household obligations by themselves and not enough time." Here gender intersects, as Faheem noted the prevalence of one-parent families headed by women and considered

humanitarian migration policies that favour the selection of women and their dependents as a contributing structural factor.

Labour Market Discrimination

Unemployment, Abdo described, "can produce low self-esteem and mental ill-health." Participants explained that barriers to employment manifest differentially for African Australians across intersections of migration pathway and gender. For example, African Australians migrating as international students struggle to secure work placements as part of their study requirements. The lack of work experience produces disadvantage for those who invoke their post-study work rights (via the temporary graduate visa subclass 485), leaving many unable to find employment in a relevant field. The Issues Paper describes, "While they are waiting for their temporary residency status to become permanent, employers are not interested in employing them even though they have a legal right to work. This exposes international students to exploitation" (AACLF, 2016, p. 13). International students may be either forced into volunteering, or into jobs that pay below minimum standards, or do not match their skill level, or face long periods of unemployment. The Issues Paper highlights that African Australian international students add significant value to the Australian workforce stating, "employers do not recognise or take advantage of their added value. They are often high achieving and multi-lingual with the significant cultural intelligence and adaptability that comes from straddling two worlds" (AACLF, 2016, p. 4).

Grace (18-29 year old woman) described added pressure for international students as a result of "an inherent expectation that you are representing your country and when you go back to visit, people will say things like 'you're doing so well' and 'keep going.'" Participants also noted the challenges of moving to a new country, experiencing isolation, and lacking social support networks. International students, Grace said, "are aware you have got it much easier than some other's struggles, which makes it difficult to complain or

feel like you can voice any problems." "The pressure can be overwhelming" and affect mental health outcomes, compounding the unique challenges facing international students in their search for employment.

For African Australian skilled migrants, the challenge of gaining employment was associated with structural barriers, including overseas qualifications not being recognised. Characterising the expectations of people migrating with skills, Nkandu and Thandiwe (~18-29 & 30-39 year old women respectively) described, "usually they have sold everything back home and have come with the thought of moving to greener pastures. Often the reality is far different, and the difficulty of finding work becomes a real issue." This mismatch of expectations and reality may have significant implications for gendered health outcomes; "men experience a shift in family roles from usually being the breadwinner to relying on their wives' income, family violence can occur under these circumstances because men feel disempowered and depressed" (Nkandu & Thandiwe). Gendered cultural norms that dictate family roles also manifest in other ways; for example, participants described that in some families the lack of employment opportunities forces fathers to return to their home countries to find employment, leaving mothers to manage alone in Australia. In other families, women's domestic responsibilities preclude them from entering the workforce altogether.

For former refugee African Australians, limited English language and literacy were considered by participants to be the most prominent factor impeding access to employment. That said, participants also described structural barriers to employment that appear to cut across the various migration pathways creating additional challenges for all African Australians. For example, Machar (~41-49 year old man) described, "gaining employment is a challenge in Australia when people rely so heavily on networking; it's often about who you know." Participants said professional connections could facilitate

employment and buffer the job seeker against another critical structural barrier to employment: experiences of racial discrimination.

> People fear the unknown. Once they get to know you and if you know someone that they know you might be given the chance to prove that you are okay. But when you don't have a network when you arrive, it's very hard to find a job. The media depicts Africans as violent, and so people believe it and are scared. (Suleyman & Abdurrahim)

Participants attributed racial discrimination to stereotyping and negative representations of African Australians in mainstream media. The Issues Paper describes, "negative reporting not only inflames tensions, breeds misunderstanding and mistrust but has a huge impact on employability and the confidence of the new communities" (AACLF, 2016, p. 14). Media representation provides "the only lens through which the broader community knows the new community" (AACLF, 2016, p. 14) and thus, significantly influences the experience of direct interpersonal racial discrimination for African Australians. Sarah and Corrine (18-29 year old women) explained:

> Negative representation can hinder opportunities for people to find work, and people develop negative opinions of people from Africa and believe that they may steal, be late, or lazy, and how then can a person of African heritage gain trust in order for them to become an accountant or a doctor?

Participants recognised that their names were a source of identification for employers to discriminate racially and many discussed previous experiences, and future desires, of using 'Western' names on their job applications to avoid this. Sarah, an African Australian who happens to have a 'Western' name, described attending a job interview and recalled that the interviewer appeared surprised when they met and said "Oh! I thought you were Anglo!" Sarah was unsuccessful in gaining the role, but also expressed that she did not want to work for an organisation that she stated was "racially profiling" candidates.

Gendered Racism in Health-Care Provision

Participants identified gendered norms as producing divergent experiences of health and wellbeing for African Australians. The gendered division of labour (men as breadwinners, women as caregivers) was viewed by Hannah (non-African 30-39 year old woman) as contributing to social isolation for some of the African Australian women with whom she worked. She said that "men will usually be the ones to work and learn English, the women's involvement in these activities is often interrupted by having children, and they do not, therefore, have as much opportunity to engage in the wider society."

Participants also described a power imbalance between men and women manifests in sexual relationships. Aluel (~30-39 year old man) indicated that in South Sudanese culture:

> It is disrespectful for a woman to raise the idea of using a condom to her sexual partner. He will be offended by the proposition and assume that she believes he is being unfaithful, or is ill, or doesn't want to have a baby with him. There is some lack of understanding about the benefits of using contraception, but primarily it is a cultural norm to respond in this way, and there will be a difficult conversation if the topic of contraception is raised.

Related to this was concern about the relationship between family violence and gendered cultural norms that stifle women's ability to assert their sexual rights. Nkandu and Thandiwe described that many women they encounter in their role as African Australian community workers believe that they are destined to endure sexual violence when in a marriage. Bilan (18-29 year old woman) described, "contraception is not often used. Women are sometimes powerless to use it."

Participants also raised concern for limited knowledge regarding sexual health that they identified as contributing to high numbers of "underage" pregnancy and many young women seeking multiple abortions. At the intersection of gender and age, conservative

attitudes about sexuality were considered to disadvantage young African Australians, as parents refuse to discuss sexual health with their children. Participants viewed this as a missed opportunity for filling gaps in young people's knowledge about sexual health.

At the intersections of migration pathway and gender, specific concern was expressed for young women arriving on student visas. Some participants perceived these women to be more vulnerable to unwanted pregnancy due to the freedom they have to explore sexual relationships away from the scrutiny of their families and communities. Intersecting here is a structural barrier to health care at this specific social location; some Overseas Student Health Cover (OSHC) policies deny medical insurance to international students for pregnancy-related health care during their first year in Australia. Anna (non-African ~30-39 year old woman) who worked in a community organisation described receiving many phone calls from women in distress because they had fallen pregnant. Anna stated, "this clause severely discriminates against women."

Discussion

Findings highlighted how several interlocking systems of oppression/privilege are reproduced and reinforced through the institutions of education, the labour market, and health care, with significant consequences for African Australian health and wellbeing at particular social locations. The key findings point to social processes that are embedded within these three institutions that serve to Other African Australians. Othering operates through a set of "dynamics, processes, and structures" to reinforce notions of normality, simultaneously creating a space for difference where a group or person can be labelled and defined as outside of the norm (Powell & Menendian, 2016, p. 17). In the current study, hegemonic-whiteness and English language are identified as the norm.

Within education, for example, organising class cohorts based on age is identified in the present study as an Othering process. Underpinning the age-based sorting structure is the assumption that all pupils have the same, or similar, developmental and educational

experiences. This assumption is indicative of a hegemonic standard characterised by a pupil who has had uninterrupted education, in the English language, and from a Western pedagogy. This is problematic for African Australian former refugees, who are likely to have interrupted education (Block et al., 2014).

Similarly, the key findings point to English as an Additional Language (EAL) support as contributing to the segregation and exclusion of African Australian former refugee young people in schools. EAL provision is described as adopting a deficit approach to educating immigrant students (Block et al., 2014), arguably upholding the hegemonic standard by viewing EAL learners as lacking, but only as compared to the Anglo-Australian "owners" of the English language, translating into a power imbalance (Hebbani & Colic-Peisker, 2012). Evidently, some African Australian young people across Victorian public schools are removed from mainstream classes to access EAL support (Department of Education and Training, 2018). This unequal treatment of former refugee young people results in their visible absence in mainstream classes, establishing a point of difference for these pupils expressed along racial lines. Sorting classes by age and forcing students out of mainstream class to receive EAL support are examples of Othering processes that maintain a racial hierarchy within the school setting that particularly impacts on African Australian former refugees. Dropping out of school may be a legitimate means to resist racist structures that position them as Other, in pursuit of belonging elsewhere.

The Othering processes identified in the institution of education that help to establish and maintain a racial hierarchy, situate African Australian former refugee young people "outside the cultural frameworks of dominant Whiteness" (Edgeworth, 2015, p. 360). Racism, as a facet of Othering (Powell & Menendian, 2016), engenders biased or inequitable treatment of social or cultural groups along racial/ethnic, cultural, or religious lines (Baak, 2019). While the Othering processes that perpetuate the hegemonic standard of whiteness through Australian institutions are rooted in racism, their tendrils also

intertwine with those rooted in colonialism and nationalism, which in this study are found to impact on African Australian health.

Evidence in the current study highlights racism, nationalism, and colonialism as mutually reinforcing systems of oppression/privilege that operate structurally, for example, through media and immigration policy, to reproduce and reinforce disparities for African Australians in terms of their life opportunities (in school, when looking for employment, and when seeking health care). The intersectional analysis employed in this study has drawn out these systems by situating the findings within the specific Australian social context, as social inequalities are often a legacy of historical factors (Collins & Bilge, 2016). Australia's history of colonialism is significant to the key findings of the present study as the various processes found to influence African Australian health and wellbeing emerge across these three institutions as entrenched in historical and contemporary efforts to dispossess Aboriginal and Torres Strait Islander peoples from the land (see Moreton-Robinson, 2015). Nationalism interlocks with colonialism through contemporary processes that serve to maintain a 'white nation' that constructs 'Australian-ness' as rooted in 'Britishness' and terra nullius (the land belonging to no one) (Moreton-Robinson, 2015).

For example, foregrounding interpersonal experiences of racism for participants in this study are the stereotypes produced and reinforced through the institution of mainstream media as well as in political discourse that perpetuates the social exclusion of African Australians (Windle, 2008). Media narratives position African Australians as an 'unknown' entity, by contrast promoting white Australians as a 'known' entity, where delineating 'Australians' from undesirable 'non-whites' is an explicit and overt process steeped in the racial and colonial project of building the white nation (Moreton-Robinson, 2015; Hage, 2000). Furthermore, discourses associated with anti-refugee and anti-immigrant sentiment acted upon by immigration policy (for example, 'stop the boats') deny the humanity of asylum seekers and refugees, while also positioning them as

dangerous or immoral. These frames of reference echo discourse that once facilitated the colonisation of Africa. Within this discourse, colonising practices are extended by maintaining racial hierarchies and expressions of national borders, which reinforces governmental belonging to white Australians of the 'white nation' (Hage, 2000).

As colonialism, nationalism, and racism interlock with one another at the institutional level, findings in the present study show that at the micro-level they manifest in experiences of interpersonal racial discrimination (Baak, 2019), including, as this study finds, during the quest for employment. Sarah's brief exchange with the interviewer, who revealed their assumption that Sarah would be "Anglo," captures the way the hegemonic standard of whiteness (grounded in colonialism, nationalism, and racism) permeates everyday interpersonal interactions between people in Australia to create a significant disadvantage for African Australians as a collective out-group. Unemployment has detrimental effects on health and wellbeing (Marmot, 2016), and African Australians are specifically vulnerable to and impacted by under/unemployment (Abur & Spaaij, 2016).

This study finds, as in previous research, that structural racism manifests in the institution of the labour market via practices that include qualifications gained overseas going unrecognised (Colic-Peisker & Tilbury, 2006) and vetting practices that do not de-identify candidates (Department of Premier and Cabinet Victoria & The Centre for Ethical Leadership, University of Melbourne, 2018). These processes preserve the segmentation of labour by consigning the racially and culturally 'different' to underprivileged jobs, producing and reinforcing the social construction of a minority status that is disadvantaged and disempowered (Colic-Peisker & Tilbury, 2006). The intersectional lens affords the analysis scope to consider the root causes of such processes as steeped in the interlocking systems of racism and neoliberalism.

For example, the current study shows that capitalism intersects with race and migration pathway, as African Australian international students, like other international

students, are found to frequent jobs that do not match their skills and education; they are vulnerable to exploitation (Tran, Rahimi, & Tan, 2019). Since the late 1990s, a suite of policies has contributed to academic and public discourse, that has variously shifted the position of international students from "desirable designer migrants" to "exploited cash cows" to "opportunistic backdoor migrants" (Robertson, 2011, p. 2206). The Australian neoliberal political agenda that once positioned international students as privileged and desirable as "ideal neoliberal subjects" also has wider implications in maintaining global inequalities through 'brain drain.' Policy framing that narrowly views international students as consumers and labour produced unintended market consequences, resulting in the marginalisation of international students and discourse that positions them as "problematic intrusions into the state" (Robertson, 2011, p. 2193). The fluidity of the status of social locations as either oppressed or privileged is thus intertwined with structural forces. Neoliberalism as a system of oppression/privilege manifests in education-migration policy to maintain a racial hierarchy in the labour market; specifically, a "student-migrant underclass" (Robertson, 2011, p. 2207).

Within the same cohort of international students, intersectionality highlights how sexism interlocks with racism and neoliberalism to produce further disadvantage for women. This study confirms that gendered norms rooted in sexism disempower some African Australian women by denying their sexual rights at the micro-level (Drummond et al., 2008). This disadvantage is compounded for those migrating as international students via the institution of health-care provision. Clause 8.1(g) in the overseas student health cover (OSHC) deed reproduces and reinforces women's disadvantage by avoiding stipulating the provision of funds for students who become pregnant during their first 12 months in Australia. Poljski et al. (2014) argue that this represents a breach of human rights obligations. The OSHC deed is inherently sexist in that it unfairly denies health care that is specific to women's needs. However, more than this, racism compounds this

unequal access to health care because students born in Australia or in countries that have health provision partnerships with Australia, such as the UK, are privileged. Thus, global health inequities are also reinforced. The example exposes the interlocking systems of neoliberalism, racism, and sexism that reproduce and reinforce health inequities for African Australian women arriving as international students.

Strengths, Limitations, and Future Research Directions

A strength of the intersectional analysis in this study is its ability to capture the nuance of lived experiences among African Australians as impacted by multiple, mutually reinforcing systems of oppression/privilege, namely racism, colonialism, nationalism, neoliberalism, and sexism. The analysis can help to shift the conversation surrounding African Australian health and wellbeing from individual behavioural determinants, to consider the ways oppression/privilege manifest via institutional processes including Othering in education, labour market discrimination, and gendered racism in health-care provision. Efforts to improve health can be better directed, with broader impacts, toward dismantling these root causes of health inequities.

While showcasing differential experiences of health and wellbeing for African Australians, the intersectional analysis has simultaneously highlighted experiences that cut across different African Australian identities, such as disadvantage rooted in racism, colonialism, and nationalism. Shared experiences of racial discrimination found in this study, may be better understood as intersectional similarities, which accepts and accounts for the African Australian intersectional differences also found (Nair & Vollhardt, in press). This nuance highlights a potential point of connection between African Australians and other racially oppressed groups in Australia. For example, the significance of colonialism in shaping the realities of African Australians in the current study may indicate a point of interconnection between the intersectional experiences of Indigenous Australians and African Australians. Future research exploring such interconnections may assist in

centring the concerns of multiply-disadvantaged groups in Australia and strengthening efforts for resistance (Nair & Vollhardt, in press).

As a white-British migrant to Australia, the author's social position has influenced this study. The author's own migration experience privileged by whiteness has in some ways strengthened the intersectional analysis by providing a useful point of comparison, grounding the analysis in systems of oppression/privilege that may have otherwise remained invisible. Researcher-participant power relations have had important implications; despite efforts to centre the voice of the participants, the finality of the author's voice creates the potential for inadvertently silencing participants and reinforcing race- and class-based inequalities (hooks, 1991). Future research could ensure participants full-participation in the final stages of data analysis and reporting to attend to these power dynamics.

A key limitation of this study is indicated by the relative silence around other intersecting categories of social difference not mentioned here, which bounded this analysis. Only two participants cursorily mentioned sexuality, which may be indicative of the stigma that renders LGBTIQ social locations invisible, or perhaps a lack of diversity among participants in terms of sexuality. Future research involving this population would benefit from capturing people's experiences at specific social locations that have not been made visible in previous research.

Policy and Practice Implications

To improve the health and wellbeing of African Australians, the findings in this study demand intersectional and equity-orientated practice and policy actions that aid in shifting the distribution of power. Specific recommendations are put forward here with the caveat that the pervasiveness of macro-level systems of oppression/privilege necessitates intersectoral action for their eradication across all social institutions. Given intersectionality's ability to target the social locations of those who are disadvantaged by

pervasive systems of oppression/privilege, it simultaneously directs the health promoter to where power must be assigned, that is, to the groups for whom institutions do not currently work, whose voices are not currently privileged.

Privileging the voices of oppressed groups in Australia involves being supportive of and attentive to grassroots-led social movements and activism. For example, Colour Code (http://colourcode.org.au/) is a movement made up of multicultural, migrant, and First Nations peoples seeking to eradicate the root causes of some of the health inequities found in this study that they have in common. Additionally, African Australian immigrant organisations are seeking to improve health and wellbeing in various ways, including through health advocacy and generating inter-racial/ethnic solidarity (Young, 2020). As health settings, these organisations may represent sites to resist oppression and reduce health inequities.

Eradicating systemic drivers of health inequality requires rebuilding institutions with the interests of all in mind. For example, involving African Australian former refugees (and all oppressed groups) in designing national curriculum design via genuine, equal, remunerated participation may facilitate a transformation of education. However, more than merely involving underrepresented groups, the power to make decisions must be allocated to those typically silenced. Similar to Block et al. (2014), it is also recommended that a whole-school inclusive and holistic approach to education is necessary to lessen the Othering of migrant students, respond to racialised exclusion for refugee background young people, and counter the deficit approach to refugee education. A universal-design approach to schooling should result in a system committed to celebrating diversity, with a curriculum that equally represents experiences that differ from white Australian students. As microcosms of social realities, schools have great potential to ignite social change by incorporating issues of race, culture, and diversity into the school curriculum (Mansouri & Jenkins, 2010).

Dismantling racism, colonialism, and nationalism across institutions may be supported by Edgeworth's (2015) promotion of preserving, discarding, revising, and reworking the imagined nation to afford everyone equal space. The approach includes the need for critical interrogation of hegemonic discourses and practices that impede social justice for African Australians. More than this, with such broad reach and influence over public opinion, mainstream media outlets and individual journalists must be held to account for relaying discourses of racialised problem groups (Windle, 2008), particularly given the disempowering effect this has on African Australians' capacity to find suitable employment. Dismantling capitalism, which creates an uneven distribution of power to report news across media outlets vying for profit would have drastic effects on mainstream media, which without the need to generate profit may produce quality, fair, and representative journalism.

The status quo must be disrupted to increase African Australian participation in the labour market. In line with Premji and Shakya (2017), the author advocates for more robust and stronger enforcement of anti-discrimination legislation in relation to hiring practices, including passing legislation that can account for intersectional experiences of discrimination. More than this is the need for proactive approaches that reduce the burden on individuals to take complaints to court; for example, establishing independent regulation of hiring practices and systems across all institutions that includes monitoring and enforcing compliance with anti-discrimination legislation. Such regulation can ensure adaptation of hiring practices to remove the ability to discriminate based on race, gender, and other markers of difference. An initiative called Recruit Smarter has reported positive outcomes in this regard, finding that de-identifying country of birth results in an 8% higher chance of overseas-born applicants getting shortlisted compared to those born in Australia (DPC & The Centre for Ethical Leadership University of Melbourne, 2018).

Transforming institutions necessitates diverse workforces. Establishing effective pathways for diversity across all segments of the labour force requires eliminating barriers upholding systems of oppression/privilege, such as providing universal free access to tertiary education. Similarly, approaches targeting specific intersections identified in this study suggest that for skilled migrants, acceptance of qualifications obtained overseas would have the immediate effect of reducing overeducation in specific sectors. To enable full workforce participation of African Australian women, in line with Premji and Shakya (2017), the provision of universal childcare is recommended. Universal health-care provision must also be established.

Conclusion

This study contributes to the growing literature that draws on intersectionality to understand health and wellbeing inequities and further demonstrates its value as a radical tool to expose systems of oppression/privilege that create and maintain disadvantage for African Australians at various social locations. The findings demonstrate intersectionality's ability to effectively shift the discussion from individual to systemic explanations for African Australian health outcomes and in doing so, demand an unravelling of the common thread assumption of a normative white Australian, for whom social systems including education, employment, and health care are currently designed.

[End of manuscript]

7.3 Chapter Summary

This chapter has presented a manuscript submitted for publication that outlines three key findings from Phase 1 of this research. This chapter demonstrates that intersectional analysis is instrumental for shifting the conversation from individual determinants of health and wellbeing, which is the dominant narrative concerning African Australian health and wellbeing (as outlined in Chapter 3), to accounting for the systemic causes of health inequities that manifest in Australian institutions. African Australians at

the intersections of race/ethnicity, migration pathway, age, and gender, experience unique pressures and circumstances because of interlocking and mutually reinforcing systemic forces, including racism, nationalism, colonialism, neoliberalism, capitalism, and sexism. Chapter 8 presents additional findings from Phase 1 not captured in this manuscript.

Chapter 8 Phase 1 Findings (Part 2)

8.1 Chapter Overview

This chapter is the second of two chapters that present the key findings from Phase 1 that emerged from an intersectional analysis of the interview notes from two group interviews, 22 slow interviews, and an Issues Paper produced by 50 African Australians (AACLF, 2016). The findings are presented in answer to the following research question:

> *From the perspectives of African Australians and non-African Australians working with and for African Australians, what are the priority concerns regarding African Australian health and wellbeing in Greater Melbourne?*

The chapter presents the findings relating to predominant themes that did not feature in the manuscript presented in Chapter 7. This chapter describes how participants framed their concerns about health and wellbeing in relation to both individual behavioural and social determinants. Specific health risk factors and outcomes that were most commonly raised by participants are also outlined, including identity, mental health, substance use, and exercise and nutrition. Cultural responsiveness is presented as a key theme, which participants perceived as integral for facilitating the health and wellbeing of African Australians. Following this, the participants' views of existing and previous initiatives targeting the African Australian population are presented. Finally, the chapter presents a key theme identifying African Australian immigrant organisations as sites where African Australians are seeking to improve health and wellbeing, and the impetus for Phase 2 of this research is established. The key findings in this chapter, like those in Chapter 7, expose where intersecting systems of oppression/privilege are found to impact on health and wellbeing for some African Australians at particular social locations. This will be discussed further in Chapter 12, where Phase 1 findings are brought into dialogue with Phase 2 findings.

8.2 Individual Behavioural and Social Determinants of Health and Wellbeing

In interviews with African Australian participants, health and wellbeing was conceptualised by drawing on commonly held perspectives in health promotion. Suleyman and Abdurrahim (~41-49 year old men) were asked what health and wellbeing means to them; their answer follows:

> "Health" is about physical health and fitness whereas "wellbeing" encompasses mental health or how you think and feel. "Wellbeing", also includes the external and broader issues that impact on your "wellbeing" or happiness- things like trying to settle into a new country, sending your children to school and worrying that they are getting bullied or not performing, or trying to find a job; these things affect your "wellbeing."

This extract summarises how participants recognised health as a dynamic concept encompassing individual behavioural, emotional, and social factors. Demarcating the two terms "health" and "wellbeing" as in the above quote, aided the shifting between these different lenses, where wellbeing encompasses structural factors, and health, individual behaviours. This dual framing of health and wellbeing mirrors two of the health approaches that Chapter 3 argues are prevalent among the public health literature.

Similarly, when explaining the reasons for identified health concerns, participants viewed health and wellbeing as determined by both individual behavioural and structural factors and talked about them in an interrelated way. For example, Aluel (~30-39 year old man) noted that inadequate housing contributes to conditions for risky drinking behaviour, he said, "[young] people are sharing three or four people in one bedroom, and the conditions are poor in these accommodations. In this type of environment, social drinking will occur, and people will pool their money together to buy alcohol." Similarly, Hannah (non-African ~30-39 year old woman) noted environmental factors that contribute to poor health outcomes, such as Vitamin D deficiency, for African Australians

living in high-rise social housing, she said, “their children are not encouraged to play outside because it is impossible to watch them from the top of a high rise building.” Therefore, health and wellbeing were conceptualised using a combination of the individual behavioural determinants and the social determinants of health attributing health outcomes to both unhealthy behaviours and social structures. Key social determinants of health and wellbeing that participants raised, included education, employment, and gender, which are outlined in Chapter 7.

Furthermore, several participants acknowledged that the social location of African Australians would present different health risk factors, for example, Faheem (~18-29 year old man) said, “different age groups might experience different health issues, but it will more likely be determined by where they lived or grew up before coming to Australia.” Therefore, the most salient social categories of difference that were relevant to health and wellbeing for participants emerged from the data and are embedded within the following key themes, including race/ethnicity, migration pathway, age, and gender. Two participants also mentioned sexuality, and one participant discussed the importance of the length of time in Australia as significant for determining immediate needs related to health and wellbeing. Due to the limited data presented around these categories, they were not considered to be the most salient.

When asked about their concerns regarding African Australian health and wellbeing, participants frequently raised four interrelated but specific aspects of health and wellbeing, namely identity, mental health, substance use, and exercise and nutrition.

8.3 Identity

Formulating and defining an identity was raised by participants as a key health and wellbeing concern. Participants used terms including “belonging,” “fitting in,” “biracial,” “multicultural,” the notion of being in “limbo between two cultures” and “negotiating a cultural identity,” which demonstrate the multifaceted nature of identity as comprising

race and culture on relational terms. One participant, Aamiina (18-29 year old woman), commented that "young women feel caught between two cultures, and they find it difficult to deal with conflicting expectations of the African and Australian cultures." Participants recognised that formulating an identity was a particular challenge for young African Australians who they perceived as trying to strike a balance between maintaining their various African identities while also engaging with and developing their Australian identity.

Participants recognised structural factors that contribute to the challenge for young African Australians establishing their identity. For example, within the domain of the family, adhering to parental expectations of sustaining specific values and norms was raised as a significant challenge and at times, a source of conflict for young people. Louise (non-African ~30-39 year old woman) noted that there are "expectations for women to take care of domestic duties and stay at home more." Participants viewed these gendered expectations, and demands, of parents on daughters as exacerbating intergenerational conflict, which has perceived implications for health and wellbeing. During a slow interview Sarah and Corine (both women, 18-29 years) said that many parenting styles reflect an approach of "it's my way or the highway," which "means that many kids will end up on the streets as an alternative to living with their parents." They also noted that many young African Australians employ a strategy to try and strike a balance by actively adopting bits and pieces of both African and Australian cultures to form their own identity. However, they also said that it would be necessary to have support and freedom from parents:

> Having the freedom to choose your own path or identity is useful, but not all parents will be able to give that much free rein, and young people might find they are in the position of having to take it or leave it. (Sarah & Corine)

The notion of having to "leave it" for some young people can involve homelessness and thus compromising health and wellbeing. Intergenerational conflict, as a result of managing connections to, and meeting expectations of two cultures, refers to an individual or family struggle. However, the structural dimensions of gender and age, and the associated power relations within the family unit are found to produce particular risks for young African Australian women when negotiating their identity. Participants also pointed to additional social structures that contribute to young peoples' struggle of forming an identity.

Participants expressed concern about the children of African Australians who were born in Australia. For these children, efforts to establish an identity can be challenged by interpersonal interactions with the general public. In an interview with Suleyman and Abdurrahim, interview notes recounted the story of Suleyman's daughter's experience with a healthcare professional:

> Suleyman took his young daughter Saba to the health centre and at the beginning of the consultation the doctor asked Saba, "where are you from?" Saba replied, "I am from here." The doctor asked again and received the same reply, and so he continued to press Saba, not understanding that she was born in Australia until she told him the name of the local hospital where she was born. The doctor then asked, "where are your parents from?" and Suleyman responded. Saba was clearly confused by this exchange and on the drive home from the health centre she asked her father "am I not from Australia?" (Suleyman & Abdurrahim)

Suleyman's story reveals that "for young people who are born in Australia, identifying as Australian from a young age becomes confusing as you grow up and start to realise that you are African because you are not treated as Australian" (Suleyman & Abdurrahim).

Additionally, structural factors posing challenges to developing a sense of belonging for African Australian young people were described by participants to include a lack of positive role models visible in mainstream media, politics, and other prominent professions:

> Where there are black-African role models in music and movies, it is often negative representations such as 50 Cent and other rappers who sing about negative things like abusing women and taking drugs. Additionally, most movies will negatively portray the black person as the enemy or as having had a 'life of struggle.' (James & Ray, 50+ and 18-29 year old men respectively)

For many young African Australians, the most visible relatable role models are predominantly African Americans featuring in Western popular culture. Furthermore, participants noted that there is limited representation of African Australians in professional settings. Sarah and Corine discussed that African Australians are more visible in caring professions, such as in aged care or nursing, which means that many young African Australians are encouraged to pursue this line of work.

Similarly, participants' concerns about the impact of negative representations of African Australians in mainstream media were magnified during the period of Phase 1 data collection (October 2016-June 2017), when Australian newspapers published a barrage of articles asserting the existence of 'African gangs' and an 'African crime wave' in Melbourne (Johnston, 2017). Participants said that racialised crime reporting of this type contributed to negative stereotyping of African Australians in the wider Australian society. Participants described that stereotyping contributes to racial discrimination against African Australians that manifest in many ways, such as in the search for employment, as Chapter 7 outlines.

Two participants raised concerns about the implications of racialised media coverage for school-aged African Australians who they said were reportedly experiencing labelling by teachers in schools. The Herald Sun (Victorian-based daily tabloid newspaper)

reported that a Federal Parliamentary inquiry had heard that "pupils of South Sudanese heritage have been banned from congregating in groups of three or more at several Melbourne schools" (Smethurst, 2017, para. 1). The report stated that the Department of Education was investigating the allegations, and at the time of writing no further information could be found on this matter. Participants described how experiences of sexism within the family and racism via media stereotyping, labelling pupils in school, and racist interactions with health professionals, challenge the formation of young peoples' identities and produce increased risk of homelessness and poor mental health outcomes.

8.4 Mental Health

Nearly all participants identified mental health as a priority concern in relation to African Australian health and wellbeing. Specifically, participants expressed concern for the perceived prevalence of depression, stress, anxiety, psychosis, psychological impacts of trauma, and post-natal depression among African Australians. Some participants said that migration pathway influenced the mental health of African Australians differently; for example, trauma was a concern predominantly reserved for people migrating to Australia as refugees. Faheem noted that older African Australians arriving as refugees were particularly vulnerable, he said, "there is trauma in some of the older people as they have experienced war." Similarly, Aluel noted that "some men are traumatised and have psychiatric issues as a result of where they have come from."

Participants expressed added concern for African Australians migrating from countries with ongoing conflicts. Benjamin (~30-39 year old man) noted, "there is disunity in East Africa and people here constantly worry about their families back home. You are always stressed, and your mind is never free." Taddesse (~41-49 year old man) also stated that "people are worrying over their family and friends and the current state of conflict back home, they have feelings of hopelessness." While Phase 1 participants considered that African Australian former refugees face greater risk of poor mental health outcomes due to

pre-migration circumstances and ongoing political strife in their countries of origin, they also recognised shared risk factors for poor mental health across the various African Australian migration pathways.

Participants described that all newly-arrived African Australians experience at least some level of stress associated with settling into Australia: “the experience of migration can be confronting, isolating and depressing” (Nkandu & Thandiwe, ~18-29 and 30-39 year old women respectively). The lack of family support networks was described as a significant contributing factor to settlement stress, and feelings of isolation, which participants said can persist for a long time. African Australian participants during the group interview with young women also pointed to “receiving a lot of pressure from people back home” after migrating to Australia as an additional source of stress.

Participants noted that “exclusion through racism and discrimination” (group interview) profoundly affects the mental health of African Australians. The African Australian participants’ experiences outlined in Chapter 7, highlight how the system of racism is embedded in social institutions including the labour market, education, and health care. The reproduction and reinforcement of racism within these institutions maintains the social exclusion of African Australians, which participants said produces low self-esteem and depression, among other harmful consequences for health and wellbeing already described in Chapter 7. These key findings indicate that poor mental health outcomes are structurally determined for African Australians at particular social locations.

Participants also noted that in some African cultures, mental health problems are generally considered a taboo and are often stigmatised. Participants described that some African Australians equated mental health issues to extremely overt behaviours such as those that might appear during psychosis, and as a result, people with mental health issues (regardless of their symptoms) are often considered to be “crazy.” Participants also noted that depression is generally not pathologised in African cultures and is sometimes viewed

as a spiritual problem rather than a health problem. Sarah and Corine believed that some people would question a person's diagnosis by asking "what do you have to be depressed about?" They also said that "it would be shameful to the family if you have mental health issues and it will be blamed on the individual, as if they have done something wrong to get themselves into that situation of being depressed."

Furthermore, participants identified that help-seeking for mental health problems was unlikely due to a general lack of understanding about mental health, particularly among older African Australians:

> Mental health issues are not readily understood in the African Australian community to be an issue; it's something you get on with and people rather value resilience. Especially in the over 40's, they are unlikely to name it as a mental health problem if they have it. The youth are more likely to name it. (Grace, 18-29 year old woman)

Notably, a gendered dimension was also raised by participants who described that men who are diagnosed with depression may be perceived as, and feel, emasculated. Thus, the stigma and attitudes associated with poor mental health, create significant barriers for African Australians, especially men and older people, to seek professional help.

8.5 Substance Use

Some participants were concerned about the use of alcohol and drugs. They said this health-related behaviour compounds and contributes to poor mental health outcomes. Participants viewed the use of drugs and alcohol among African Australian refugee arrivals as a means of coping, for example, Comfort (18-29 year old woman) described that "people are using drugs and alcohol as a relief from, and as a way to cope with trauma." Similarly, Machar (~41-49 year old man) said that "alcohol and drugs may be relied upon as a coping method to deal with bad memories such as experience in combat." Participants of a group interview that included non-Africans stated that for some African Australians,

"unaddressed depression can lead to the use of alcohol and other drugs." This risky health behaviour was viewed as particularly problematic for young African Australians.

Aluel said that young African Australians use alcohol and drugs because of "a lack of employment, boredom, and a lack of engagement with society in terms of having no work or study." He said that government funding cuts to Technical and Further Education (TAFE) has impacted on the availability of educational programs: "there used to be programs that people would do, but not anymore." Mapalo (40-49 year old man) also viewed young people as vulnerable to the use of alcohol and drugs because of the "absence of fathers who go back to Africa for work or to fight, means that mothers find it hard to control the children." Thus, a lack of employment and education opportunities create conditions for heightened risk of substance use among young African Australians.

Exacerbating the risk of young African Australians using alcohol and drugs was described by young African Australian women participating in a group interview who said that peer pressure and a lack of understanding and education around the harms of alcohol and drugs worsens the problem. The participants in this group interview also suggested that if young people knew more about the dangers associated with substance use, then they would not take the risk. Compounding the concerns for young people's risky health behaviour, participants in the same group interview noted a missed opportunity for intervention. African Australian parents who have limited knowledge about drugs and alcohol "do not know the signs to look out for that will indicate when a person is taking drugs, and so they are not able to intervene" (group interview, 18-29 year old women). Drinking alcohol and taking drugs was also described by participants as a taboo behaviour in many African cultures; therefore, participants said that people who use drugs and alcohol are likely to experience further isolation from their family and community.

8.6 Exercise and Nutrition

Participants also identified exercise and nutrition as interrelated priority health concerns, and Tadesse (40-49 year old man) perceived a high prevalence of obesity and risk of type 2 diabetes among African Australians. While participants described common barriers to exercise for both men and women, including financial cost and time, several African Australian men described additional barriers to exercise for women related to gendered attitudes. For example, Aluel suggested that in South Sudanese culture "women participating in sport is not a usual thing," and he said that women may also be "self-conscious about wearing gym clothes and swimsuits." Mapalo, similarly noted that women might be discouraged from exercising for fear of being laughed at, and Magan (18-29 year old man) described his perception that "culturally, women may be viewed as promiscuous if they are seen to be being [physically] active." Interestingly, African Australian women did not disclose these concerns, except Nkandu and Thandiwe who said that some women "do not wish to participate in mixed-sex [exercise] classes."

Gender was also found to be a barrier to physical activity because family caregiving duties are typically taken on by women. Participants said that caring for children was a 24-hr a day job, meaning that women are less likely to find time to exercise than men because "women cannot leave their children alone" (Aluel). Environmental conditions were also found to increase barriers to exercise for women, for example, the Australian built environment was described as different to that in African countries. Participants highlighted that the reliance on cars in Australia means that women walk less than they did in their country of origin. Even where there are opportunities for women to engage in physical activity, participants described how the built environment precluded them from doing so. For example, one participant described that walking paths in parks do not maintain full view of the play areas, so parents cannot exercise and watch their children at the same time. A lack of physical space to exercise was also raised as an additional barrier

for former refugee arrivals who live in high-rise council flats where they do not feel safe walking outside. Irene (non-African 30-39 year old woman) also said that for many people migrating as refugees, exercise is not high on their agenda. She said, "physical activity may not be a priority for newly-arrived refugee migrants, instead settling into work and education and learning the language would be seen as more important."

At the intersection of age and gender, participants noted differences between men's engagement in physical activity. For example, Magan said:

> After the age of around 22 years, men gradually stop exercising because they may be married and feel that they have to be a man now rather than playing games. Exercise is viewed as a play activity, and so when you are grown-up you tend to stop playing.

For younger men who do exercise regularly, growing older, gaining family responsibilities, and the perception that exercising is a childish activity precludes them from physical activity. Additionally, Aluel said that football teams are often organised along ethnic lines and there are tendencies to discriminate against players who do not share the ethnicity of the majority of the team:

> Football teams and other sports teams are sometimes established as for and/or representing specific ethnic groups, for example, the local football team might be an Irish football team because there are large numbers of Irish migrants in the area. If you want to play and you are South Sudanese, it is quite likely that you won't get played very much, even if you are a star player.

Aluel highlighted the limited accessibility of some sports teams due to segregation along the lines of nationality and perceived discrimination for ethnic-minority team members. Therefore, at the intersections of gender, race, and age, African Australians face unique barriers to participating in exercise.

A few participants also raised concern about nutritional impacts on the health and wellbeing of African Australians. The food environment in Australia was said to create difficulty for determining what products are nutritious:

> There are different foods here that people are not aware of the nutritional values. … Back home everything available to eat is fresh, where in Australia the junk food is accessible and cheap enough that people can afford to buy it. (Nkandu & Thandiwe)

With a wide variety of junk food easily accessible and affordable in supermarkets, Mapalo believed that many people are keen to try and experience foods that are not consistent with an African diet and also "feel there should not be any restrictions on food" due to past experiences of food insecurity. However, participants said that some people are not aware of the nutritional value (or lack thereof) in soft drinks and ultra-processed foods. These barriers to optimum nutrition for African Australian families were raised by participants as a concern for health and wellbeing.

8.7 Cultural Responsiveness and Health and Wellbeing

Participants raised their concern for African Australians facing significant barriers to accessing available health care services. Participants of a group interview that included non-Africans commented that there is "a lack of cultural diversity in health services" and Yosef (30-39 year old man) said that "mainstream health services tend to be targeted to non-migrants and this can be off-putting for migrants." Health-care provision was also recognised by participants as lacking "cultural competence," "cultural sensitivity," "cultural awareness," "cultural relevance," "cultural safety," and "culturally appropriate practice." For example, Abdo (18-29 year old man) said that "there is certainly a gap between services and the numbers of people accessing them," he suggested "this may be a result of a language barrier and also limited culturally relevant service delivery." Similarly, participants described a lack of "culturally sensitive services" (Mapalo) and "a lack of culturally sensitive and aware doctors from outside of the community" (James & Ray). The

term “cultural responsiveness” is used for simplicity of reporting here to capture the similar ideas expressed by participants, that in many ways reflect the term’s usage within the Victorian health sector, as outlined in Chapter 3, where the responsibility is placed on services to ensure accessibility. When participants were asked directly about the meaning of the specific terms they used, they provided a broad understanding of culturally responsive practice to include:

- Mutual respect
- Acceptance of other cultures
- Facilitation of empowerment by asking what people think rather than making assumptions
- Engaging communities in identifying problems

Participants suggested that culturally responsive practice (in various terms) is attainable by people from all cultural backgrounds as long as they understand these key principles. In addition to these broad-brush principles that provide, from the participants perspective, a benchmark for culturally responsive service provision, some participants highlighted the importance of knowledge regarding specific elements of culture to address particular African Australian health issues respectfully and competently. For example, Aamiina stressed the importance of embedding ethical and religious knowledge into culturally responsive service delivery, particularly in the field of sexual health. Taddesse recognised that detecting family violence among African Australians would also require specific knowledge of gendered cultural norms and values. Participants’ views indicated that cultural responsiveness is lacking specifically within support services for sexual health, mental health, and family violence.

Furthermore, Mapalo presented his “cultural competency training” shortly after a group interview, which drew attention to the need to understand intricate dynamics of the patriarchal household prevalent in some African Australian families. Mapalo described

that he was aware of a service provider who had gone to their African Australian client's family. Because the service provider was not invited by the client's husband, nor was the husband given prior notice of the visit, the husband refused to invite the service provider in. Thus, the complexities of gendered family dynamics and a lack of culturally responsive service provision prevents some African Australian individuals from receiving appropriate support.

Additionally, Nkandu and Thandiwe described that child services and Victoria Police were often misunderstood by some African Australians who viewed them as punitive authorities as opposed to support systems. They remarked that it would be necessary to "build rapport between service providers and service users." They also said that for some African Australians, "experience of the police back home is of corruption, and so that shapes their understanding of the police system here, which is quite different." Suleyman and Abdurrahim perceived that "services provided in the inner-city suburbs are much better at practising in a culturally sensitive way. In more outer-city suburbs like Werribee, the service providers seem to be quite culturally insensitive." This perceived variability of culturally responsive practice presents a significant barrier to health and wellbeing along geographical lines. Cultural responsiveness training was viewed as a promising way to overcome these deficiencies in some mainstream services. However, participants recognised that existing cultural responsiveness training focussed too narrowly on language barriers and the use of interpreters as a quick fix.

The principles of culturally responsive service provision outlined above included engaging and empowering African Australians to facilitate their own health and wellbeing. The African Australian participants recognised that their skills and capacity often remained untapped. For example, Taddesse was striving to practice medicine as a general practitioner in Greater Melbourne. He said that his skills presented an important and rare opportunity to provide culturally responsive health care to his minority ethnic group.

However, Taddesse said that under the *Health Insurance Act 1973* (Cth), as an overseas trained doctor he was required to work in an area of workforce shortage instead, and so Taddesse's professional skills remained an untapped resource for the small African Australian sub-population to which he belongs.

8.8 Existing and Previous Initiatives

Participants were asked if they knew of any prior or existing health and wellbeing initiatives designed to address any of the key concerns raised and what they thought about these initiatives. The term "initiatives" was explained to mean short or long-term, formal or informal, programs, projects, or services delivered by individuals, community-based organisations, non-government organisations, or even companies for African Australians either exclusively, or migrants more broadly. African Australian participants noted that there were many health and wellbeing initiatives, for example, Benjamin said, "there are so many of them that it can cause confusion and people do not know which project is for what purpose." Furthermore, Benjamin perceived that many of these initiatives were repetitive and rarely made a significant difference in the lives of African Australians. Irene (non-African) noted that "many community development programs are not long term and many are not evaluated," which limits opportunities for service providers to build on and learn from past initiatives. Similarly, Anna (non-African 30-39 year old woman) said, "funders are more concerned about the impact than they are about the process, and so many methods papers will go unpublished as a result of a lack of resources," which again precludes opportunities for learning. Motivations for initiatives were also called into question by some participants:

> Available services are very small scale, and programs may only help 10-15 individuals rather than provide assistance on a broader scale. These services are more of a lip service and are there to ensure that funding is still provided to the

> organisation. Sometimes services will deliberately keep clients on so that they can get more money. It is quite political as far as sourcing funding is concerned. (Aluel)

These small-scale initiatives described by Aluel relate to individual behavioural determinants as opposed to social determinants of health and wellbeing. Such small-scale initiatives included basketball and dance programs "designed to give young people something to do and come in off of the streets where they might be tempted to misbehave" (Sarah & Corine). Similarly, participants observed several initiatives designed to bring small groups of women together for social connection and information access to reduce the risk of isolation and disengagement from the broader community. Machar was aware of an informal sewing group that had been established by African Australian women for the same purpose. However, he noted that they also created products to sell and generate revenue. Many of the examples shared by participants of initiatives were seemingly aiming to address health and wellbeing via an individual approach. Initiatives, seeking to address structural barriers to health and wellbeing were seemingly more limited in number. Magan said, "council and government assistance to the community is often tokenistic, and they miss the opportunity to employ people within the community, which would be a significant way to address issues relating to unemployment."

Alternatively, an initiative that participants recognised as valuable involved a commitment from a large financial institution that provided competitively paid work placements for African Australians to increase their professional networks and chances for future employment. Participants viewed this as a particularly empowering initiative that addresses a key structural issue impacting on the health and wellbeing of African Australians, namely unemployment. However, some participants noted that the placements were limited in number and highly competitive, meaning that many African Australians would not benefit. Similarly, Grace acknowledged the value of an initiative that sought to support young African Australians in constructing their identity. The art

collective was designed especially for people of colour and brought together like-minded people for networking, socialising, and panel discussions regarding social issues that concern members who attend: “When people of colour are not highly represented in mainstream media it can be isolating, and so these networking groups are valuable as they can help to see yourself reflected back” (Grace). Grace also recognised the reach of this initiative was limited to people who lived locally.

8.9 African Australian Immigrant Organisations for Health and Wellbeing

Interviews with participants revealed that many initiatives, such as the sewing group mentioned in Section 8.8, are facilitated by African Australian immigrant organisations and individuals aiming to improve health and wellbeing within their communities. As Section 8.7 outlines, among the identified principles of cultural responsiveness, participants expressed a need to engage and empower African Australians to use their own expertise and knowledge to solve health and wellbeing issues. The interviews and the Issues Paper (AACLF, 2016) revealed that some African Australians were already participating in community development work to address health and wellbeing issues on their own terms. Participants named specific organisations run by and for African Australians, including for example, an advisory group for African Australian Women’s Health (Aamiina) and an African Student Organisation (Louise, non-African).

Two participants identified factors that relate to social categories of difference that shape the work of these organisations, for example, Grace described gendered dimensions within an organisation seeking to address sexually transmitted infections and blood-borne viruses, saying that the organisation “relies heavily upon the women workers to do most of the work. Men are often good when the microphone comes round but behind the scenes it is often the women—like in most cultures.” Additionally, ethnicity was also discussed as a key factor that shapes the emergence of African Australian immigrant organisations. As Faheem explained, issues of representativeness had led to the creation of three South

Sudanese Australian immigrant organisations to attend to the needs of three different ethnic groups:

> When electing for a single community leader; in the past the process proved to be undemocratic as many people would vote for someone based on their tribal affiliation, not always for someone with the proper credentials. When the Nuer people boycotted the elections, a new community organisation was started specifically for the Nuer people. The Equatorian community followed and established their own community association. This has meant that any government funding for the South Sudanese community has been difficult to distribute fairly, as funds cannot go to one group, as another will miss out.

Some African Australian participants had also established African Australian immigrant organisations and were generating and implementing solutions to social issues for the whole population. These participants raised concern about the sustainability of their work. While maintaining paid work and family commitments, volunteering their free time to meet increasing demand to serve African Australians was considered unsustainable. Nkandu and Thandiwe described their experience:

> In seeking funding and partnerships, the organisation has experienced some discriminatory responses, such as the insinuation that because it is an African-led organisation, they will not be efficient. They have also been denied funding due to the newness of the organisation and its inability to demonstrate outcomes, compared with the long-standing reputation of organisations who have been around for a long time.

The lack of funding and support available for African Australian immigrant organisations was highlighted. Similarly, Anna (non-African ~30-39 year old woman) warned “the politics around funding is an important issue.” Increasing capacity within the community was a priority for some participants to address health and wellbeing concerns

more effectively and efficiently via community-led initiatives. Nkandu and Thandiwe said, "the government should be partnering with community leaders and empowering them to be able to do more, to allow the leaders to lead their own community." The Issue Paper (AACLF, 2016) also called for funding to sustain African Australian immigrant organisations, stressing that initiatives must be developed by or with the African Australian community, and also implemented by the community. With African Australians forming immigrant organisations to meet the health and wellbeing needs of this population, the willingness of some African Australians to attend to these issues despite the challenges created by insufficient resources is evident.

The Issues Paper also identified the need for a connection point for African Australian immigrant organisations to form collaborative partnerships for grant applications and share information and evidence to inform their work (AACLF, 2016). The Issues Paper outlined a need to map existing African Australian immigrant organisations according to their purpose, activities, and key personnel. Evidently, some African Australians were seeking greater knowledge of organisations designed to support African Australians at the grassroots.

8.10 Conclusions from Phase 1: Directing the Research Focus of Phase 2

Chapter 12 provides a comprehensive discussion of the key findings from Phase 1 that have been described in Chapter 7 and here. This section outlines key conclusions that have directed the course of Phase 2. As an exploratory scoping study, a key objective of Phase 1 was to ensure that issues of importance to African Australians would drive the research focus of Phase 2. By asking participants about their concerns for African Australian health and wellbeing, and by using an intersectional lens that makes visible the multiple social locations of African Australians and the intersecting systems of oppression/privilege that produce health inequalities, Phase 1 has identified the need to

address systems of oppression/privilege to improve health and wellbeing among this population.

Phase 1 has also identified a rallying cry among some participants for self-directed solutions by African Australians. This is not extraordinary; the 2010 Australian Human Rights Commission reported that "African Australians have indicated that they have strategies and thinking that may assist in reaching a solution. However, they require support to develop initiatives to address these areas of concern" (p. 40). Ten years later, the current research has identified similar sentiments, indicating that little has changed in this regard.

Phase 1 participants asserted that while there is expertise and willingness of African Australians to solve African Australian concerns, there should be increased capacity and resources directed at the grassroots than is currently the case. The willingness of some African Australians to improve the conditions and lives of the population in Greater Melbourne is evidenced by the immigrant organisations that have been established and identified in Phase 1. The Issues Paper (AACLF, 2016) pinpoints gaps in knowledge regarding the number and activities of these organisations. Furthermore, two participants highlighted the complicated dynamics that relate to the social locations of organisation members, such as the gendered and ethnic dimensions of organising. Therefore, more can be learned about these organisations than is currently understood.

Phase 1 finds that African Australian immigrant organisations are operating with the aim of improving many of the identified African Australian health and wellbeing concerns. This key finding points to a potential health setting where systems of oppression/privilege affecting the African Australian population may be challenged. Several questions are raised; what exactly are African Australian immigrant organisations doing to improve health and wellbeing? How do they operate within and through the same

systems of oppression/privilege observed in Phase 1? What are the barriers and enablers of these immigrant organisations?

Centring the work of African Australians to improve health and wellbeing was conceived as attending to an area of interest to participants in Phase 1. Additionally, after consulting the literature on immigrant organisations (summary in Chapter 3), highlighting and formally documenting the work being done by African Australian immigrant organisations to influence health and wellbeing was considered a novel contribution to knowledge. Exploring the work of African Australian immigrant organisations presents an opportunity to understand the immigrant organisation as a potential health setting. Additionally, the topic of African Australian immigrant organisations also represents a natural progression from identifying health concerns that are rooted in systems of oppression/privilege, to examining the efforts to address these same concerns. Therefore, the focus of Phase 2 was directed by the analysis of the key findings in Phase 1 to an area of expressed importance to those participating in the research.

8.11 Chapter Summary

This chapter has outlined the additional findings from Phase 1 that were not presented in the manuscript embedded in Chapter 7. The chapter reveals a variety of concerns regarding the health and wellbeing of African Australians that relate to both individual behavioural and social determinants. Risk factors associated with forming an identity, poor mental health outcomes, and substance use have been identified, as well as particularities pertaining to exercise and nutrition. The findings presented in this chapter point to where social locations produce particular vulnerabilities for African Australians as they intersect with systems of oppression/privilege that manifest in various ways. For example, for young people, forming an identity is challenged by limited role models, racism, sexism, and discrimination that reduce feelings of belonging, and increase low self-esteem and poor mental health, and in some cases increase the risk of homelessness for

young African Australian women due to gendered expectations of parents that contribute to intergenerational conflict.

Cultural responsiveness is identified in this chapter as integral for African Australian health and wellbeing. Mutual respect, acceptance of other cultures, as well as engaging and empowering African Australians to improve health and wellbeing are considered essential for culturally responsive service provision. Existing and previous initiatives were identified as many in number, small-scale, focusing narrowly on individual behaviour change, and largely under-evaluated. Some participants viewed such initiatives as tokenistic, as opposed to genuinely seeking to improve African Australian health and wellbeing. Participants acknowledged the work of African Australians who were seeking to influence health and wellbeing on their own terms. However, the sustainability of these grassroots initiatives was considered unlikely without targeted funding and support from government.

The focus of Phase 2 is outlined in this chapter as directed by the analysis of Phase 1 findings to an area of importance to participants. Phase 2's focus on African Australian immigrant organisations and their activities to improve health and wellbeing attends to significant knowledge gaps (identified in Chapter 3) both within the field of public health, and among the African Australian population, as expressed by the Issues Paper (AACLF, 2016). A full discussion of the findings presented here, and in Chapter 7, continues in Chapter 12. The next chapter outlines Phase 2's research methodology, a case study of two African Australian immigrant organisations.

Chapter 9 Phase 2 Methodology

9.1 Chapter Overview

The previous chapter outlines the impetus for Phase 2 of this research, which explores African Australian immigrant organisations as potential health settings to challenge systems of oppression/privilege that underpin health inequalities. This chapter describes the research methodology adopted for Phase 2, first outlining the research questions, then, the embedded dual-case study research design is described, followed by the recruitment process, and the data sources. Phase 2 is underpinned by the same ontological, epistemological, and analytical approach as Phase 1, using the intersectional analytical framework outlined in Chapter 4. As a result, the data analysis process closely followed the procedure used in Phase 1 and described in Chapter 5. To avoid repetition, this chapter outlines further detail of the coding process for data analysis and highlights any substantial distinctions between the analysis of data collected for Phase 1 and Phase 2. Finally, Phase 2's research limitations are acknowledged, and ethical considerations are discussed, before the presentation of Phase 2 findings begins in the following chapter.

9.2 Phase 2 Research Objectives and Questions

Phase 2 was underpinned by the same core principles as Phase 1, that being responsible relationships would be established and maintained in this phase of the research, and that the research would benefit immigrant organisations with empirical evidence that can inform their work. The specific aims of Phase 2 were to:

- Generate contextual knowledge regarding the activities of African Australian immigrant organisations, and their potential as settings for health
- Inform practice and policy development that can better support the health and wellbeing of African Australians

Phase 2 therefore, sought to answer the following research question:

How do members of African Australian immigrant organisations perceive their influence over, and work to improve, health and wellbeing?

Specifically, Phase 2 focused on:

- The activities that African Australian immigrant organisations perform
- How these activities contribute to addressing health inequalities
- How systems of oppression/privilege influence the work of immigrant organisations

9.3 Phase 2 Research Design

In order to explore the activities of African Australian immigrant organisations, rich textual data was necessary to yield contextual understanding of the naturalistic settings of interest, therefore, a qualitative dual-case study design was adopted (Denzin & Lincoln, 2000). Case study research design suits the intersectional analytical framework, that Chapter 4 outlines, because the importance of context is central in case study research. Furthermore, prevailing systems of oppression/privilege that operate within and through macro-, meso-, and micro-level social processes, can be observed from the organisational perspective, which although represents a fixed setting, dynamically traverses these societal dimensions. Additionally, case study research is commensurate with the social constructionist epistemology underpinning the research, because the case study itself is a rendition of a constructed reality shaped by "qualitative case study researchers as interpreters, and gatherers of interpretations" (Yazan, 2015, p. 137).

Approaches to case study research varies among social scientists and methodologists (Patton, 2015). For some, the case study is a product; a detailed, rich story about a particular unit of analysis (Stake, 1995). For others, the case study is a method of inquiry (Merriam, 1998), or specifically, a distinct qualitative method and research design in its own right (Creswell & Poth, 2018) that can be used for developing and testing theory (King et al., 1994). Yin (2012, 2014), Stake (1995), and Merriam (1998) have made seminal

contributions to the development of case study methodology, each offering researchers a road map for its application (Yazan, 2015). After initially following Yin's (2014) procedures in the early phases of the research design, Yin's approach was eventually abandoned due to the tendency toward positivist language, which undermined the epistemological foundations of the current research. Epistemological congruence was found in a definition of *case study* put forward by Simons (2009), who picked up common threads across the definitions provided by all three of the aforementioned seminal authors to weave a comprehensive characterisation of case study research, to which Phase 2 aligns:

> Case study is an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, programme or system in a "real life" context. It is research based, inclusive of different methods and is evidence-led. The primary purpose is to generate in depth understanding of a specific topic (as in a thesis), programme, policy, institution or system to generate knowledge and/inform policy development professional practice and civil or community action. (Simons, 2009, p. 20)

This definition is most useful for this inquiry, as it seeks to deeply explore the "complexity and uniqueness" of the African Australian immigrant organisation from "multiple perspectives." Multiple perspectives were preferred to generate greater detail of the activities that African Australian immigrant organisations perform and how they influence health and wellbeing, from the perspective of organisation members.

An Embedded Multiple-Case Design

Consistent among the different case study approaches is the need to determine boundaries; a crucial first step that ultimately establishes the case (Patton, 2015). Determining boundaries requires naming the unit of analysis, which can be aided by specifying the research questions and propositions (Yin, 2014). While the research design refrained from outlining propositions of hypotheses, opting instead to take an exploratory

grounded approach, the research question pointed to an ostensive central site of study. The African Australian immigrant organisation represented the unit of analysis, or case, for this research design. Additionally, the design favoured the selection of two organisations, the rationale for which is outlined below, with an embedded secondary unit of analysis consisting of those working closely with or within the organisations, defined as *members*.

The African Australian immigrant organisation was the primary unit of analysis for this case study because findings from Phase 1 (that Chapters 7 and 8 outline), revealed that there are several organisations run by and for African Australians either directly or indirectly seeking to enhance health and wellbeing among this population. The existing literature (that Chapter 3 outlines) also demonstrates that immigrant organisations have multiple roles to play for the communities that they serve, and yet little is known about immigrant organisations and their operations, specifically in the African Australian context and concerning health and wellbeing. Therefore, to answer the research question, it was necessary to focus upon the African Australian immigrant organisation as the unit of analysis to understand its potential to reduce health inequalities. Furthermore, due to a dearth of literature detailing the ways that African Australian immigrant organisations operate, a grounded and exploratory approach was chosen so that specific areas for future study could be identified. Incorporating the perspectives of two different cases also facilitated this.

Choosing to engage two cases was deemed to have significant advantages for this research. By exploring two cases operating within the same broader cultural, temporal, geographical, and political context (that is Greater Melbourne), commonalities and differences between the organisations' activities could be explored. Given the variability among immigrant organisations, highlighted in Chapter 3, understanding the nuance across the two cases, particularly in terms of the social location of African Australian immigrant organisations and their members, could elucidate important insight into how

systems of oppression/privilege operate within and through organisations in different ways. Additionally, the dual-case design assisted in examining the variation between the construction of immigrant organisations and their subjective realities. Furthermore, exploring two distinct organisations could reveal a broader range of employed strategies allowing for higher-order analytical observations to be generated about the potential of immigrant organisations as settings for health and wellbeing (Silverman, 2014). Therefore, the dual-case design aligned with the epistemological underpinnings of the research and the intersectional analytical framework while also presenting as a strategic means to widen the scope of the inquiry and refine emerging conclusions. These justifications are similar to those made by other case study researchers (Abrams, 2010).

To address Phase 2's research question, it was necessary to engage with members of the organisations. Organisational members influence the activities of the organisations in various ways; therefore, their perceptions were integral for understanding the activities of African Australian immigrant organisations and their perceived influence over health and wellbeing. Furthermore, considering the question, "how much does the organisation 'exist' in isolation of the actors that construct it?" also contributed to the decision to include the organisations' members as a secondary, "embedded unit of analysis" (Yin, 2009, p. 46).

Giddens' (1984) structuration theory highlights the significance and relationality of both structure *and* agency in the construction of the immigrant organisation. The immigrant organisation is socially constructed through the dialogue, actions, and social processes that occur relationally between its members and the broader context within which they operate (Gergen, 1992). Indeed, "members of an organization create organizational realities through interaction, dialogue, and discourse; they are continually working on a sense of themselves and their surroundings" (Jun & Sherwood, 2006, p. 56). Phase 2 was concerned with the activities of the organisations and their potential to reduce health inequalities, therefore acknowledging these activities as manifest in the

interrelationship between the structural and agential was necessary. Therefore, while the case study presented in Phase 2 is bound by the African Australian immigrant organisation, the line between the organisation and its members is inherently blurred.

The language used by participants embodied such blurred boundaries, which varied between statements such as, "the organisation does A and B" and "we [members] do A and B." Reporting Phase 2 findings in Chapters 10 and 11 vacillates between these two dimensions in the same way, highlighting the interrelationship between the individual and the organisation. This approach aligns with intersectionality as an analytical strategy by encompassing both the macro (that is the broader structural and contextual factors that influence the construction of organisations) and the micro (that is the agential knowledge, behaviours, and actions of members). The cases represent a meeting point between these levels of analyses; the organisation manifests at the meso-level of analysis.

Qualitative Validation Strategies and Community-Based Participatory Research

Validity and reliability as methodological concerns are more aligned with objectivism and positivism. This research is not concerned with documenting and isolating "the laws of human behaviour" (Merriam, 1998, p. 205), nor does it subscribe to the notion that repeating the research would reveal the same results; that repetition establishes truth (Merriam, 1998). Instead, the second phase of this research adopted six of nine qualitative validation strategies proposed by Creswell and Poth (2018), to enhance the rigour of the findings. These strategies (italicised) were chosen because they aligned with the epistemological approach of the research outlined in Chapter 4, they included:

- Performing *triangulation* (of two cases, multiple units of analysis, and multiple data collection methods) to broaden the enquiry focus.
- Conducting *member checks* (including sending interview transcripts back to participants for edits, sharing and discussing early interpretations of the

data via reflexive interviews) to establish and maintain responsible and dialogical relationships (Frank, 2010; Trimble & Mohatt, 2006) and to accurately represent the participants voices.

- Ensuring *long-term observation* (the researcher spent sixteen months intermittently in the field) to deepen understanding over time.
- Utilising *peer examination* (including meetings with supervisors and colleagues) to generate fresh perspectives and force a defence of the findings.
- Drawing on *participatory or collaborative modes of research* (see Table 4) to generate ethical research that seeks to disrupt traditional researcher-participant power imbalances.
- Accounting for *researcher biases* (by situating this knowledge within, and reflecting upon, the researcher's positionality and its influence on the findings via ongoing reflexivity, outlined in Chapter 5) to highlight the subjectivity of knowledge production.

These techniques also broadened and deepened the enquiry in Phase 2. Additionally, as in Phase 1, the research design was underpinned by principles of community-based participatory research (CBPR); an orientation that prioritises wide community engagement and encompasses the role of agency of various stakeholders (Minkler & Wallerstein, 2011). Israel et al. (1998) have argued that researchers should strive toward eight crucial tenets of CBPR. These principles can be represented on a continuum where different research settings will determine the extent that they can be met. In Phase 2, the pursuit of these principles ensured a more ethical and rigorous research approach (Blumenthal, 2011). Table 4 details the application of the core tenets of CBPR and clarifies the extent to which Phase 2 was able to meet them (or not).

Table 4

Phase 2 Alignment with the Principles of Community-Base Participatory Research (Israel et al., 1998)

CBPR principle	Application of CBPR principle in Phase 2	Limitations
Community as a unit of identity	As Chapter 2 describes, the term "African Australian" denotes a socially constructed category of difference, which captures all Black migrants from sub-Saharan African countries who reside or sojourn in Australia (excluding tourists). The heterogeneity among this population is acknowledged. However, it is evident that some African Australian immigrant organisations subscribe to the notion of an 'African Australian community.'	The notion of 'community' in this research is not synonymous to an a priori identity. While the notion of an 'African Australian community' carries meaning for some people, the diversity among this population renders many reluctant to identify with an 'African Australian community.'
Building on strengths and resources within the community	Engaged existing African Australian immigrant organisations, which represents some existing strengths and resources. Findings can be used by the organisations to inform their work.	Phase 2 was limited in scope, working with two organisations.
Facilitating collaborative partnerships in all phases of the research	Relationships cultivated in Phase 1 enabled collaborative partnerships with African Australian immigrant organisations in Phase 2. Participants facilitated opportunities for data collection. Some attempts to involve participants in the data analysis. Activities for reciprocity involved collaboration.	Equal control of the project was limited whereby, the researcher made most of the decisions, collected and analysed all the data, and compiled the written report. Organisation members were extremely busy and involvement in research planning and implementation was potentially too onerous.
Integrating knowledge and action for the mutual benefit of all partners	The research provide empirical evidence to substantiate the organisations' activities and adapt if necessary.	The extent to which this knowledge is of benefit and utilised by the organisations is not known.
Promoting a co-learning and empowering process that	The expert knowledge and lived experience of the organisation members and the researcher's expertise facilitated co-learning.	Empowerment was limited, constrained by time and the research focus.

CBPR principle	Application of CBPR principle in Phase 2	Limitations
attends to social inequalities	Reciprocity activities facilitated some empowerment (see Section 9.8).	
Involving a cyclical and iterative process	Member checking, reflexive interviews (see Section 9.5), and presenting key informants with summary of key findings in written form for discussion in video-meetings in September and October 2020 facilitated the iterative process.	The researcher as the author of the thesis had the final word.
Addressing health from both positive and ecological perspectives	Intersectional framework addresses micro-, meso-, and macro-level influences on health.	Captures the perspective of the organisations' only.
Disseminating findings and knowledge gained to all partners	Findings were discussed with key informants in September and October 2020. Participants received written summary of findings in September and October 2020.	Two participants could no longer be contacted. A strategy to disseminate findings to local policymakers and non-profit organisations is yet to be finalised.

9.4 Phase 2 Recruitment Process

Case Selection Criteria

The selection of the cases was both practically and theoretically driven (Silverman, 2014). Practically, cases were limited to the networks and connections the researcher had made during Phase 1. The responsible relationships developed in Phase 1 assisted in gaining access to, and a degree of buy-in for Phase 2 from, several participants and contacts involved in Phase 1. Additional practical considerations included the location of the study site regarding travel time, and of course, the willingness of the organisation and its members to participate in Phase 2.

The purposive sampling of the cases was also theoretically driven, as Silverman (2014, p. 62) has argued, "in qualitative research, our choice of cases should always be theoretically guided." Phase 1 findings, presented in Chapters 7 and 8, and the review of literature concerning immigrant organisations, presented in Chapter 3, theoretically guided the selection criteria. For example, Phase 1 found that participants attributed African Australian health and wellbeing to both individual behavioural determinants and social determinants of health. Therefore, the case selection aimed to account for both individual-level and structural-level approaches to health promotion as a potential point of difference across the organisations' activities. For example, an organisation working to address social determinants of health such as employment, may involve structural-level activities, such as activism or advocacy for policy change. Alternatively, an organisation working to address individual behavioural determinants of health, may perform individual-level health promotion activities, such as providing health education with the goal to change unhealthy behaviours. The dual-case study design was thus, analytically, and theoretically supported by specific selection criteria for the cases, which were as follows:

- The organisation is founded and directed by African Australians.

- The organisation's activities are directly or indirectly for the benefit of African Australian health and wellbeing.
- The organisation is committed to partnering with the researcher for this project.
- The organisation's key staff are supportive of the data collection plan.
- The organisations demonstrate some distinctions from one another, particularly regarding the activities they perform, where;
    - one organisation works mostly at the individual-level, and;
    - one organisation works mostly at the structural-level.

Case Recruitment Process

The researcher became aware of Organisation 1 during an interview in Phase 1 of this research, where a participant mentioned an organisation that "produce[s] interventions for domestic violence and provide[s] training for leaders to identify cases of domestic violence." Following an introduction, two members of Organisation 1 participated in Phase 1 in March 2017. After that first meeting, the researcher kept in contact with members of the organisation via telephone and email, providing occasional updates on the progress of first phase of the research. In December 2017, the researcher shared the key findings from Phase 1 and met with members of Organisation 1 to invite them to participate in Phase 2 as a case. The organisation agreed and in March 2018 observation at Organisation 1's office began, and the data collection for Phase 2 continued until September 2019.

Similarly, the researcher learned of Organisation 2 during Phase 1, after meeting organisation members at various events. Again, the researcher remained in close contact with Organisation 2 members throughout the development of Phase 1, and when the case study emerged, Organisation 2 was formally invited to participate via email. The email invitation was circulated to all members of Organisation 2 in March 2018. It was not until September 2018 that Organisation 2 consented to participating in Phase 2, because it was

undergoing a critical change period at that time, and members were reluctant to begin the research until this had been resolved. The first observation at Organisation 2 occurred in September 2018, at a members meeting.

9.5 Phase 2 Data Sources

The Phase 2 data collection period occurred over sixteen months from March 2018 to July 2019. Engagement with the organisations occurred when members invited the researcher to participate in organisational activities (such as program delivery or meetings) and when participants were available for observation or interview. Data triangulation incorporated observation notes, in-depth interview transcripts, reflexive interview transcripts, and organisational documents. These multiple data sources, presented in Table 5, provided the ability to complete cross-data validity checks (Patton, 2015) and enriched the findings with more depth and certainty, culminating in a detailed picture of the organisations and their activities.

Table 5

Phase 2 Data Sources

Data Item	*n* (total = 113)
Observation notes	
Organisation 1	5
Organisation 2	2
In-depth interview transcripts	
Organisation 1	6
Organisation 2	5
Reflexive interview transcripts	
Organisation 1	2
Organisation 2	2
Organisational documents	
Organisation 1	34
Organisation 2	52

Observation

Observations were concerned with documenting the every-day practices of the organisations and their members to glean initial insight into the operations and activities

that were later discussed in interviews and triangulated with other data sources (Simons, 2009). Organisation 1's office was attended for observation. Given that Organisation 1's office space was small, the researcher refrained from encroaching on Organisation 1 more times than was necessary. Five visits to the study site were ample for the purpose of observing the activities and behaviours of members. Organisation 2 did not have a permanent office space, so two of Organisation 2's meetings were attended for observation, which were held at two different public spaces. The researcher engaged in an unstructured, iterative process of observation assuming the role of participant observer (Mays & Pope, 1995). Points of observation were informed by the immigrant organisation literature and included noting the proceedings during the visit, the activities of individual members, how the work was delegated, how members interacted with the environment, intimations of organisational culture such as the office layout, the nature of conversations and interactions between people, and clarifying questions for follow-up. After each observation, review of the observation notes and researcher reflections informed what would be observed at the next visit.

The researcher took handwritten notes during both observations of Organisation 2, and for three of the five observations of Organisation 1. The two other observations of Organisation 1 were recorded on a laptop for convenience and speed. The handwritten records of the observation were transcribed and contextualised shortly after the observation with additional detail added to provide a more comprehensive summary of the account (Musante & DeWalt, 2010).

In-Depth Interviews

In-depth one-on-one interviews occurred with five members at each organisation, including the director of a charity that Organisation 1 was under the auspice of; this member was a mentor in Organisation 1. Interviews were chosen because their rigorous analysis "provides two intertwined sets of findings: evidence of the nature of the

phenomenon under investigation, including the contexts and situations in which it emerges, as well as insights into the cultural frames people [integral to the organisation] use to make sense of these experiences" (Silverman, 2016, p. 56). Therefore, data collected from interviews with members could elicit an understanding of (1) the nature of the African Australian immigrant organisation and how it operates to reduce health inequalities in context, and (2) the cultural frames members use to organise their views of themselves, others, their social worlds (Orbuch, 1997), and the perceived influence of the organisation over health and wellbeing. Interviews as a key data source complimented and aligned with the epistemological underpinnings of the study, while also assisting in teasing out, through dialogue, the interactions between the micro-, meso-, and macro-levels that are necessary for intersectional analysis.

The interviews were conducted face-to-face and were semi-structured, audio recorded, and later transcribed. Choosing to audio-record these interviews over other recording techniques was a conscious and deliberate choice. The researcher had already initiated responsible relationships with some of the participants during Phase 1, and all the participants were professionals, some of whom had experience participating in research interviews in the past. Furthermore, Organisation 1 members often audio-recorded their meetings with various stakeholders, and so speaking in front of an audio-recorder was not unusual for them. Therefore, audio-recording the interview was not alarming for participants and would capture the entirety of the conversation, which necessarily involved details that could be more quickly and accurately captured by the audio-recorder rather than by note-taking. The participants were also extremely busy with little free time available, making slow interviews unfeasible in Phase 2.

The in-depth interviews drew upon a discussion guide (Appendix D) to capture standard information about the formation of each organisation, its organisational structure, goals, environment, and culture (Jones & May, 1992), while still allowing the

participant to take the lead and discuss matters of importance to them. The overarching topic questions covered in the interviews included the following:

- How did the organisation come to be?
- What does the organisation do? Why?
- What strategies does the organisation use?
- What are the enablers and barriers for the organisation to achieve its goals?
- What is the perceived impact of the organisation on health and wellbeing?

The interview transcripts were sent back to participants for their viewing and edits; one participant returned minor edits and comments.

Five members from each organisation were recruited because of their long-lasting and significant involvement with their respective organisation. Initially, two key informants from each organisation were identified after the observation period where it became apparent that these individuals served in prominent roles within the organisations with a greater degree of power and responsibility. During these interviews, the key informants helped to identify other members who also had significant roles and responsibilities who they thought would provide a valuable perspective, in some cases because these individuals had alternative views and opinions to the key informants. Guided by the observations and the recommendations from the key informants the three additional participants were recruited due to their perceived knowledge, alternative viewpoints, and accessibility. An overview of participant characteristics is reported in Chapter 10.

Reflexive Interviews

After conducting the first full descriptive coding round (described in Section 9.6), the two key informants from each organisation participated in a one-on-one reflexive interview. The key informants were invited to participate in the additional interview due to their prominent organisational roles, depth of knowledge, and greater investment in the

research. The reflexive interview allowed for deeper insight into the topics discussed in the initial interview, which elicited shallower responses (Pessoa et al., 2019) due to the broad scope of the inquiry; some topics were discussed briefly with key ideas underexplored. Pessoa et al. (2019) argued that by engaging participants in reflexivity, the reflexive interview may assist in promoting a more culturally responsive research practice; in Phase 2, the method did more than this, however, first the process is explained.

The reflexive interview process began with the first full descriptive coding round of the key informants' in-depth interview transcripts. Using the tracked changes function in Microsoft Word, sections of the transcript, where early interpretations had been made, were highlighted and a comment or question was inserted to elicit further discussion of the early interpretations that had emerged from the first coding round. Each key informant was sent this new version of their transcript via email prior to the reflexive interview to allow time to review the comments and questions; however, none of the key informants reviewed the document before their reflexive interview. During the reflexive interview, a laptop was placed in view of the participant and the transcript was visible on the screen to aid the discussion and focus on the highlighted points. The researcher sometimes read back the portion of the transcript that had elicited the comment or question, asking the participant what was meant by a turn of phrase, or if they could comment on the researcher's interpretation of that portion of text. Often, the key informant would read from the laptop themselves intra-acting with the research tool (Nordstrom, 2015). The reflexive interviews were also audio-recorded and later transcribed for analysis.

The reflexive interview promoted ethical research by engaging key informants in reflexive practice and ensuring their meaningful contribution to the early interpretation of the data. Using the cues and prompts from the researcher's reflections and interpretations of the in-depth interview transcript facilitated the redistribution of power from the researcher to the key informant and shaped the data analysis; arguably democratizing the

process through dialogue (Farias et al., 2019). The reflexive interviews corrected and challenged some of the researcher's early interpretations, eliciting more detail and nuance around particular events and activities, which acted as a validation strategy while also facilitating greater analytical depth at the early stages of analysis.

Interview Transcription

The researcher transcribed all but three of the interviews verbatim with fillers and repetitions, and with the assistance of online voice-to-text software. The remaining three interviews were transcribed by a professional transcription service and checked for accuracy by the researcher. Collins et al. (2019) advocate for a more reflexive approach to interview transcription because the written text is often taken for granted as a means to produce greater detail, however, it can at times mislead interpretations.

When reporting participants' words in the findings chapters of this thesis (Chapters 10 & 11), the extracts were 'tidied-up.' Fillers were removed, and grammar such as quotation marks were inserted to indicate when participants described dialogue. Where participants used one word but meant another, the correct word was inserted, repetition of words was removed unless it expressed greater emphasis or quantity for example, "I really really like this…" or "it's very very bad…." Words that obstructed the flow of reading were also removed, for example, one participant frequently asked, "you know?" after almost every second sentence.

While cleaning the transcripts communicated participants' meaning more clearly, it does pose challenges to authenticity (see Hammersley, 2010). However, Phase 2's research question did not require scrutiny of participants exact use of language; instead, Phase 2 was concerned with the meaning conveyed through the conversations. While meaning and language are interrelated, Collins et al., (2019) have argued that it is reasonable to approach the transcripts in this way. Furthermore, researchers must be aware of the implications of transcription, particularly with how it shapes the readers' impression of the

participant (Collins et al., 2019). This point was particularly important as the only participant to return minor edits and comments on her transcript expressed concern for presenting the data verbatim. The participant said that presenting the conversation in this form would prevent her words from being viewed as credible. As a result, cleaning the extracts was an ethical choice made to avoid reinforcing existing inequalities. Therefore, the data extracts that appear in the following chapters are cleaned to alleviate participant concern and avoid the possibility for readers to discount the participants voices.

Document Review

Document review was essential for understanding the recorded history of the organisations (Stake, 1995). Furthermore, document review allowed for greater insight into the organisations' operations and activities and the underlying policy, rationale, and planning that guided them. Some documents were provided during observations and interviews when participants were asked for documents that they had referred to in conversation, and any that they thought were relevant to the study. Additionally, one key informant from each organisation was asked for documents that spoke to the history of the organisation, key milestones, and programs. The key informants supplied the majority of the documents collected in Phase 2 via email. Some of the documents were duplicates or earlier drafts of the same document (with minor differences), and so these were discarded from the analysis. After sorting, a total of 34 unique documents from Organisation 1 and 52 from Organisation 2 had been obtained.

The key documents collected for Phase 2 included the following:

- Evaluation material: Documents describing evaluation data, tools, design, plans
- External documents: Documents that were initially sourced from outside of the organisation but were used as a reference for the organisation such as the Victorian African Communities Action Plan (VACAP), Change the Story

(an international framework for the prevention of family violence)

- Flyers and advertising: Documents advertising initiatives and activities
- Grant proposals: Formal applications for funding with detailed program plan
- Initiative information: Documents detailing the activities of the organisation
- Key organisational documents: Integral documents such as mission statements, visions, strategic plans
- Meeting minutes: From meetings with a variety of stakeholders

Reviewing these documents provided the necessary understanding of the organisations' espoused strategies and practices for influencing health and wellbeing. The data was triangulated with the other sources, which together culminated in a comprehensive picture of the cases. External documents were not included in the data analysis, except for reference.

9.6 Phase 2 Data Analysis

The researcher used thematic coding as a tool to organise the data because the strengths of this technique had been demonstrated during Phase 1. As in Phase 1, all the data collected in Phase 2 were treated the same for analysis, with no distinction made between the observation notes, the interview transcripts, and the organisational documents. Coding coincided with the reflexive interviews so that early interpretations of the data could be discussed with key informants. Coding in Phase 2 utilised the same higher-order process as in Phase 1, where categories and themes were informed by the intersectional analytical framework described in Chapter 4. So not to repeat the categorising and thematising process here, this section describes the coding stage of the analysis, which has some variation from Phase 1. The main variation in the analysis

process from Phase 1 to Phase 2 was the incorporation of four additional techniques to enhance the rigour of the analysis in Phase 2.

First, a preliminary coding round involved printing off a hard copy of one interview transcript and working manually to highlight significant sections with coloured pens and to assign initial codes to portions of the text. Codes were assigned in an all-encompassing fashion to larger parts of the transcript by way of summary ("lumping") and to more specific and smaller aspects of the data ("splitting") in order to achieve more detail about the section of text (Saldana, 2009, p. 30). The same transcript was coded by two members of the supervisory team. Codes were compared and discussed in regard to similarities and differences across the team members. This laid the groundwork for the first full round of coding and enriched the rigour of the analysis through a robust conversation about ascribed codes.

Second, after the preliminary coding, the researcher reflected on the appropriateness of the codes used by drawing on a checklist adapted by Saldana (2009, p. 59). Table 6 details the questions and the researcher's reflections in response.

Table 6

Reflecting on the Coding Types (Adapted From Saldana, 2009, p. 59)

Checklist Question	Reflection
Is the coding method(s) harmonizing with my studies conceptual or theoretical framework?	The framework is not yet established; however, intersectionality dictates the importance of patterns of domination, hierarchy (versus coding is useful for this), as well as attributes and identity (whereby attribute coding is key, as well as structural coding concerned with the social location of the organisation). Values are essential in understanding the motivations and conditions under which an organisation is established and maintained (values coding useful for this).
Is the coding method(s) relating to or addressing my research questions?	Understanding these organisations and what they do to influence health and wellbeing fits with the coding method because structural coding aids in sorting out this information and drawing out relevance to the research question. More than this, versus and values coding creates more depth around the reasons and drivers for the work of the organisation, lending depth of understanding than a mere description of what they are doing.
Do I feel comfortable and confident to apply the coding method(s) to the data?	Yes. I have put the coding techniques on a coding guide so I can keep referring to them. I will check with my supervisors through the regular meetings we have.
Are the data lending themselves to the coding method(s)?	Yes. The depth of the data requires multiple coding types to answer the research question and the structure of the interviews lend themselves to structural coding.
Is the coding method(s) providing the specificity I need?	The specifics of interest to the analysis will emerge from the data, but the coding methods do encompass a variety of items for analysis.
Is the coding method(s) leading me toward a specific analytic pathway?	The codes are lending a somewhat critical analysis particularly versus coding. Intersectional analysis is supported, although it could be strengthened by engaging more with the attribute coding.
As I am applying the coding method(s) to the data am I making new discoveries, insights, and connections about my participants, their processes, or the phenomenon under investigation?	Yes. Particularly after my first conversation with supervisors who provided a fresh perspective on the data.

This reflection exercise enhanced the systematic nature of the coding process, thus improving its rigour. Following this exercise, NVivo qualitative data analysis software; QSR International Pty Ltd. Version 12, 2018 was utilised to begin the first full descriptive coding

round, which was guided by the following questions (Emerson, Fretz, & Shaw, 1995, as cited in Saldana, 2009, p. 28):

- What are people doing? What are they trying to accomplish?
- How, exactly, do they do this? What specific means and/or strategies do they use?
- How do members talk about, characterize, and understand what is going on?
- What assumptions are they making?
- What do I see going on here? What did I learn from these notes?
- Why did I include them?
- What strikes me?

The third addition to the coding process in Phase 2, was the incorporation of a coding guide. The coding guide contained the research question, a list of the chosen coding methods, and the key questions outlined above. It was kept open on a second screen throughout the coding process and was used to focus and inform coding decisions. Finally, the coding process included regular discussions with supervisors about the data and the codes, which provided opportunities to articulate the researcher's "internal thinking processes" and at times generated alternative insights (Saldana, 2009, p. 37).

The researcher applied an overall grounded theory approach (Charmaz, 2014) to the coding process in Phase 2 using several coding types. Attribute coding (Saldana, 2009) was necessary to incorporate the various identity categories of the participants (and the organisations) such as gender, age, and other categories into the analysis, as well as to distinguish between the organisations and the various interacting systems and structures that were relevant to certain individuals or one of the organisations. Structural coding was employed to establish key topics raised in the interviews. These were accompanied by descriptive codes, which as Saldana (2009, p. 78) noted, "leads to a categorized inventory,

tabular account, summary, or index of the data's contents." InVivo coding was also used to ensure the participants' voices were audible and could be easily drawn upon to invoke a deeper understanding of the organisations' and the members' worldview (Saldana, 2009). Emotion coding was adopted to label any feelings that the participants expressed, and values coding was useful to draw out the "participant's integrated value, attitude, and belief systems at work" (Saldana, 2009, p. 91). Emotion and value codes were useful in combination with one another for teasing out underlying factors that influence the activities of the organisations and members. Finally, versus coding was a particularly useful technique adopted in Phase 2's analysis, which allowed for the identification of "which individuals, groups, or systems are struggling for power" (Saldana, 2009, p. 91). Versus coding was particularly useful for extending the analysis beyond the descriptive, while technically invoking intersectionality into the analysis process. Exploring the data for patterns of social domination, hierarchy, and social privilege and examining the "power that holds patterns in place, how people accept or struggle against them," drew the focus of the analysis to patterns of injustice (Agar, 1996, as cited in Saldana, 2009, p. 99).

Analytic memos were also used to capture reflections and deepen the analysis throughout the coding process and followed the format advised by (Saldana, 2009, pp. 44-46). This included keeping notes relating to the researcher's relationship to the study, the research question, code definitions, emergent patterns, categories, themes, concepts, networks (among the codes), theory, problems, ethics, future directions, metamemo, and final report. The memos aided the transition between coding and writing up the findings in Chapters 10 and 11 (Saldana, 2009). Analytic memos were sorted into categories and subcategories grouped according to patterns and ideas about emerging themes.

The reflexive interviews with key informants informed the second round of coding in as much as the first full descriptive coding round informed the reflexive interviews. Early interpretations were discussed in the reflexive interviews, which deepened the

analysis and generated accuracy and congruence with participants meaning-making (Pessoa et al., 2019). The interaction between the data collection, the coding process, ongoing engagement with relevant literature, and constant dialogue with both supervisors and participants represent a cyclical iterative analysis process adopted in Phase 2.

The second round of coding aimed to develop categories and sub-categories informed by the initial coding round that would cut across the two cases for cross-case analysis. This process utilised the analytical framework outlined in Chapter 4, which has been detailed at the technical level in Section 5.7 for Phase 1 of this research (see Table 2); therefore, the thematising process using intersectional analysis will not be repeated here. Several key themes were identified, including the acquisition of resources, growing networks, and professional and personal development, as well as generating solidarity, community capacity building, and advocacy. Social categories of difference that emerged from the data as significant to the work of the organisations included migration pathway, class location, gender, age, and race. This stage of the analysis also drew upon the insights from Jones and May (1992) outlined in Chapter 4, where data extracts that provided rich descriptions of the cases' organisational structure, goals, environment, and culture were highlighted. These themes became integral for the structure of Chapter 10, where the cases are described in detail.

9.7 Phase 2 Limitations

As with the data collected in Phase 1, Phase 2 findings represent the co-constructed knowledge produced by the participants and the researcher at a single point in time, thus limiting the generalisability of the findings beyond the two African Australian immigrant organisations that were involved in the study. Additionally, the case study is limited because the data was collected to explore the social phenomenon of immigrant organisations' influence on health and wellbeing from the internal perspective of those working for African Australian immigrant organisations. Therefore, the viewpoints of

external social actors such as consumers are missing, which may have provided a more detailed and nuanced answer to the research question. Furthermore, the impact on health and wellbeing is not captured by this research.

Although the organisational differences between the two cases selected are considered an asset in the research design in order to explicate different ways of organising and how this pertains to influencing health and wellbeing, the choice also limits more specific comparability between the organisations. Comparing how each organisation conducts the same activity, for example, is impossible in this study design. Finally, as a participant observer, involvement in the organisations' activities has blurred the boundaries between the researcher's roles as 'researcher' and 'organisation member.' This blurring of boundaries is common among case study research (Perryman, 2011) and poses unique challenges regarding ethics. Practising reflexivity has proved an important means of dealing with this; the process is described in Chapter 5.

9.8 Phase 2 Ethical Considerations

A research ethics modification form was approved by the Australian Catholic University Human Research Ethics Committee in February 2018 (Appendix E). The modification approval pertained to Phase 2's research design, which emerged from the analysis of Phase 1 findings. Several ethical considerations arose in addition to those discussed in Chapter 5, and the process for reciprocity, consent, and anonymity differed from Phase 1.

First, regarding reciprocity, an alternative approach was taken after reflecting on the reception garnered from participants after the key findings were circulated in Phase 1. While a few participants had responded with thanks, it was not clear if they had found any use for Phase 1 findings. Therefore, a more personalised approach was adopted in Phase 2 by consulting with members of the case organisations to learn their preferences for reciprocity. The desire to contribute in a way that would be beneficial to the organisation

was made clear in the invitation to participate in the research. Organisation 1 members requested the development of an evaluation framework that they could use to embed evaluation processes into their operations. An evaluation framework was considered to be integral for generating a strong evidence-base detailing the impact of Organisation 1's initiatives and informing necessary adaptations. Members of Organisation 2 requested that a group reflexive discussion of the findings with key members of the organisation be facilitated. The reflexive discussion would arguably generate meaning from the findings and could assist members in teasing out actionable or practical insights that could be applied to Organisation 2's work. This process draws on the approach to reflexivity described by Gorli et al. (2015, p. 1369) "that can foster the agential orientation of members of organisations and enhance their capacity to produce change in those organisations." Using reflexivity to realise critical consciousness aligns with intersectionality as critical praxis (Collins & Bilge, 2016).

Second, consent was acquired in writing from each participating organisation, the individuals who participated in interviews, and those that were present during observation periods. This differed from the verbal consent process adopted in Phase 1 because it was clear that all participants in Phase 2 speak, write, and operate the organisations in English. All participants had the right to withdraw and one participant chose to do so.

Third, case study research can yield great insight and in-depth information that, at the same time, poses some risk to preserving anonymity and confidentiality (Mills et al., 2010). This risk was managed by alerting participants to the situation and advising them that to mitigate the loss of anonymity the data collected would be de-identified and pseudonyms would be used in place of the person's and the organisation's real names. Re-identifying information was stored separately. Distinctive characteristics of the organisations were reported more generally to protect and maintain their anonymity as

much as possible. Participants accepted this approach and chose to participate in the research under these conditions.

9.9 Chapter Summary

The research question developed for Phase 2 emerged from Phase 1 findings to focus on African Australian immigrant organisations as potential health settings to challenge systems of oppression/privilege. This chapter has set out the research design and the crucial methodological choices that were made to produce a qualitative dual-case study for Phase 2. The chapter has justified the embedded multiple-case design, which incorporates the views of organisation members, and the criteria used to recruit two distinct African Australian immigrant organisations that are described in rich detail in Chapter 10.

The case study design has been outlined as consisting of observation, in-depth interviews, reflexive interviews, and document review. The data was analysed using thematic coding as a tool to facilitate intersectional analysis, whereby core concepts and the guiding assumptions of intersectionality, outlined in Chapter 4, were invoked for higher-order interpretation of the data. Reflexivity has also been described in Chapter 5, as an integral tool utilised across all stages of the research process.

The thesis now turns to the findings from Phase 2, which are split in two, where Chapter 10 describes the organisations in detail, and Chapter 11 highlights the key themes that explain how members of African Australian immigrant organisations perceive their influence over, and work to improve, health and wellbeing.

Chapter 10 Description of the Case Studies

10.1 Chapter Overview

This chapter draws on the analysis of observation notes, interview transcripts, and organisational documents to describe the two African Australian immigrant organisations that participated in Phase 2 of the research. In doing so, the chapter further contextualises Phase 2 findings by focusing on the particularities of each organisation to identify the processes and systems that shape activities for health and wellbeing. First, an overview of the organisations and participants is provided, along with a discussion of the formation of the organisations. Following this is a detailed description of the cases organised around Jones and May's (1992) four analytical constructs outlined in Chapter 4. While broader aspects of the organisational environment are outlined in previous chapters, this chapter details the organisations' relationships with key stakeholders operating within the organisations' task environment. Following this, the organisations' official and operative goals are presented. Next, the organisational structure is outlined for each case via an examination of roles, relations, rules, and records. Finally, elements of organisational culture are described. The foundational understanding of the cases provided in this chapter contextually grounds Phase 2 findings that are reported in Chapter 11 in answer to the research question.

In this chapter the data collected from individuals with varying levels of involvement in the organisations, and documents with varying levels of detail, are reconstructed and triangulated. Thus, gaps have been plugged as different data sources have revealed missing details. Direct quotes are included from participant interviews, the organisations' documents (referred to as "Document"), and occasionally the researcher's observation notes and reflections.

Overview of Organisations

To protect the anonymity of the organisations, they are simply referred to as Organisation 1 and Organisation 2. Table 7 provides an overview of the distinguishing features of the cases. Richer detail follows in subsequent sections.

Table 7

Comparative Features of the Cases

Feature	Organisation 1	Organisation 2
Commenced	2014	2016
Structure	Not a legal entity. Operated with a memorandum of understanding under the auspice of two registered charities in Victoria.	Registered as an incorporated association and charity limited by guarantee in 2018.
Remunerated members	1	0
Volunteer members	5-10	10-15 Executive members and >100 members
The societal level, where most activities are targeted	Micro-Meso	Meso-Macro
Operating region	Victoria, Australia	Victoria, Australia

The organisations are distinct and have no direct prior connection with one another. The general purpose of both organisations was oriented toward the new country with African Australians living in Victoria the prime beneficiary group. A Document described Organisation 1 as a non-profit organisation created to serve the larger African Australian community. Similarly, in a Document addressing "What does [Organisation 2] stand for?", the wellbeing of all African Australians was noted to be Organisation 2's central concern. While African Australian consumers were named as the prime beneficiary group for both organisations, the data demonstrates the blurred lines between the organisations' consumers and members, who represent an embedded secondary beneficiary group.

Overview of Participants

With relatively few African Australian immigrant organisations operating in Greater Melbourne, attributing demographics of members to each case study and quotes increases the likelihood of identifying the organisations and participants. Therefore, to safeguard anonymity as much as possible, participant quotes are assigned a pseudonym and gender only. Other characteristics, such as the participant's role in the organisation or country of birth, have deliberately been omitted. Instead, to contextualise the findings and highlight participants' positionalities, Table 8 provides an overview of the sample characteristics.

Table 8

Reported and Estimated Phase 2 Participant Demographics

Characteristic	*n* (total = 10)
Gender	
Women	7
Men	3
Disclosed age	
18-29 years	0
30-39 years	3
40-49 years	0
50-59 years	0
60+ years	1
Undisclosed	6
Disclosed and estimated age [a]	
18-29 years	0
30-39 years	5
40-49 years	0
50-59 years	3
60+ years	2
Country of birth	
Australia [b]	1
Ethiopia	1
Malawi	1
South Sudan	1
Sudan	1
Uganda	1
Zambia	2
Zimbabwe	2
Immigration status upon arrival	
Skilled worker/ economic class	2
Refugee	2
Student	3
Family-sponsored	0
Undisclosed	2
n/a	1
Length of time in Australia	
0-5 years	1
6-10 years	1
11-15 years	3
16+ years	1
Undisclosed	3
n/a	1

[a] Some participants did not disclose age; however, estimates are provided. [b] The interview participant born in Australia is white with European heritage and participated as a member of Organisation 1 in the role of mentor and the director of a charity that Organisation 1 auspices under.

While Table 8 highlights the diversity of interviewed members of the organisations in terms of age and migration pathway, they also have much in common. Nearly all participants were employed in non-profit organisations or the public sector at the time of interview. The gender of members interviewed is unbalanced because key members of Organisation 1 were women (four men volunteered irregularly). In contrast, Organisation 2's key members were predominantly men, with only two women regularly attending meetings during the data collection period.

10.2 The Formation of the Organisations

In interviews, Organisation 1 members described that the organisation was established in 2014 because the co-founders became aware that many of the migration and settlement challenges they had experienced as international students (turned permanent residents) were echoed in the stories of other African Australians, including:

> Feelings of being isolated, … struggling with just migrating here, trying to fit in, being very aware that you're in a foreign country, having limited support as well … struggling even just to get a job placement like local students because [you don't] have Australian citizenship. … challenges of going to school, being a young person. You don't have family around, there's not enough education around alcohol and drug abuse, and those are the things that you are actually exposed to at university. … as a young person the impact of being isolated and what that can do with the triggers of being away from family and the burden of school studies. (Thandiwe, woman)

The co-founders also became aware that African Australians and other new migrants rarely accessed support services. In their professional employment within the community welfare sector, the co-founders noticed a low number of African Australians among consumers, despite the recognised need for such support. The few African Australian consumers they did see, were said to respond more positively to African Australian staff than to non-African Australians. One participant suggested that this was because new migrants did not feel supported enough by mainstream services, were not confident to approach them, or simply did not know how to access support. Organisation 1 formed in recognition of this service gap.

In contrast to Organisation 1, Organisation 2 began in discussions among community leaders who had recognised a need to become more coordinated, as Lydia (woman) described:

> First of all, we recognised that we need to be more coordinated. So, there are a lot of African organisations that are working in silos, that's our weakness … working in silos. Could there be a way of coming together? Let us come together.

A Document collected from Organisation 2 detailed the background and local context that accelerated these initial discussions and led to the rapid formation of the organisation. The Document stated that the mainstream media had reported a few episodes of antisocial and criminal behaviour that involved young African Australians in Victoria in 2016 as the result of "the failure of all Africans to be productive residents or citizens of this country" (Document). This racialised misrepresentation of the truth spurred the leaders of various African Australian communities and immigrant organisations to meet and discuss ideas that could provide positive outcomes and challenge such racist discourse. The main instigators of these meetings were members of an existing organisation that sought to unite the disparate African Australian communities

in Victoria in commemoration of Africa Day (Africa Day marks the foundation of the Organisation of African Unity, the precursor to the African Union, see Murithi, 2017).

Organisation 2's inaugural meeting occurred in April 2016, and participants described the structure of the organisation at that early stage as "a loose network" of close to ninety community leaders. Following this, a series of meetings and workshops occurred where members nominated specific policy issues as the focal point and invited key figures within that policy arena to attend. These meetings and discussions led to the "organic formation" and "birth of Organisation 2" (Document).

10.3 Organisational Structure: Roles, Relations, Rules, and Records

At the time of data collection, Organisation 1 was a non-profit organisation that had utilised public funds from one State Government grant, received some financial support from philanthropic trusts, and had acquired some project seed funding via partnerships with mainstream service providers. Organisation 1 could, therefore, be defined to some degree as having a public mandate. As a non-legally registered entity at the time of data collection, the organisation operated and accessed its funding under the auspice of two charities registered by the Australian Charities and Not-for-profits Commission (ACNC) in Victoria. The auspice arrangements were established via a memorandum of understanding.

Organisation 1 members chose to operate under auspice for strategic reasons. Participants described the auspice as an interim arrangement to allow more time to consider the most appropriate structure for the organisation, including who might constitute the board of directors. Thandiwe said, "we're not comfortable choosing when we don't know exactly what we're dealing in." Organisation 1's relationship with the organisations it was under the auspice of also provided several direct and practical benefits, such as the provision of resources. Organisation 1 members benefited from the use of both charities office spaces, but preferred to operate out of one of the offices, "because we have got access to other workers and other professionals, so we can draw

advice and support from that as opposed to the other office; there's no one there" (Thandiwe). Organisation 1 was provided with a private room, a telephone, a computer, access to a printer, and use of meeting rooms. The staff of the charities also constituted a source of information and training for Organisation 1 members and sometimes contributed to the work of Organisation 1. For example, Organisation 1 received assistance with web design and communications. Participants also recognised benefitting from the networks of the charities. For example, a brokered introduction by the director of one of the charities led to the enlistment of pro-bono support from a business consultant who assisted Organisation 1 members with strategic planning and the design of two initiatives to generate a revenue stream. Participants in Organisation 1 described the support they received from the charities they were under the auspice of as a source of motivation and validation, as an integral enabler of the organisation's activities.

The structure of Organisation 2 was quite different to Organisation 1. It involved an indirect government auspice arrangement as members chose to establish as a legal entity in the form of an Incorporated Association registered with Consumer Affairs Victoria. Munya (man) described that becoming an incorporated association was an affordable option that supported with relative ease, the establishment of a governance structure, because the organisation could adopt the "Consumer Affairs Victoria Model Rules." The *Associations Incorporation Reform Act 2012* (Vic) requires associations to establish Rules that constitute the terms of a contract between the Association and its members. Consumer Affairs Victoria provides model rules for associations who do not wish to create their own (Consumer Affairs Victoria, 2020).

Incorporating Organisation 2 was thought to provide additional benefits including specific tax exemptions, reducing members liability and potential disputes over property acquisition, and the organisation could "sell and buy things as a business but still work as a not-for-profit" (Munya). By organising as a legally registered entity, Organisation 2 was

somewhat intertwined with the State; organisation members were subject to the demands made of incorporated associations by Consumer Affairs Victoria, for example, meeting the accounting, auditing, and annual reporting requirements.

The choice to shift from a loose network to an incorporated association was subject to the divided opinions of Organisation 2's members. On the one hand, some members felt that without the African Australian communities' full endorsement, the organisation should not be registered. On the other hand, some members felt that there was a large enough membership base that warranted establishing as a legal entity. These two camps put forward their arguments for and against the motion to register as a legal entity over emails and during a series of meetings in 2018. The researcher was not privy to these private discussions regarding this critical change to the structure of the organisation, but the following fundamentals were conveyed in, and corroborated across, interviews with three participants.

The first camp raised concern for the organisation's legitimacy as a representative entity arguing that members needed to ensure grassroots ownership of, and support for, Organisation 2. They reasoned that this could avoid the possibility that "a group of organisations will write a letter to the Premier and say this organisation doesn't represent us" (Mahmoud), which would undermine the work done to present a united voice. There was also a strong concern that formalising as a legal entity would inevitably lead to, and increase concerns about, the organisation becoming a competitor against other grassroots organisations for material resources and relationships with stakeholders.

In the second camp, incorporating the organisation was viewed by some as a means "to bound us under certain rules" (Chol, man), which relates to, and responds to, the tensions and mistrust among African Australians described in Section 10.5. Furthermore, members contended that there had been little progress for two years towards ensuring entire grassroots ownership and acceptance of the need for the organisation to provide a

united voice. As it was conveyed in an interview, “you’re never going to get 100% approval of what you want to do” from every individual African Australian in Victoria (Munya). Therefore, developing a new structure would allow the organisation to formally establish its membership base and attempt to build up from there. The latter camp prevailed in this debate and Organisation 2 became a legal entity in 2018.

Roles

The roles in Organisation 1 were distributed according to the expertise of the members. Key elements of the organisation’s work were split between the two Co-Founder Directors with one mainly responsible for consumer case management and the other for operational tasks related to the goal of sustaining and growing the organisation. The roles allocated to other members were also aligned with their expertise and experience, for example, one member had worked as a policy analyst in public management, and she assisted with the development of strategies that could help the organisation demonstrate its value to other stakeholders. Another member held a degree in business administration and spent her time on administrative and project management tasks. While the workload of Organisation 1 was distributed across the mostly volunteer staff base according to areas of expertise, the Co-Founder Directors oversaw the work of the volunteers, and in this way the reporting structure was somewhat hierarchical. That said, with no formally written job descriptions, there was flexibility regarding the roles and responsibilities of members of Organisation 1. For example, one participant re-negotiated her role with the Co-Founder Directors to transfer to a position that suited her interests and desire to extend her professional experiences. Her motivation to shift her responsibilities was also tied to her ambitions to help newly arrived African Australians realise their potential.

In Organisation 2, executive roles were distributed across nominated and elected volunteers following the Model Rules supplied by Consumer Affairs Victoria. The executive roles included the President, Vice-President, Treasurer and Secretary, and the Model Rules

determined that the role responsibilities maintained organisational compliance. For example, the duties of the treasurer included producing financial records. Based on Documents and observations during the organisation's meetings, these responsibilities were strictly adhered to by the incumbents.

The roles of the other members of Organisation 2 included a wider committee of members assigned to lead work in identified areas of importance. The key areas included employment, education and training, health and wellbeing, mental health, family violence, youth empowerment, and women's empowerment. The roles were assigned to members according to their expertise, and they were expected to feedback on their progress at meetings.

The rest of the membership was made up of three levels of participation, including African Australian individuals, leaders from the various African Australian communities, and members of other immigrant organisations that were run by and for African Australians. Members were invited to join Organisation 2's face-to-face meetings and were engaged through email communications. Meetings were held approximately once every two months and when the need arose. Meetings were not always attended by all members, and so, subject to a quorum, decisions could be made in the absence of the entire membership, who would be later informed via email circulation of the minutes.

Relations

The intra-organisational relations of both organisations were hierarchical, whereby the Co-founder Directors of Organisation 1 and the President of Organisation 2 exercised the most amount of power and authority concerning decision making and task allocation. That said, many instances were observed where these individuals sought advice and support from other members. For example, at one of Organisation 2's meetings, observation notes state that "one member of the organisation, an older woman, was asked two times directly for her opinion; the reason given by the President was that as an elder,

her opinion was highly valued." Thus, the power to shape the work of Organisation 2 was shared to some degree with individuals who occupied specific social locations that afforded them some privilege. The complexity of the intra-organisational power relations at the intersection of migration pathway, class, gender, age, and race is detailed in Chapter 11.

Rules

As described, the model rules governed the organising behaviour of Organisation 2 regarding financial records and role distribution. Organisation 1 was also subject to rules dictated by external funding bodies and their funding partners, including the organisations they were under the auspice of. Similarly, external rules governed the case management activities conducted with consumers, such as ethical guidelines from the profession of social work, for example, and Australian Federal and State law.

While Organisation 1 did not have a formal 'rule book' per se, some aspects of the members' work was subject to internal guidelines and managerial oversight. For example, a style-guide was developed to streamline external communications so they consistently aligned with the organisation's "brand." Thandiwe discussed in an interview the development of the style-guide, as part of their communication strategy, was to ensure "our tone of voice, the sort of language we use, our social media engagement" was streamlined across all members. Similarly, when working with consumers, all members were required to update and maintain case notes. Participants viewed this as essential record-keeping that also assisted with handovers, when more than one member was working with one consumer at a time. These types of rules were thus concerned with protecting members, consumers, and improving efficiency within the organisation. Organisation 2 followed similar conventions to Organisation 1, striving for consistency among members' external communications.

Records

Like most organisations operating within the Western paradigm, Organisation 1 and 2 produced a variety of documents that captured the official history of the organisations in terms of key decisions, strategies, events, and the individuals affiliated with them. Organisation 1 members documented the official history of the organisation through meeting minutes, notes, grant proposals, and many more documents. Significantly, record-keeping was integral to the members' work with consumers, which required documentation that aligned with the standards of the community welfare sector, such as the production of detailed case notes described above. External actors also influenced the record-keeping in Organisation 1; for example, consumer referrals were made using referral forms obtained from external service providers.

For Organisation 2 record-keeping and the circulation of these records via email proved a useful means of maintaining transparency within the organisation, particularly as the organisation had such a large membership base. A large membership naturally involved some conflict, such as with the decision to formalise the structure of Organisation 2. Meeting minutes were instrumental in bringing this matter to a close, where the decision was finalised by vote during a meeting. Not all members attended the meeting, so the decision was communicated in the meeting minutes and circulated afterwards via email. Munya explained this process:

> **Researcher:** So then, the structure that you're going for now has not necessarily been approved by everybody. Not everybody's on board?
>
> **Munya:** No, no, no. It has been approved by some of the individuals and some of the African community leaders that were at the meeting, and after the meeting, we sent out the results and the minutes of the meeting to the rest of the community … We got I think only one objection that came out after that meeting saying, "oh bear

in mind that you don't represent everyone. You represent those people that have agreed," and then we said "yes, that's exactly the point."

In this example, distributing the meeting minutes communicated the new organisational structure across the membership base, and the record served to legitimise the decision evidenced by the minimal objections received from members. Thus, record-keeping in this way was an effective tool to bring the matter to a close. The information documented by both organisations was a tool to both communicate and legitimise their work within their task environment.

10.4 Organisational Goals

As Chapter 4 describes, immigrant organisations comprise a group of individuals who often reference organisational goals to legitimise and coordinate collective activities. While remaining critical of the notion that organisations have universally agreed-upon goals, this section presents the distinction between official goals, which emerged from broader more general statements about the formal purpose of the organisation, and operative goals, which were deduced from observing where the members allocated resources. The discrepancy between the organisations' official and operative goals is indicative of certain power relations specific to the context. These power relations are integral dimensions of the intersectional analysis, and awareness of these grounds the findings presented in Chapter 11.

Official Goals

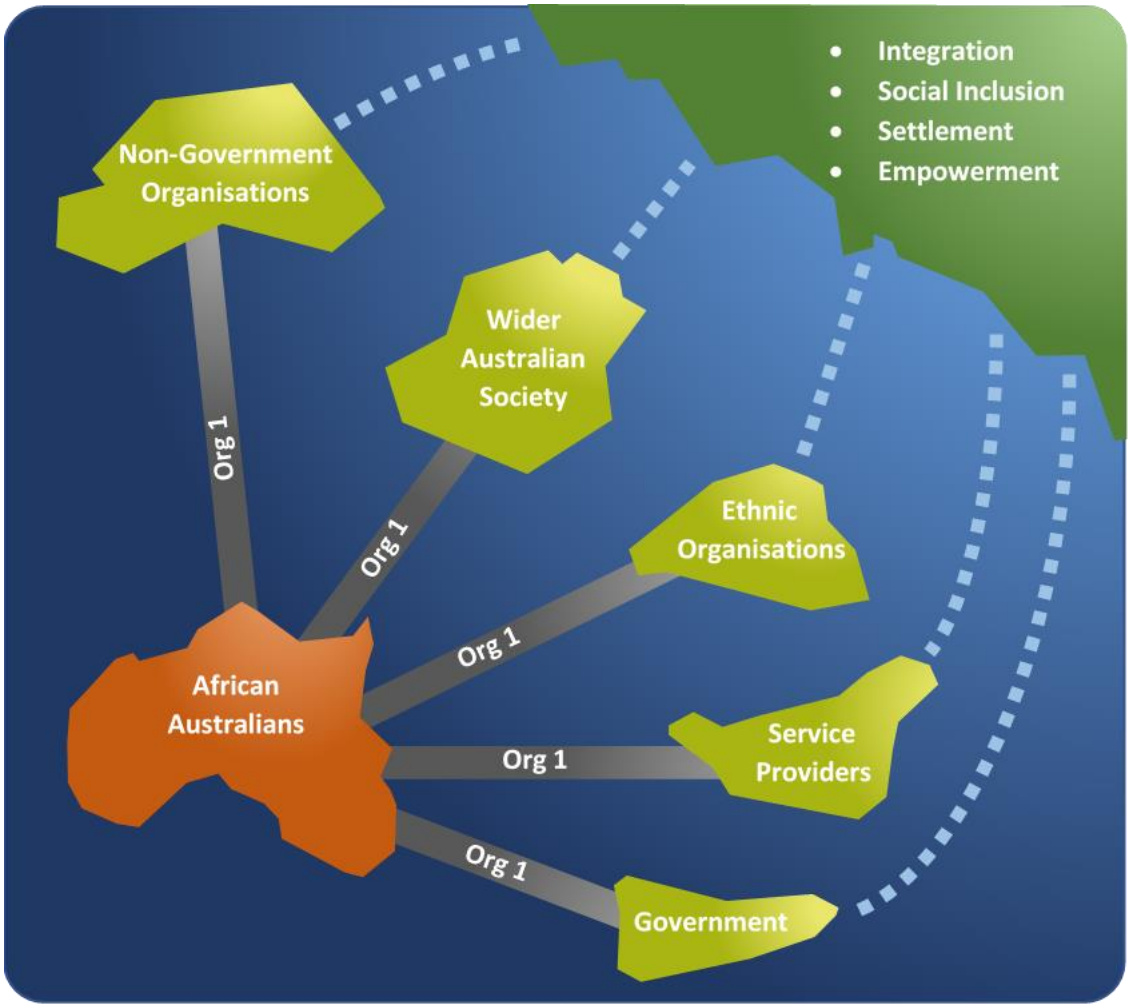
Organisation 1's official goals were often presented in broad, abstract, and general language, which is typical of organisational mission statements. For example, Organisation 1 Documents described that they exist to "bridge gaps and create connections" for African Australians, and to guide businesses, service providers, and government agencies "to embed a culture of inclusivity in their policies and practices." Across Documents, and in interviews, participants used figurative language to describe Organisation 1's mission. For

example, the metaphor of a bridge was often invoked in the data, which led the researcher to develop Figure 3 to depict Organisation 1 as “a series of bridges.”

In Figure 3, the islands signify external stakeholders, while the mainland stands for the achievement of the broad and abstract organisational goals. The bridges represent Organisation 1 and its purpose of bridging service gaps and knowledge gaps, of bridging the void between government and African Australians, between mainstream services and African Australians, and of linking African Australians to other supports such as ethnic organisations. Participants rationalised that to achieve the integration, social inclusion, settlement, and empowerment of African Australians, these gaps must be bridged, and appropriate interactions with stakeholders must occur. Figure 3 was presented via email to all participants of Organisation 1 for their review, along with a summary of the key findings of the research. No responses pertaining to this analogy were received.

Figure 3

Organisation 1: A Series of Bridges



Note. Organisation 1 is represented in this illustration as a series of bridges (grey) that connect African Australians to external stakeholders (yellow) while simultaneously connecting those services to African Australians (orange), bridging the gap between them. The light blue lines demonstrate the logic that by bridging these gaps, integration, social inclusion, settlement, and empowerment may be achieved. The lines are dashed, however, because this study does not measure the achievability of these outcomes.

Organisation 1's formal objectives featured across a range of Documents and were discussed in interviews, including:

- Reduce the number of vulnerable African Australians.
- Serve and support African Australians.
- Provide newly arrived African Australians a safety net, a point of connection, a family.
- Build the capacity of African Australians to solve issues together as a community.
- Increase access to services that already exist.
- Support and complement existing services.

These goals manifested across two societal levels. Organisation 1 members aimed to affect change for consumers directly through service provision (micro-level), while they simultaneously intended to facilitate consumers empowerment as a collective community, and influence other services to be more inclusive (meso-level). Thus, the official goals of Organisation 1 indicated two interconnected fields of activity. One was orientated toward the individual, who with more knowledge and resources, members rationalised, could be empowered to make better decisions. The other field of activity was orientated toward societal structures that impede the accessibility of services; members used the logic that with greater access, the community could obtain greater resources. Therefore, Organisation 1's objectives were (loosely) aligned with both an individual approach and a structural approach to health promotion, which culminated in both micro- and meso-level activities that are detailed in Chapter 11.

The official goals of Organisation 2 were concisely expressed in a Document emerging from a workshop to develop a strategic plan in 2019; it stated that "Organisation 2's mission is to inspire and empower the African Australian community to reach their fullest potential and contribute to all aspects of Australian life." As with Organisation 1, the

use of the word "empower" signals to stakeholders that African Australians can, and should have the power, to make decisions about their lives. The organisation's mission is thus, normative. In the same document, members presented Organisation 2 as a conduit to empowerment; "an umbrella voice for African-Australians [2] [*sic*] in Victoria."

While being a voice 'for' African Australians may not be considered altogether empowering, two other Documents described Organisation 2 as a "coalition of various African Australian community organisations and interested individuals," and there was also reference to Organisation 2 playing the role of a "peak body." In this way, Organisation 2 aimed to amplify the voice of the African Australian population in Victoria via its network of African organisations, African Australian individuals, and community leaders that made up its membership base. Manifesting within and through a broader societal hierarchy, Organisation 2 aimed to facilitate connection between the grassroots and decision-makers by delivering "the voice of the coalition" that sought to represent "the voice of African Australians," with a feedback loop. The voice of African Australians comprises significant knowledge about appropriate solutions for dismantling barriers that impact on wellbeing and therefore, was viewed by Organisation 2 as a valuable resource.

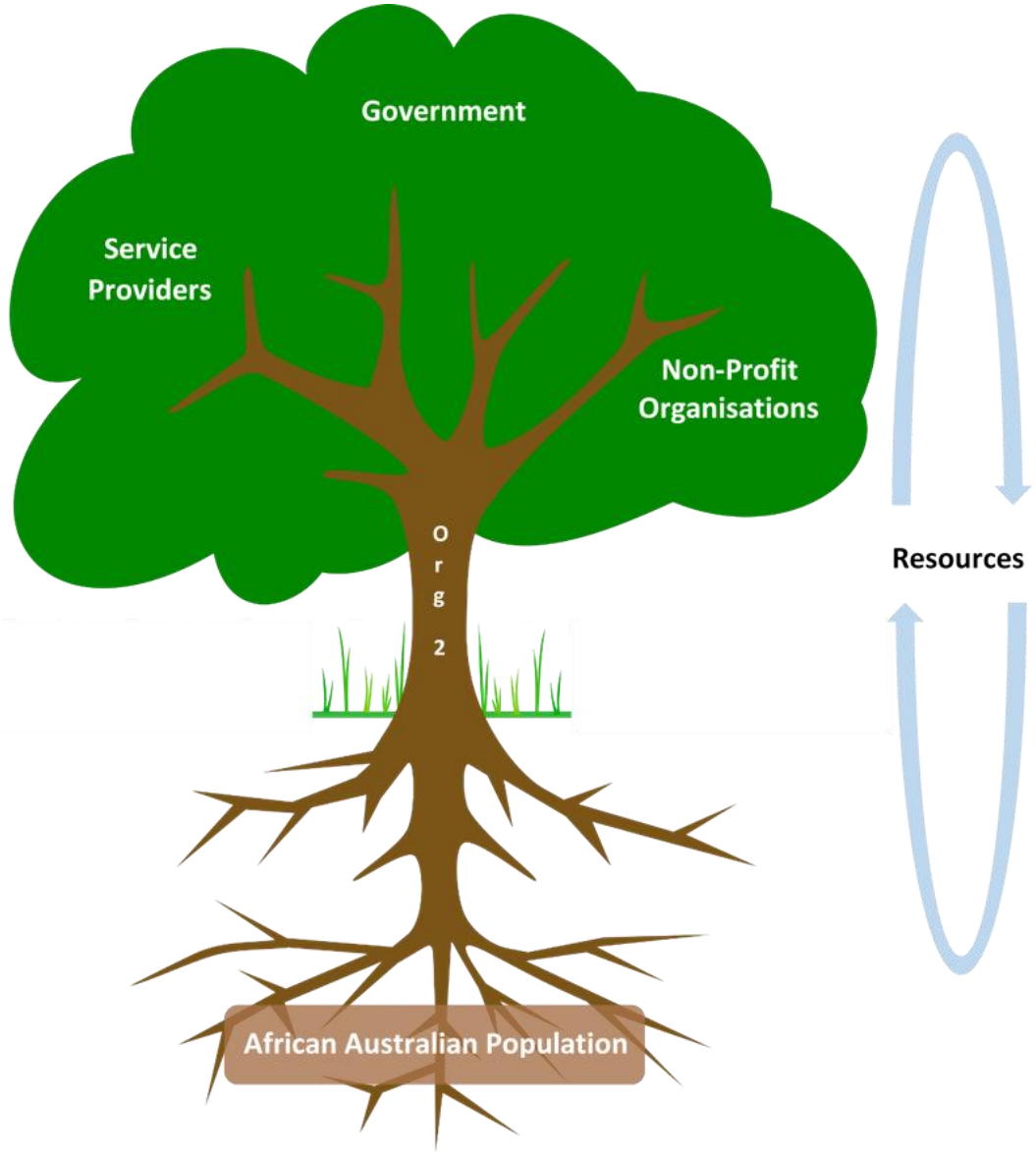
Data depicting the official goals of Organisation 2, led the researcher to develop Figure 4, whereby Organisation 2's official purpose can be likened to that of the interacting elements of a tree. Organisation 2 features in this metaphor as the tree trunk, connecting the roots of the African Australian population to those in the uppermost echelons who control resources; government, service providers, and non-profit organisations (Figure 4). Voices from the roots can be passed up, and resources from the top can be passed down. Figure 4 was presented to a key informant and two additional members of Organisation 2 for their review, along with a summary of key findings. While their comments were not

[2] Documents inconsistently used a hyphen when referring to "African Australians."

formally recorded, because this meeting occurred after the data collection period, the participants raised no objections to this analogy.

Figure 4

Organisation 2: The Trunk of the Tree



Note. The purpose of Organisation 2 is represented in this illustration, as similar to that of a tree trunk, which distributes resources (knowledge, money, power) between the roots (the African Australian population) and the canopy (the decision-makers) to facilitate overall growth (empowerment of African Australians).

A Document listed the means of achieving Organisation 2's mission, and included "Advocacy, engagement with the government, active participation and collaboration, consultation with communities, creation of an African Australian space (incubator)." Like Organisation 1, the language used by Organisation 2 communicates a desire for collaboration and partnership with key stakeholders, positioning Organisation 2 as a constructive non-competitive entity. As Organisation 2 members sought to unite African Australian community organisations under one umbrella to express African Australian needs and solutions, being perceived as a competitor, or a vociferous nuisance, was considered by participants as unlikely to get the desired response from stakeholders. Therefore, presenting as collaborative and non-threatening was viewed as vital for garnering legitimacy.

Organisation 2 members who attended the strategic planning days in 2019 developed a range of short-to-medium-term objectives. They aimed to:

- Advocate for specific services and opportunities that are appropriate to African Australians.
- Advocate for community involvement in all phases of service design and delivery.
- Consult respective communities to collaboratively identify and develop solutions to problems.
- Foster collaboration between eminent individuals and organisations within the wider Australian community.
- Maintain focus at all times on the agreed purpose, outcomes and benefits.
- Work towards being a united voice for African children, women, youth, men, families, and communities. (Document)

These objectives demonstrate more specificity regarding the presented mission statement. Advocacy, for example, was orientated toward decision-makers and the

resource holders to claim resources on behalf of African Australians and ensure they had equal power to design and deliver services. Collaboration was strived for with both "eminent individuals and organisations" and with African Australian communities. Fundamental to the work of Organisation 2 was its goal to become a united voice for African Australians living in Victoria.

While the official goals functioned to communicate the organisations' formal purposes to their broader audiences and direct their activities, data revealed that in practice, both organisations allocated significant resources to achieve operative goals.

Operative Goals

Observations, interviews, and document review revealed that two significant and interconnected implicit aims of the organisations undergirded some of their activities, namely, to legitimise and to sustain the longevity of the organisations. Participants often described how activities contributed to the legitimacy of their organisations, for example, Organisation 1 members hosted consultation meetings early after their inception to engage African Australians with the organisation and hear their concerns and needs. The consultations signalled to consumers and other stakeholders that the organisation was grounded by African Australian interests and had community endorsement and directives, which served to legitimise Organisation 1 and increase their number of consumers through word of mouth recommendations.

Organisation 1 performed many activities to enhance organisational capacity, which evidenced the operative goal to sustain the organisation. Efforts to grow the capacity of Organisation 1 included researching and applying for funding, collaborating with partner organisations for seed funding, and engaging members in professional development, such as leadership training. These activities provided a means to achieve both the official goals of the organisation while also increasing organisational capacity for sustaining the organisation over time. For example, participants viewed collaborations on projects that

aligned with Organisation 1's purpose as opportunities to demonstrate the organisation's competence and build its reputation for future grant success. Furthermore, collaborations were described by participants in interviews as integral for growing support networks. Participants also described that recording and evaluating activities was necessary to build on their successes, learn from their mistakes, and showcase the organisation's capability to funding providers.

Similar to Organisation 1, Organisation 2 sought to secure legitimacy and sustainability. In seeking to legitimise the organisation as the peak body for African Australians in Victoria, Organisation 2 members chose to formalise the organisation's structure as described in Section 10.3. After registering the organisation as a legal entity, members put in place an interim executive team to facilitate a transition to a democratic process for electing future executive members. These steps were viewed as necessary to legitimise the organisation's advocacy work, acquire resources more efficiently, ensure the longevity of the organisation, and be accountable to consumers.

Distinct from Organisation 1, interview participants from Organisation 2 expressed an additional operative goal that sought to "hold to account" those who worked on behalf of African Australians. Participants described this goal in relation to the establishment, and the subsequent dissolution, of the African Ministerial Working Group (AMWG), which the Victorian Government initiated. The government-appointed AMWG constituted a committee of 22 select African Australians to develop what they named the Victorian African Communities Action Plan (VACAP) as an expression of the Victorian Government's commitment to the empowerment of African Australians in Victoria. The VACAP was developed over seventeen months, culminating in a proposal of "over 250 actions across six focus areas … aim[ing] to create opportunities for all people to belong, contribute and thrive" (n.d., p. 1). Several members of Organisation 2 were also members of the AMWG.

Despite the involvement of some members of Organisation 2 in the AMWG, frustration grew when other members felt that the AMWG did not sufficiently update them on the VACAP's progress. Therefore, members of Organisation 2 identified a need to hold to account the AMWG (and the later established implementation committee) to ensure that the VACAP represented the needs expressed by African Australians, and that the later established implementation committee would respond accordingly. Munya described his interpretation of the chain of events in the exchange below:

> **Munya:** Because [when the AMWG was established] there was no organisation that would represent and check and balance the Victorian Action Plan.
>
> **Researcher:** So, now, Organisation 2 appears to be an organisation that can hold them to account with that plan?
>
> **Munya:** Exactly that should have been the understanding right from the beginning that this organisation is necessary to be a sort of an accountability organisation where, independent of the government it could say, "yes we know this is what is happening, but maybe this is not what the community expects out of the plan." Because once people are nominated to either the AMWG or any other government organisation, they belong to that organisation. They're run by the rules of that organisation. For example, while there was negotiating over some aspects of the VACAP, due to confidentiality, [the AMWG] couldn't come back to their communities and report what had been discussed. So, it means really; you're not an independent. It needs someone else outside that would just say, "look, what is it that you are discussing?" Even if they say, "no, no it's still under discussion," even if they delay or take maybe a month to tell us what it is, under the pressure it means they are sort of rushed to … they feel that accountability.

As a result of the events concerning the AMWG and the production of the VACAP, members of Organisation 2 identified that a community spokesperson could not be

independent of the organisation that they had been subsumed into, in this example, the State Government. Holding to account those who work on behalf of African Australians was viewed as integral to achieving the official goals of the organisation, but represented in the data as an operative goal because it was not readily acknowledged in expressions of the organisation's formal purpose.

Holding to account those working on behalf of African Australians was also necessary for mainstream service providers and immigrant organisations run by and for African Australians, as Chol explained:

> But there has been in the past a way that this very same African—a small volunteer organisation—had been disadvantaged by other established organisations, mainstream organisations that are offering services. And so, we need to make sure that if there are African organisations that are running employment, that are running youth programs, then yes, they are entitled to be given resources. But use it wisely without disadvantaging others internally.

In this way, members of Organisation 2 also viewed the entity as a means of protection and promotion, advocating for the redistribution of resources to African Australian immigrant organisations to serve themselves rather than be drowned out by mainstream services. Organisation 2's operative goals demonstrate flexibility to respond to such needs as they arise.

10.5 Organisational Environment

The general environment, that is the broader societal context that the immigrant organisations were operating within (Jones & May, 1992), has been described in Chapter 3, which presents the Australian policy and political landscape as rooted in colonialism and racism, and manifest in structural violence via immigration policies that exclude and persecute refugees. Chapter 3 also describes that within the neoliberal political context, the Australian third sector plays a significant role in distributing welfare and migrant services

on a tendered basis. Elements of the general environment have also created hierarchical conditions within the sector that the case studies operated within, where larger long-serving non-profits have more influence than others. Intersectionality draws attention to these relational power dynamics that are context-specific. So, with a narrower focus, this section examines the interactions and interrelations between the immigrant organisations and the entities that are external to them, specifically those operating within the task environment. While they are distinct entities, the organisations have key stakeholders in common. The following descriptive analysis establishes the foundations for understanding the activities of African Australian immigrant organisations that Chapter 11 outlines.

Community Welfare Sector

Given its provision of support services to families and individuals, Organisation 1 operated within the wider community welfare sector. Consequently, Organisation 1's activities were influenced by professional standards, codes of ethics, values, and commitments that guide the professions represented in overlapping industries, including industries falling under the umbrella of social services.

Interactions between Organisation 1 members and consumers who had been former clients of what participants termed "mainstream organisations" (to distinguish from immigrant organisations) provided a unique lens for these members to identify gaps and deficiencies within the community welfare sector. In an interview, Nkandu described her understanding of some mainstream organisations. It appeared to her that as long as mainstream providers met their professional obligations, such as spending the allotted time on a single consumer, or referring them elsewhere, then the outcomes for the consumer were largely irrelevant and many cases were closed with little improvements in the lives of consumers. A Document produced by members of Organisation 2 expressed a similar sentiment:

> There is general dissatisfaction with service providers who are funded to help the African community, but who often achieve very poor results because they don't know the community sufficiently, they lack cultural competency, and they are more focused on ticking boxes to meet the bureaucratic needs of the funding providers rather than meet the real needs of the communities they are expected to help.

These observations may speak to the marketisation of the sector as a result of prevailing neoliberal policies, where performance management and targets arguably undercut the capacity of social workers to provide bespoke support to clients (Wallace & Pease, 2011). Despite operating within the same paradigm, Organisation 1 was arguably less constrained by principles of marketisation and managerialism due to its smaller size. Furthermore, while limited State funding posed significant challenges for Organisation 1, it also afforded an extra degree of separation from the State compared to mainstream service providers in the sector that survive on tendered government funding over several years. In this regard, the flexibility and autonomy of Organisation 1 afforded opportunities to resist marketisation pressures and instead provide a service that was bespoke to the specific needs of African Australian consumers and more aligned with the foundational principles and values of the industry.

Participants across both organisations viewed the development of organisational partnerships as important for achieving the organisations' official goals and operative goals to legitimise and sustain the organisations within a competitive and hierarchical organisational environment. Organisation 1 developed several partnerships characterised by complementarity with other entities operating in the community welfare sector. Rose (woman) described that the relationship between Organisation 1 and the organisations it was under the auspice of demonstrated Organisation 1's credibility, providing "recognition and validation of what they [were] doing." Simultaneously, the data shows that the two organisations that were supporting Organisation 1 also benefited from the auspice

arrangements. For example, Angela (non-African woman) said that the cross-cultural exchange was highly beneficial for members of both organisations and demonstrated to external stakeholders that the sponsoring organisation was acting on its commitment to cultural diversity:

> It shows we mean business, that within the constraints of only having one room available that we are striving to create an opportunity for someone else that shows that when we do talk about diversity and cultural diversity, it's one small way that we can walk the walk and not just talk about it.

Evidently, gaining credibility through partnerships was a two-way street, providing mutual benefits within a sector characterised by a neoliberal framework that prioritises marketisation and cultural responsiveness.

Similarly, Organisation 2 sought legitimacy in the migrant advocacy industry by establishing an affiliation with the Federation of Ethnic Communities' Councils Australia (FECCA), the industry's supra-organisation that acts as a peak body to represent and advocate on behalf of Australians from culturally and linguistically diverse backgrounds. Organisation 2's association with FECCA was cemented by publicly aligning the work of Organisation 2 with the collective efforts of migrant advocacy, affording more visibility and credibility within the industry.

State Government

During the data collection period, Organisation 1 applied for a State Government tender to implement family violence prevention initiatives in minority communities. After submitting their proposal, members were advised by the funding provider to align their program goals with the "Change the Story" framework, which is a national family violence prevention strategy developed by three mainstream NPOs namely Our Watch, Australia's National Research Organisation for Women's Safety, and VicHealth (2015). The state funding body also advised Organisation 1 to partner with an "expert" organisation.

Members of Organisation 1 followed this advice partnering with a high-profile family violence support and prevention service, and they also adapted their proposal to reflect the dominant frames of reference within the family violence industry. This example demonstrates the State Government's power and influence over Organisation 1's work, as well as its reinforcement of existing organisational hierarchies and ideologies through the provision of community development funding. Thus, the need to seek financial resource from the State Government somewhat challenged Organisation 1's autonomy.

Organisation 2's relationship with the State Government and its various subsidiary departments was deemed by participants as necessary for the organisation to meet its purpose. The data reveals, however, that the relationship was not equal; Mahmoud (man) described, "one day you're the flavour of the month, and another day people don't want to talk to you … If you say things that governments and policymakers and most people in power don't feel comfortable with, well you get punished." Members of Organisation 2 were conscious of this risk to their access to State Government, and so, developed an advocacy approach often described by participants as "non-confrontational," opting to work with government rather than against it.

African Australian Communities and Consumers

The organisations' relationship with the various African Australian communities and individuals was integral. As described, Organisation 2 relied upon a hierarchical formal process of communication, which saw members of Organisation 2 acting in an intermediary role. This approach was deemed the most appropriate and efficient, particularly as the organisation sought to effectively rise above conflicts occurring at the level of smaller communities. Chol (man) provided the example of the internal division between the various South Sudanese Australian communities, where because of past conflicts and the ongoing war between ethnic groups in South Sudan, divisions were maintained among the diaspora living in Victoria:

> We cannot afford to turn ourselves against one another, but accept that that is something that has occurred. We need to admit the loss and tragedy that has befallen our nation. We need to accept what has happened but not point fingers at one another. Unfortunately, this has not really been the case because there is so much grief. Others within the community, other small communities, can't really accept it. Others are pointing fingers politically, ethnically, and all those sorts of politics.

While Organisation 2 sought to rise above internal community politics, providing a voice for all African Australians was somewhat constrained by these internal divisions. Additionally, Chol explained that a legacy of mistrust from African Australian communities constrained Organisation 2. Mistrust stemmed from past events where some African Australian individuals were viewed to have taken advantage of situations involving African Australian community development for their own personal gain:

> We've continued to see, every moment that the situation involves the response of the authorities, involves resources, involves media, we will quickly have the strong key leaders being there, ready to respond, to provide solutions. But at the same time, within a few weeks, six weeks, three months the situation is just normalised; people have captured the opportunity and moved on.

The internal division and mistrust of community leaders presented as a significant complication that underpinned Organisation 2's relationship with its prime beneficiary group, African Australians, and is detailed further in Chapter 11.

Similarly, Organisation 1's relationship with its African Australian consumers was vital. Organisation 1 engaged with African Australians directly via service provision, through additional consultation activities, and invited consumers to provide survey feedback after participating in activities. These methods presented opportunities for African Australians to guide the work of Organisation 1, and participants viewed these

strategies as empowering consumers to define their needs and suggest solutions. However, this dynamic was sometimes disrupted, such as when members of Organisation 1 were beholden to professional obligations, for example, in instances that demanded a duty of care. Observation notes detailed a conversation between Organisation 1 members regarding a consumer whose plans to travel overseas posed a danger to their child's safety: "Members agreed that it might be a good thing if child services get involved because they will put a stop to the whole thing and not allow the mother to travel with her son" (Observation notes).

The organisations' relationships with key stakeholders were complicated by the demands of, and power relations within, their immediate task environment. These dynamics influenced the organisations, but simultaneously the organisations exerted influence within their task environment via the activities presented in Chapter 11, that were ultimately shaped within this context.

10.6 Organisational Culture

Social Justice

Both cases promoted an overt organisational culture that encompassed several values constituting a broad commitment to social justice. These values were underpinned by assertions of human rights including equality, dignity, and respect for all people. For example, Organisation 1's core values were presented in a Document that stated "respect for all people, recognition of the rights of individuals to equal and fair treatment, celebration of diversity, commitment to partnerships, and striving for excellence." Highlighting "partnerships" and "excellence," echoes neoliberal values that are prevalent within the sector. Organisation 2's members also recorded core values in a Document, which included "dignity (respect and equality), culture and identity, inclusiveness and honesty, accountability and transparency, compassion and empathy." Centring

accountability and transparency may be a signal to consumers who carry mistrust of African Australian community leaders.

Empowerment

Both organisations' overt culture expressed a high regard for the empowerment of African Australians. Empowering African Australians was reflected in the approach to some of Organisation 1's activities, for example, Thandiwe described how consumers were often invited to set the agenda:

> We work on not giving people "this is what you need to do to solve your problems" we work with people from, "you are the drivers of conversations, your voice matters, your story matters, how can we help you better navigate things in a way that you understand, in a way that works for you?"

Similarly, the view that the African Australian "community is best suited to address its own problems" (Document) was regularly expressed in discourse produced for Organisation 2's advocacy work. A strategic planning Document stated that Organisation 2 "represents the interests and wellbeing of all African Australians, ensuring their voices are heard in policy development and program design processes." In practice, Organisation 2's membership structure funnelled these diverse voices from the grassroots of the population so that the members of Organisation 2, made up of various representatives, were empowered to use the organisation's platform to "represent" the voiced concerns, and "speak on behalf" of African Australians (Chol, man). An advocacy approach that aims to speak on behalf of consumers is arguably problematic, and the challenges facing Organisation 2 in this regard are presented in Chapter 11.

While empowering consumers to voice and address their needs was overtly championed by both organisations, the example presented in Section 10.3 when the government funding body prescribed changes to Organisation 1's family violence prevention initiative, shows that members of the organisation covertly valued opportunism

and flexibility. In reacting to the advice of external stakeholders in this way, the organisation members adapted their program to capitalise on the potential of funding. This may have been guided by the operative goal to sustain the organisation.

Similarly, for Organisation 2, Lydia acknowledged that the sensationalised negative media hype concerning African Australians had taken time and resources away from Organisation 2's work towards official goals. Organisation 2 members issued a media release in reaction to the racialised discourse described in previous chapters; "we know that there is a political agenda behind that [media stereotyping] and so it shouldn't distract us from what we want to really achieve." Therefore, by prioritising this issue above others, Organisation 2 demonstrated its strong commitment to speaking up for and defending African Australians from racial injustice.

Women's Equality

In demonstrating an overt culture characterised by equality, both organisations expressed their commitment to women's equality. Key roles in Organisation 1 were assumed by women at the time of data collection, with four men volunteering on an ad-hoc basis. Furthermore, Organisation 1's activities reinforced this aspect of organisational culture through initiatives that aimed to address sexist attitudes and behaviours that oppress women and privilege men.

Organisation 2 members also expressed their commitment to advocating for women's equality. However, with a much lower representation of women than men in the membership, most executive committee roles were taken by men with only two women, at the time of data collection, playing an active role, and a third who was engaged with the organisation on the periphery. All the participants were aware that the organisation was struggling to engage women and Munya contemplated the influence of dominant sexist cultural values among the African Australian population that he argued contributed to the problem:

> The other barrier that I see with our organisation is that some of the groups that we're working with, which is part of I think the cultural background where I talk about differences, is that the women in some of the African countries have not played or are not playing an active role. I know that some groups still don't give the woman the opportunity to go out there and be themselves … I don't know whether it's right to say someone "giving" the woman- and I mean some cultures you know define women as this or that.

Additional factors found to contribute to the low participation of women in Organisation 2 are discussed in Chapter 11; they included practical barriers such as meetings typically being scheduled around children's dinner and bedtimes, meaning that many women who are typically the family's primary caregiver would be unable to attend. Therefore, while the overt culture of Organisation 2 emphasised gender equality, it was arguably challenged by exclusionary practices and a covert organisational culture that seemingly valued the engagement of men over women.

Unity

Unity was an additional feature of the organisations' overt cultures. For Organisation 1, as highlighted in Section 10.4, solving issues "together as a community" was strived for, and Organisation 2 sought to "identify [a] unity of purpose" (Lydia). These values were predicated on a combination of environmental factors and participants' strong belief in the commonalities among African Australians. The data, however, also revealed that participants actively opposed depictions of African Australians as a homogenous group. Therefore, in valuing both commonalities and differences, the organisations faced some tension in this aspect of organisational culture, which is further described in Chapter 11.

Professionalism

Professionalisation characterised the sectors that the organisations operated within. Therefore, it was not surprising to find that the data reflected a high value placed on professionalism. This overt culture of professionalism was reinforced in organisational processes, structure, and activities, such as through record-keeping and evaluating initiatives. During observations and interviews, members often promoted their professional skills and academic achievements. Projecting this culture of professionalism was important to participants for increasing the organisations' legitimacy within their organisational environment while also indicating to consumers that their interests are being looked after by professionals.

Presenting an overt culture of professionalism served operatively as a claim to equal status within the sector and a resistance to stereotypes of African Australians as unskilled and uneducated. In striving for equal status, both organisations presented as non-combative and complementary in their work with external stakeholders. Munya commented on a meeting he attended outside of his role with Organisation 2, where the attendees were "very angry" and were using "the type of language" that he did not feel comfortable repeating. He described the alternative approach of Organisation 2:

> We always take the middle road and are very professional and ask for people to be respectful of whoever it is. Whether it's a government official who's there who's being booed or heckled, or a policeman who's been told that "look you're racist" and stuff like that. We say, "no this doesn't apply here, let's have a civil conversation so that we can get to the depth of this." (Munya)

Professionalism necessitated civility and respect for Munya. Chol however, said that other members of Organisation 2 maintained a preference for advocacy that was not so accommodating of the status quo. Members with experiences working in the public sector in Australia were dominant in their representation in executive roles, and therefore

a culture in favour of professionalism seemingly dominated. Tensions regarding this culture of professionalism are detailed in Chapter 11.

10.7 Chapter Summary

This chapter has contextualised Phase 2's research findings that are presented in Chapter 11. Presenting the cases organisational structure, goals, environment, and culture has laid the groundwork for the intersectional analysis of the activities of African Australian immigrant organisations in this study. To summarise, the organisational structures were distinct, where Organisation 1 worked under the auspice of two mainstream charities, and Organisation 2 was legally registered and incorporated. These opposing structures shaped the organisations roles, relations, rules, and records accordingly.

The chapter has outlined the organisations' purpose to empower African Australians. For Organisation 1, empowering their African Australian consumers involved several objectives, including linking consumers to services, and vice versa, so that they could acquire the requisite knowledge and resources to guide choices that would enhance their wellbeing. Organisation 2 aimed to empower African Australians by speaking for the population in advocacy work orientated toward decisions-makers, striving to encourage a united African Australian community that could solve their own problems. Operative goals included seeking to legitimise and sustain the organisations, and additionally for Organisation 2, holding those working on behalf of African Australians to account was important. The chapter has also described how the organisations were shaped by power relations between them and key stakeholders in their task environment.

Finally, key elements of the organisational culture of both cases has been highlighted and is broadly characterised by a commitment to social justice. The tensions highlighted in the analysis of organisational culture are explored in the following chapter. The thesis now turns to the presentation of the key themes emerging from the

intersectional analysis of the data collected in Phase 2, which draws on the context depicted in this chapter to better understand the organisations' activities to improve the health and wellbeing of African Australians.

Chapter 11 Phase 2 Findings

11.1 Chapter Overview

The previous chapter provides rich detail on the formation of the two African Australian immigrant organisations that participated in Phase 2, describing their organisational structure, goals, environment, and culture. Chapters 2 and 3 have detailed the Australian social and political context in which these organisations were operating. This chapter builds on this contextual understanding to focus more directly on their activities, and how the particular social locations of the organisations and their members interact with the particulars of the formerly described context to enable intersectional analysis. The key themes presented in this chapter emerged in answer to Phase 2's research question:

> *How do members of African Australian immigrant organisations perceive their influence over, and work to improve, health and wellbeing?*

Data collected between March 2018 and September 2019 in the form of observation notes, in-depth interview transcripts, reflexive interview transcripts, and organisational documents were analysed using the coding techniques presented in Chapter 9 and the analytical framework presented in Chapter 4.

This chapter describes the conditions for the construction of a community along racial and cultural lines. Additionally, the activities of the organisations are presented according to mechanisms to influence health and wellbeing. These mechanisms are broadly grouped according to the health promotion approaches outlined in Phase 1, that is efforts that aim to affect health and wellbeing at the individual-level and those operating at the structural-level. For example, organisational activities that contributed to the consumers' and members' acquisition of resources, growing networks, and professional and personal development, operate at the individual-level, providing direct support and addressing individual behavioural determinants of health. At the structural-level, activities contributed to generating solidarity, community capacity building, and advocacy as

mechanisms for influencing social determinants of health and contributing to wider social change. Following this, the chapter presents key findings that demonstrate that the organisations and their activities were shaped by systems of oppression/privilege at the intersections of salient social categories including migration pathway, class, gender, age, and race/ethnicity.

11.2 The Construction of a Community at the Intersection of Race/Ethnicity and Culture

The choice to service African Australians presented as a source of tension among Phase 2 data, which underpinned the organisations activities for health and wellbeing. On the one hand, participants from both organisations acknowledged commonalities among African Australians and on the other hand, they recognised the inherent diversity among people captured under this conceptual umbrella. As in Phase 1, participants in Phase 2 expressed concern for stereotyping and clustering the many African Australian communities into "one lump sum" (Thandiwe, woman), which they said was damaging to a person's self-esteem. For Organisation 2 members, uniting African Australians was inherently complicated, not least because the needs of African Australians were, to some extent, determined by their migration pathway as Munya (man) described:

> The Africans that have settled in Australia actually came in under very different streams or different waves. Some of them were skilled migrants, others humanitarian visas, others family streams, and so forth. Their needs and challenges were different, of course, but we were trying to see how best we can address those.

Chapter 2 outlines the diversity among African Australians, and Phase 1 findings demonstrate how unique social locations intersect with systems of oppression/privilege to impact on health and wellbeing. Despite the challenges presented by this complexity, members still chose to establish as African Australian organisations instead of servicing specific sub-groups of this broader population. While participants expressed that

commonalities among African Australians based on race/ethnicity and culture necessitated African Australian organisations, it is evident that these social categories of difference were (re)constructed by, and through, external opportunity structures, which significantly shaped the decision to organise in this way.

Members of Organisation 2 described external factors that influenced establishing as an African Australian organisation. Mahmoud stated, "having a cohesive voice and umbrella organisation is critical, otherwise governments would be confused." Government demands for a single and cohesive African Australian voice was also outlined in an interview with Thandiwe after a question asking if African Australians identify as such:

> The "African Australian" term was not- it's not an individual term that came about- it came about from the government. … So, it's the government that influenced the identity, yes. … So, to be identified as African Australian I found out about this when I came here.

Despite having no prior awareness of an African Australian identity, organisation members were influenced by government discourse that ascribed the social category of "African Australian" indicating a high degree of government power and influence. Even when members of Organisation 1 had alternative plans, the influence of government prevailed, for example, Thandiwe described how members of Organisation 1 "started out wanting to work with multicultural women [*sic*] and their families." The choice to formally service African Australians as the prime beneficiary group she said, had been shaped by "conversations and consultations that [members] had with different [government] department officials," she stated:

> We got the advice to actually narrow it down to the African Australian community because it is a new and emerging community, and there were so many issues of concern that the police were struggling with, and also the idea that there were very limited services specialised in working in that space. We were also given the advice

> that given that we are African we would better represent- not necessarily say that we can speak for all Africans- but we would better represent our community, then over time we could open up doors to everyone.

This external advice that members of Organisation 1 received is indicative of several assumptions also noted by Phillips (2011): (a) that an African Australian community exists; (b) (and interrelated with the first) that there are common issues among African Australians; (c) that the needs of African Australians are distinct from other social groups; (d) that having an African background is viewed as a significant attribute for representing African Australians. By forming an African Australian organisation, Organisation 1 may have reinforced these assumptions. At the same time, Organisation 1 became strategically positioned to take advantage of government resources. For example, the organisation became competitive for government funding that targeted programs aiming to support African Australians. While the decision to organise as African Australian demonstrates the power and influence that the government had in shaping the identity of the immigrant organisations, Organisation 1 continued to tacitly service the needs of non-African background consumers, as Nkandu (woman) explained, "we predominantly service the African community, but we have had women from Indian and Filipino communities that have accessed our service, and we have been able to provide them a service without turning them back." This willingness and capacity to support people from other migrant communities indicates common challenges facing newly arrived migrants, irrespective of their country of origin, and more importantly demonstrates the members' agency and resistance to external stakeholders defining the organisation.

Similarly, members of Organisation 2 were influenced by external forces when choosing to organise for African Australians. Participants recognised the damage that had occurred from homogenising African Australians after a barrage of media reports alleged the existence of African gangs in Melbourne, following incidents of crime at the Moomba

Festival in 2016[3]; Munya said that Organisation 2 was "crystallised" in response, and a critical Document indicated the same. The Document stated that leaders of African Australian communities, who were professionals, were mobilised to try to produce programs to enhance positive outcomes and change negative narratives due to the misrepresentation of African Australians. It stated that criminal behaviour was "blamed on the failure of all Africans to be productive residents or citizens of this country" and that the "high visibility of the African Australian communities" contributed to this perception. The Document references the "high visibility" of African Australians, indicating both the disproportionate negative representations of African Australians in mainstream media and Blackness as a visible marker of difference relative to normative whiteness. Chapter 2 outlines the racialisation of Melbourne crime by mainstream media, and the hostility and antipathy toward refugees and asylum seekers as indicative of the broader systems of colonialism, racism, and white supremacy in Australia. Participants recognised such media framing as reinforcing racial inequalities and essentialising race/ethnicity by questioning African Australians' contribution to Australian society.

The rhetoric surrounding migrants' need to contribute, is steeped in Australia's long history of marrying migration policy to increasing the country's productivity. Therefore, two mutually reinforcing systems of capitalism and racism impacted the early organising of the two immigrant organisations. For example, Organisation 2's mission statement echoes this discourse by stating its mission "to inspire and empower the African Australian community to reach their fullest potential and *contribute to all aspects of Australian life* [emphasis added]" (Document). By adopting this language, the organisation signalled that its purpose of turning perceived non-contributors into contributors is of wider economic value. At the same time, with the same statement, the

[3] Moomba is an annual Melbourne event celebrated over the Labour Day long weekend since 1955 (for more information see Reason, 2009).

organisation arguably resisted discourse that depicts migrant groups as a drain on the system by highlighting the community as disempowered.

While members of Organisation 2 had been discussing the idea of formalising the organisation before the media reporting of events at the 2016 Moomba Festival, it was this incident that galvanised the formation of Organisation 2 in quick response. Mahmoud confirmed that identifying as an African Australian organisation resulted partly from this external pressure that essentialised race/ethnicity:

> So, it's the external pressure, and I think you know, when a community is so much under attack and the Blackness in you, a sense of responsibility that you have, and I guess you also have to have a degree of trust that we live in a liberal democracy and we would be able to advocate on behalf of your community and partner with civic society and all of that. So, yeah. So, that's the context.

Mahmoud described that the attack on Blackness contributed to the construction of a community united around this shared experience of racial oppression. Media framing of African Australians as a racialised problem group also had the effect of designating some African Australians the responsibility to defend the population in resistance. Mahmoud noted that his trust in Australia's "liberal democracy" provided specific opportunity structures that could be leveraged in such a pursuit, namely civic partnerships, and advocacy channels. The local context was, therefore, extremely pertinent to the choice to establish both organisations.

The tension between resisting the homogenisation of African Australians and the need to unite against racism and take advantage of opportunity structures is palpable. When asked how this tension impacted on the choice to form organisations that service African Australians, participants referred to several commonalities, including the shared ancestry of many Africans. For example, Nkandu highlighted the significance of the Bantu peoples (a group of indigenous peoples whose many languages are grouped in the Niger-

Congo language family) migration across the continent from the geographical regions currently demarcated as Cameroon to Mozambique. Rose (woman) also reasoned that common ancestry among African Australians was comparable to the identities of people located in other racial/ethnic groups; she said, "I would imagine it's the same probably for the Caucasian community as it is for the Asian community and any other community. There's no harm in identifying with someone that you have similarities with." Rose also described finding common ground with other African Australians as "global citizens:"

> I don't know if it happens to other people but for us, as a small African community, when you meet another African person on the street you instinctively just sort of smile at them or wave at them. You don't even have to engage in a conversation. It's just an acknowledgement that it's good to see you in this quest that we are all on and it sort of validates in a small way your own ambitions as well to say, "I'm not the only one that is seeking to be a global citizen."

A shared ancestry and the quest to be global citizens were among other commonalities that participants said were shared by members of the African Australian community. Participants outlined shared values and norms, including the system of kinship, authoritarian parenting style, patriarchal gender dynamics, and religiosity. These shared values and norms equated to what participants described as a shared African culture that is, in some ways, distinct from Australian culture. As described in Chapter 3, the Victorian health and community welfare sectors reinforce this notion of cultural differences among Australia's multicultural communities via concern for culturally responsive practice. This concern was also echoed among the data as participants called for "culturally relevant programs and resources" (Organisation 2, Document), "cross-cultural competency" (Organisation 2, Document), and "culturally safe space[s]" (Organisation 1, Nkandu).

In purporting elements of a shared African culture, members of both organisations utilised their status as experts, and in doing so gained legitimacy and resources to support their work to improve health and wellbeing. For example, Organisation 1's Cultural Awareness Training (CAT), was planned as a means of generating income to sustain the organisation. A Document, entitled "Who We Are," outlined the argument that Organisation 1 "has an authentic understanding of African cultural needs and can proffer a true picture of social issues affecting Africans living in the diaspora." Furthermore, Organisation 1 obtained government funding to support multicultural and faith-based communities to prevent family violence by focusing on changing elements of culture. The grant proposal stated:

> This module explores culture expectations and changing culture norms/practices that continually encourage and embed family violence. It will identify respectful culture expectations, promote respect and equality with a focus on culture educators and religious leaders to be the drivers and change the story.

Integral to offering this training was the purported depth of understanding of cultural expectations in African Australian families and communities, and the assumption that these are different to the cultural expectations of the white hegemony. Organisation 1 was thus positioned as possessing this deep understanding. Similarly, in a Document, Organisation 2 highlighted "cultural depth and knowledge" as a critical strength of the organisation.

The notion of a shared African Australian culture was complicated by participants' acknowledgement of the myriad of different customs, languages, food preferences, and other nuances between the many regions of Africa. For example, Rose said in an interview, "I'm from Southern Africa, and I don't want to pretend that I'm cognizant with the West African culture, it's totally different in Northern parts of Africa." When asked if a person

with a different African ethnic background from her would understand her challenges to health and wellbeing, she responded:

> To a reasonable extent, I would imagine they would understand where I'm coming from because half the time the challenges that you face are not remote to your specific culture, but they are specific to your race and how people classify you as a race for example, which goes back to what we were saying, people see you as Africans.

Rose elevated the experience of racism that presents shared challenges as a unifying factor over and irrespective of the cultural nuances between African Australians. While broadly identifying elements of a shared African culture enabled the organisations to benefit from external opportunity structures, racism as a system of oppression/privilege created the conditions for organising in service of African Australians. In the following sections, these same dynamics are found to permeate some of the organisations' activities to improve African Australian health and wellbeing.

11.3 Individual-Level Mechanisms for Influencing Individual Behavioural Determinants of Health

The activities of the organisations were shaped by the tension between servicing the diverse needs of the heterogeneous African Australian population and addressing barriers to health and wellbeing that were experienced collectively. As a result, the findings show that the activities of the organisations loosely aligned with Phase 1 participants' conceptualisation of health and wellbeing outlined in Chapter 8. Some activities sought to address individual behavioural determinants of health and wellbeing, which were subject to the unique circumstances of consumers and members. In contrast, other activities sought to influence the social determinants of health that were relevant to the whole population. The various activities of the organisations are presented according to mechanisms perceived to influence health and wellbeing. Acquisition of resources, growing

networks, and professional and personal development encompassed activities that broadly align with an individual-level approach to health promotion.

Acquisition of Resources

Organisation 1 members performed a range of activities targeted at consumers to facilitate their acquisition of resources, such as case management, counselling, and hosting regular group discussions that centred around matters of interest expressed by consumers. Through case management members aimed to provide a bespoke service to consumers who had either been referred to, or had directly approached, Organisation 1. A Document outlined the process:

> [Organisation 1] social workers will conduct an assessment with the client or caregiver and develop a case plan specific to their needs. [Organisation 1] identifies specific support needs that the client requires and assesses if [Organisation 1] can provide the services. If support needs can be met, the team will organise a hand-over to go through the case plan with the client or caregiver and referring agency.

Members developing a consumer case plan performed outreach work such as, attending meetings and engaging in regular and lengthy phone calls with the consumer and other service providers to learn their specific needs. Participants described consumer needs that included women's experiences of abuse by men in the form of family violence, problems with visas, financial issues, difficulty securing appropriate housing and employment, and poor mental health. Members of Organisation 1 trained in social work assisted consumers in many ways, for example, by listening to their concerns, providing information, talking them through their options, attending meetings as an advocate, encouraging consumers to attend appointments, and to access welfare provisions that were available to them. Organisation 1 members had also negotiated a pro bono arrangement with a counsellor who provided counselling to consumers on a needs' basis. Participants,

however, recognised that this service was unsustainable and would not meet the ongoing needs of many of their consumers without financial support.

At times, Organisation 1 could not service consumer needs due to limited resources or specialisation, and so members made referrals to external service providers. For example, during an observation, Nkandu referred a consumer to a legal aid service that could assist them to acquire a visa. While the consumer outcomes are outside the remit of this study, Organisation 1 members viewed their case management portfolio as a mechanism to directly improve the wellbeing of their consumers. Linking consumers to services and supports were thought to increase access to resources so that consumers could improve their situations and subsequently their health and wellbeing.

One member of Organisation 1 described how the case management service had influenced her experience shortly after arriving in Australia. The participant had difficulty finding appropriate housing, and with Organisation 1's help, she acquired "the knowledge of how this system works." She learned that she was not yet eligible for social housing provision, but was pleased that she now understood the process so that "if I get eligible, I would know where to go, at what time, I would know how long it's going to take and everything." Despite Organisation 1's assistance to navigate the welfare system, the participant's needs were not met. Nevertheless, she was grateful to have had assistance "to talk to as many organisations as possible" and although she was resigned to the notion that "they're not just going to change the system for my sake today," she also said that "being part of the conversation, I think it helps." The participant valued Organisation 1's platform to communicate her needs as a new migrant and highlight specific service gaps, which she believed could influence the system to provide better support for future migrants in similar circumstances. Therefore, the acquisition of knowledge and providing a platform to highlight service gaps were viewed as significant contributions to health and wellbeing.

Organisation 1 also facilitated group discussions and social events approximately once every two months during the data collection period. A group discussion regarding "Healthy Minds & Psychological Fitness" was facilitated by two guest speakers who were invited by Organisation 1 because consumers had expressed a desire to learn more about emotional wellbeing. A mental health nurse and a "values educator" shared with the group their knowledge about, and behaviours for, managing stress, depression, and negative emotions such as anger and disappointment. Thandiwe described the work of one of the facilitators as "quite effective" and a "positive experience," she also remarked that feedback from attendees had indicated that they could relate to "the strategies and solutions that she was providing" and they wanted Organisation 1 members "to run another one and … invite her back."

Providing solutions and strategies to develop healthy behaviours were typical outputs of these group discussions. Another group discussion was centred on exercise and nutrition, which participants also raised as a concern in Phase 1 of this research (Chapter 8). The exercise and nutrition program included a homework task for consumers, which encouraged them to engage in at least one activity per day for self-care. For example, a program planning Document outlined the instruction, "write down your health and wellbeing self-care activity that you have been engaging in daily, and we can chat about this at the next meeting." Through these group discussions, Organisation 1 facilitated various elements of health education and encouraged consumers to adopt healthy behaviours. Equipping consumers with this knowledge as a critical resource was viewed as a mechanism that could directly influence the health and wellbeing of consumers.

Growing Networks

Interviews with participants revealed that volunteering for the immigrant organisations facilitated the growth of their interpersonal networks, including the development of both personal and professional relationships, which constituted a second

mechanism to influence health and wellbeing at the individual-level. Participants described how relationships with other members of the organisations were a significant source of support. Rose, described Organisation 1 as a "home away from home" she said, "it's less of an organisation and more of a family." Similarly, Lydia (woman) described how her family had grown as a result of her membership with Organisation 2; she said, "I came here, it was just me, my husband, and our kids but now when I say family, African family, it's more extended than that, and it has been through Organisation 2."

One participant exuded the value she gained from her involvement with Organisation 1. She described the emotional toll of searching for suitable accommodation, the many "hoops" she had to jump through to prove herself as a reliable tenant such as providing references and a steady income stream, which as a new migrant she did not have. She described how these structural barriers were compounded by the perceptions, stereotypes and fears of landlords that contributed to the racial discrimination that curtailed her search for suitable accommodation. While the participant's frustration and vulnerability as a result of this process was palpable, she lauded the emotional support she had from Organisation 1 members during this challenging time: "Just also having someone as a support system, even if it's an organisation, but it's a great support system." In Phase 1 of this research, participants raised concern about the lack of support networks, and isolation that contribute to stress and poor mental health for newly arrived African Australian migrants. Participants in Phase 2, perceived that their involvement with these organisations both as volunteers and consumers, provided opportunities to grow interpersonal connections and access emotional support, thus presenting as a mechanism to influence health and wellbeing.

Participants' involvement with the organisations also facilitated the growth of professional networks, which was perceived to improve health and wellbeing by increasing chances for paid employment. For example, partnerships with members of other

organisations and meetings with policymakers exposed members of both organisations to a wide array of people in various sectors. Munya described an example where members of Organisation 2 had hosted a meeting to discuss the negative media attention on African Australians with a person knowledgeable about Australian media regulations. The person advised that members seek African Australian representation in another organisation responsible for promoting acceptable standards of media practice. After following this advice, a member of Organisation 2 applied and was appointed a role in that organisation. While this role was unpaid, the example demonstrates that growing professional networks in some instances led to additional professional opportunities for members, which could ultimately have flow-on effects for health and wellbeing at the individual-level, especially if these networks eventually led to paid employment.

Growing professional networks were also crucial to furthering the goals of the organisations. In the example provided above, gaining African Australian representation in that organisation could elevate the voices of African Australians in a setting where media outlets perpetuating racialised discourse could be held to account. Therefore, networking opportunities afforded by the involvement in the immigrant organisations influenced health and wellbeing at the individual-level, and presented as a mechanism to influence social determinants of health and wellbeing, such as racism, at the structural-level.

Professional and Personal Development

Professional development is another mechanism through which the organisations' activities were perceived to influence health and wellbeing. For example, Lydia described, "there are certain things which I learn within the community, and I am able to transfer them to my workplace. Within my workplace, there are certain things I learn that I'm able to transfer in the community." This two-way transference of knowledge and skills between her role in Organisation 2 and her paid employment presented as a mechanism to facilitate

the professional development of organisational members, which could have flow-on effects for health and wellbeing.

Similarly, the auspice relationship with one of the charities involved opportunities for Organisation 1 members to receive mentoring and training; Angela (non-African woman) described her input as "helping them think through strategic issues and making a pitch for grants." Furthermore, Angela mentioned that another member of staff from the charity was "providing little blocks of mentoring to [Aarya]" who also confirmed in an interview that she was being taught organisational and office skills.

Working in the organisations was also perceived to facilitate personal growth, which had significant implications for mental health. For example, Thandiwe described that she had gained confidence and a greater sense of self-worth because of her volunteer work for Organisation 1. She drew on her experience of advising a colleague from another African Australian immigrant organisation who had been contemplating appointing a white Australian to his organisation's board of directors to gain more legitimacy. Thandiwe said, "I think I was feeling like he was before. When we started, we were very conscious of ourselves … very nervous taking up this opportunity." Thandiwe described early experiences at Organisation 1 that contributed to her unease; "we have engaged with other mainstream services that were not looking at us as equal partners, but looking at us more as an organisation that's led by African people." Thandiwe described the paternalism that characterised some of these interactions, where she said she would be told "we will tell you what's the best thing to do." Rose similarly described frequently enduring white people's surprise at her ability to speak English. These interactions are evident as types of racial microaggression, namely microinvalidation (Sue et al., 2007). Racist assumptions about the abilities of African Australians described by participants demonstrate racial hierarchies playing out within the task environment. Section 11.5 will present these external power dynamics in more detail.

Despite racism permeating some organisational relationships through paternalistic interactions, Thandiwe's work for Organisation 1 facilitated her personal development, where she said she had gained a more assured sense of her, and the organisation's, equal status in Australia:

> I think before I was growing as a person, I was growing within the organisation as a leader. … But now I have realised I am an equal member of the Australian community. I am not apologetic for having an accent or being different, and I think there's a point in time when you become more confident in who you are as a person, you become more confident to speak irrespective of who's in front of you, because I think it's gotten to a point where we are equal contributors to the bigger picture.

Phase 1 findings also expressed the debilitating impact of racism on self-esteem and overall mental health (Chapters 7 & 8). Thandiwe's involvement in the organisation and becoming a leader contributed to a gain in confidence that enabled her to claim her equal status in Australia. Selecting organisational partnerships characterised by equality was an essential tool that Organisation 1 members used to resist oppression and gain a greater sense of self-worth. Personal development, as demonstrated by Thandiwe's growth as a leader within Organisation 1, thus presented as another mechanism to influence the health and wellbeing of those involved in the organisation at the individual-level.

11.4 Structural-Level Mechanisms for Influencing Social Determinants of Health

Generating solidarity, community capacity building, and advocacy encompassed organisational activities that sought to influence the social determinants of health and wellbeing.

Generating Solidarity

Generating solidarity also emerged as a perceived mechanism to influence the health and wellbeing of African Australians. Data analysis identified activities in both organisations that contributed to the generation of two types of solidarity, intra-racial/ethnic solidarity and inter-racial/ethnic solidarity. Intra-racial/ethnic solidarity was strived for in several ways. Activities that fostered intra-racial/ethnic solidarity were viewed as able to influence the health and wellbeing of African Australians for example, by providing a more extensive support network, generating greater efficiency in terms of creating and implementing solutions to common problems, and streamlining communication to external stakeholders.

Organisation 2 documented a discussion between another African Australian immigrant organisation, several African Australian communities' leaders, and a police inspector concerning the murder of Hassan Jeng while in custody in Port Philip prison in early 2018. The meeting brought together 36 African Australians from various ethnic backgrounds as a "concerned community" to respond to the tragedy. Organisation 2 displayed and developed solidarity with the grieving family and in partnership with another immigrant organisation, provided a space where African Australians could support one another as a network, express their concerns, and present a unified public response to an incident they viewed as reflective of a collective crisis.

Similarly, Organisation 1's activities contributed to the generation of intra-racial/ethnic solidarity through their group discussions, which brought together African Australian consumers from different ethnic backgrounds to discuss solutions to common social issues that impact their health and wellbeing and provide support for one another. Thandiwe described, "it's having conversations with the community about what's actually happening out there, and how best we can tackle those issues together as a community."

Tackling issues "together as a community" was also described as necessary for streamlining support for African Australians, as Munya said, "the whole idea was to bring Africans from a cross-section of backgrounds and see how we could pool resources that could address each and every one of those issues." Furthermore, an interview with Mahmoud revealed his view that coming together was necessary for communicating and streamlining messaging to external stakeholders:

> If we come together, articulate the issues that the community is facing in a collective fashion and engage policymakers at all levels in a meaningful and a structured fashion, then the results of our advocacy work can be monitored, the outcomes can be evaluated, and the community will have regular information as to the outcomes.

Mahmoud reasoned that coming together would allow for monitoring and evaluation of community development activities, which speaks to the arguments of some members of Organisation 2 for generating greater stakeholder accountability and the flow-on effects for positive health and wellbeing outcomes. Generating intra-racial/ethnic solidarity among African Australians relied upon the acceptance of common community issues that could be communicated in a streamlined fashion.

Generating inter-racial/ethnic solidarity, that is between Australian migrant groups more broadly, was also evidenced by several organisational activities. Premised on the view that non-African migrants in Australia were also experiencing many of the same challenges as African Australians, the organisations worked to influence health and wellbeing in solidarity with other migrant groups. For example, Organisation 1 partnered with a Filipino and a Karen immigrant organisation in a community theatre production designed to educate the audience on the diversity and complexity of migrants living in Australia as well as their shared humanity. The performers were encouraged to share their migration stories, and Nkandu described that "there was song, dance, and everyone was just coming

from different backgrounds, coming together to say it doesn't matter what colour or where you're from, you can still be Australian as well as your country." By collectively promoting these messages, the immigrant organisations were generating solidarity across migrant groups to respond to the shared challenge of feeling "caught between two cultures," which was expressed by participants in Phase 1 of this research. While the impact on members of the audience is beyond the scope of this study, Rose described how the activity impacted her:

> It was really fun because it gave me at least an opportunity to get outside this small bubble, or this small silo of African Australian challenges and see things from another person's perspective. Sometimes you get too engrossed in your own pain or your own success, or whatever, and you sort of start behaving as if you hold the patent to that misery [*laughs*]. You assume other people are not going through the same challenges that you are going through. It's one thing to say I assume that other migrants that are coming here have similar experiences and everything, but until you listen to their story as well, until you put their face to something, you cannot relate. And so, for me, it was an awakening experience to learn the challenges of the Asian community in general but also specifically the Filipino community and the Karen people … to have a specific group and listen to their challenges, how they've come to integrate into this country, and some of the common challenges that we face as migrants it was really really helpful.

Rose poetically referred to "holding the patent to your own misery." Feeling this way in isolation could reinforce and lead to internalisation of the narrative that an individual migrant group is 'the problem.' Learning that other migrant groups shared the challenges she faced generated inter-racial/ethnic solidarity.

Organisation 2 also generated inter-racial/ethnic relationships with other migrant groups as a valuable source of learning, Chol said, "we look at the Jewish community, the

Vietnamese and learn from them." Chol also highlighted the utility of inter-racial/ethnic solidarity stating that "with some of the recent media reporting and targeting of African young people, the Vietnamese community were able to issue their own statement in solidarity with African people and that triggered some level of interest." The solidarity between Vietnamese migrants and African Australians presented as a mechanism to influence health and wellbeing by amplifying the visibility of shared racial oppression.

Community Capacity Building

Participants from both organisations regularly referred to their community capacity building efforts. Participants' views indicated that capacity building was a mechanism for the community to gain more knowledge that could influence health and wellbeing. For example, a grant proposal drafted by members of Organisation 1 for a series of initiatives targeting health and wellbeing issues, including harmful drug and alcohol use and family violence, was entitled "Empowering OUR Community." It stated that "one of the most strategic ways to improve … the general wellbeing of the CALD community is to build the capacity of community members to become aware, knowledgeable and proactive change agents within their own communities." Thandiwe described these initiatives as constituting "information sessions, having conversations, … training participants around what family violence means, how it's defined here around legislation, your rights and responsibilities, the processes that happen when you are getting support." The logic guiding this approach to capacity building was that with more knowledge, consumers would have the capacity to make decisions to improve their health and wellbeing; they would be empowered. These activities also sought to encourage knowledgeable individuals to become community "change agents," scaling up the approach to diffuse these messages and influence health and wellbeing more widely by changing the community's attitudes.

During the period of data collection, Organisation 1 members were awarded $75,000 (half of the total amount applied for) of government funding to carry out an

"Empowering OUR Community" initiative to prevent family violence in the African Australian community. The problem statement defined by the organisation in their grant proposal centred on gendered cultural dimensions that contribute to unreported instances of family violence for some African Australians:

> A greater number of African women and men believe marriage and family unity is far more significant than the issue of sexism. Therefore, women tend to feel obligated to put family ahead of personal safety. Further to this, for "the African woman" a strong sense of cultural affinity and loyalty to family renders many silent, and so their stories often go untold. (Document)

By acknowledging sexism as a systemic gendered cause of family violence, and identifying that it manifests in social norms that privilege marriage and family over women's safety, for example, the organisation "recognise[d] the need for capacity building projects that set out to work with the community to change attitudes and behaviours over time" (Document). Organisation 1 members planned to deliver family violence prevention training to 40 African Australian community leaders and individuals, and support them to each disseminate their knowledge to 10 African Australians via an activity or campaign to promote gender equality. The intention to "trigger numerous other conversations, advocacy and agency towards healthy and effectively functioning families across Victoria's families" (Document) relied upon the notion that community capacity building was, therefore, a mechanism to address gender as a social determinant of health and wellbeing by challenging sexist attitudes.

Similarly, Organisation 2 members viewed disseminating information and acquiring knowledge as essential for community capacity building. A Document highlighted more specifically the need for robust and evidence-based knowledge to be collected, collated, and owned by the community in partnership with academic researchers to facilitate effective evidence-led policy and programs. The organisation identified that

without a coordinated approach that would adequately contextualise the issues facing the African Australian population, then it would be impossible to determine appropriate solutions and measure their impact correctly. Organisation 2 members outlined a solution in the form of a "clearinghouse," where data would be collected, research could be conducted, and information distributed from one repository. The goal of the clearinghouse was to increase community capacity to own and disseminate evidence-based knowledge to inform community-led solutions to African Australian problems. Having the power to own knowledge and drive community development was deemed instrumental as a tool to facilitate the empowerment of the community through capacity building at the meso-level. These examples of community capacity building could also be classified as a form of health advocacy. However, because these activities targeted the community, they were captured under the theme "community capacity building," whereas activities captured under the theme of "advocacy" were targeting external actors, which will now be discussed.

Advocacy

Participants viewed advocacy as a means of influencing social determinants of health and wellbeing. Advocacy efforts encompassed activities targeted at different powerholders, including mainstream service providers, Victoria Police, and the State Government. Indirect and direct forms of advocacy were performed on behalf of both individuals and the community, depending on the varying power dynamics in each given context.

Organisation 1's partnerships with existing mainstream service providers facilitated indirect advocacy efforts. By cultivating partnerships characterised by complementarity, members sought to influence the professional practice of mainstream organisations. For example, Thandiwe explained that Organisation 1 was involved in "advocating for culturally sensitive and inclusive service delivery that is inclusive of all African Australians irrespective of your migration stream." She said, "we are not just linking in with our

community members and bridging them into mainstream services; we are also educating mainstream services to be more culturally inclusive." Participants in Organisation 1 conceptualised a "culturally safe and sensitive space" for African Australians as involving an understanding of African culture and a respect for the values of African Australians without judgement. During an observation, Nkandu had a phone conversation with a member of a partner organisation where she explained the cultural dynamics of their shared consumer's experience of family violence. She educated her colleague on specific cultural nuances that were relevant to their consumer's case plan. While the outcome for the consumer is not known, the knowledge provided by Organisation 1 in this example demonstrates indirect advocacy for culturally inclusive service delivery to improve the health and wellbeing outcomes for African Australians.

Direct forms of advocacy were also evident among Organisation 1's activities, including the CAT that was offered to partner organisations as a means of both awareness-raising and income generation. Organisation 1 members trained staff from a mainstream employment service. The training deconstructed stereotypes about African Australians, educated trainees about the diversity among African Australians, and advised on approaches for working with African Australian consumers. The CAT challenged trainees to critically examine the accessibility of the services they provided to African Australians at various social locations. An internal evaluation report stated that "most people commented that this training would be useful and applicable to their work" in the post-event surveys.

Organisation 1's auspice relationship with two charity organisations, also presented as a conduit for advocacy efforts. For example, Thandiwe was invited by the director of one of the charities to speak at an event. The audience was predominantly mainstream service providers and government officials. Thandiwe used the platform to express the complex needs of African Australians and advocated for community participation in developing and implementing solutions.

As described in Chapter 10, early in Organisation 2's inception, members invited government officials involved in public services and policymaking with varying levels of influence, to a series of meetings. Access to these people was afforded by members existing connections cultivated from their involvement working in the non-profit and public sector. Munya explained that their connections provided additional networking opportunities that were leveraged by members of Organisation 2 to advocate for the needs of African Australians in various settings. He said:

> A lot of us attend other functions that we are invited to and … any opportunity that we have to talk about Organisation 2 with any people that we meet, whether at those events or [we] arrange further meetings [to] just create the networks … that ends up in further meetings, we do that.

Members of Organisation 2 recognised the need to expand their networks to amplify the needs of African Australians. As a result, they secured meetings with influential actors, which eventually led to the development of a Document that outlined challenges for the population and recommended solutions. This Document was instrumental to their lobbying of State Government. To develop the Document the organisation used content from members' previous submissions to government inquiries, notes taken at the meetings with key stakeholders, consultation workshops, and community surveys facilitated by members of Organisation 2 via their leadership roles and work in other immigrant organisations. Therefore, Organisation 2's advocacy activities both drew from and built upon, the existing organisational capacity of African Australians in Victoria. Organisation 2 members launched the Document at a public event, advocating for community needs and solutions expressed by "the community and led by the community" (Mahmoud).

Participants said the many people who attended the event indicated the organisation's legitimacy; "I think that there is a significant legitimacy of the organisation because you attended with a number of policymakers when we launched the [Document]"

(Mahmoud). The event attracted a crowd of over 100 people including many African Australians, council members, government ministers, members of the state opposition, and critically important figures within Victoria Police. During an interview, Mahmoud said, "I think for the first time we made a significant impact on how governments view the African community. For the first time, we told them, 'here is the evidence that you can rely on to develop policies and programs.'"

Organisation 2's interview participants believed that the Document positively influenced the decision of the state government, to establish the African Ministerial Working Group (AMWG) to inform the targeted distribution of resources to African Australian communities. It was beyond the scope of this study to confirm that the AMWG was indeed initiated as a direct result of Organisation 2's advocacy efforts. However, Organisation 2 members perceived this order of events as demonstrative that their advocacy provided a key mechanism to influence policy concerning the health and wellbeing of African Australians.

Organisation 2 also targeted the wider public and mainstream media, to advocate on behalf of the community, to challenge the issue of racism perpetuated by stereotyping in mainstream media. Members of Organisation 2 took steps in early 2018 to counter this narrative by releasing a press statement to mainstream media outlets. The spokesperson opened the statement by saying, "We speak with one voice" and also referred to "the community" throughout the statement. In this context Organisation 2 was presented as united along racial lines. The spokesperson described the complexity of the situation of youth offending and urged media to produce more responsible reporting. The statement highlighted the importance of remaining "focused on what really matters … identify[ing] … the real problems … and the best way to solve them," the spokesperson highlighted the complicated issues that lead some young people to criminal behaviour. The statement also urged the Federal Government to work with the community and adopt a bipartisan

approach. Organisation 2 challenged the narrative that essentialised African Australians as a racialised problem group and drew attention to the structural and social elements that contributed to youth offending. By directly addressing the Federal Government, they also acknowledged the politicisation of this problem by prominent figures within the Liberal Party. Although they did not directly condemn this, they sought a less confronting tactic, by urging Australian leaders to work with them. Additionally, the spokesperson addressed the media, asking them "to demonstrate more responsible reporting" of African Australian youth offending. The statement also asked for a more balanced approach by incorporating more "positive stories" of African Australians. Organisation 2's public message shined a light on the majority of African Australians who are law-abiding, have dreams and aspirations, and are making "positive contributions" and in doing so, challenged the racialised narrative being conveyed by media outlets at that time while drawing on neoliberal frames of reference.

Increasing the visibility of African Australians working in professional roles was also an advocacy technique of Organisation 1 to highlight the "contributions" of African Australians; Nkandu said, "Organisation 1 is working with other agencies … to … give an opportunity to the African community to be able to also contribute to the Australian culture and the Australian workforce." Nkandu explained that this work involved "educating and talking to people … letting them know that the African community can also contribute a lot to this society." In this way, challenging racialised and stereotypical narratives about African Australians in their advocacy work was viewed as a critical mechanism for both organisations to challenge racism to improve African Australian health and wellbeing.

11.5 Operating at the Intersection of Migration Pathway, Class, Gender, and Race/Ethnicity

As outlined in Section 10.2, both organisations asserted that “the African Australian community is very diverse” (Thandiwe). Participants recognised that this diversity posed significant challenges for responding to, and representing, the needs of all African Australians living in Victoria. Migration pathway was found to be a salient social category of difference that organisation members often remarked as influencing the specific needs of African Australians (also highlighted in Phase 1 of this research). One participant expressed, “other Africans really don’t understand what’s going on with me because of my refugee experience. I haven’t settled here as an economic migrant or an international student.” Despite the inherent diversity of the population, Organisation 2’s advocacy activities sought to present the interests and needs of all African Australians to government. The challenge inherent to this task was evidenced by Mahmoud who reflected on Organisation 2’s advocacy efforts; “I think in terms of articulating the needs of the various cohorts Organisation 2 has done a remarkable job, but I think where it is struggling is in terms of prioritising the issues.” Mahmoud acknowledged, "every member of the African community, their views might be quite different". He described the difficulty he has faced in addressing this challenge:

> It was very difficult to say to people 'oh, by the way, because you came under [the] skilled migration [stream], although you are unemployed, your needs are secondary to those who have lived here for ten years but came under the refugee program. (Mahmoud)

Prioritising needs of the population was complicated by assumptions associated with the intersection of migration pathway and socioeconomic status. For example, Mahmoud described:

> You've got a highly educated cohort that has come through the skilled migration [pathway], and you've got the vast majority of Africans who have come to this country under the humanitarian refugee program who are, by and large, up in public housing, poverty, and low levels of education … there is a degree of suspicion, particularly in the refugee communities, that the educated will shine and will have a closer relationship with the government while the vast majority of African communities who come under the humanitarian program will be forgotten … there are community leaders who believe that governments are for the most disadvantaged and if you are a skilled migrant and doing well and you live in South Yarra, do you really need government support? Do you really need to be in that space?

The quote reflects an assumption that a skilled migration pathway is indicative of a higher level of education, a professional occupation, and living in a wealthy Melbourne suburb. The notion that these advantages afford certain privileges such as greater access to government than those living in poverty and public housing is symptomatic of mutually reinforcing hierarchies at the intersection of class and migration pathway. Class discussed here is loosely defined by a combination of income, education, and employment.

Mahmoud's recognition of intersecting hierarchies of class and migration pathway is significant because as Munya described, "most of the members of the Organisation 2 are actually professionals having really good jobs in their own right. For example, we had lawyers, we had regional consultants from KPMG, Deloit, … from Ernst and Young." Indeed, as described in Chapter 10, participants from both organisations were all educated to at least a Bachelor degree level, were previously or currently (at the time of data collection) employed in professional occupations within the community welfare and public sectors. Rose highlighted that much of the value she brought to Organisation 1 was as a result of her professional background:

> I am here not simply because I'm a migrant, I'm here not only because I'm unemployed at the moment, I'm here as an analyst, I've worked as an analyst for ten good years. I have an academic background, I have a professional background, so whatever it is that I talk about, whatever it is that I do, it's because I am skilled to do that.

It is evident that members of an educated class shaped the organisations' activities and that this was not by accident; Mahmoud asserted that "you also want your well-informed and highly-educated to be engaged because they are in a much better position to articulate the issues that the vast majority are facing." Using class privilege for those suffering from different forms of disadvantage required particular types of knowledge in the context of both organisations. For example, English and computer literacy was essential for members wishing to engage in conversations, particularly between members of Organisation 2, who primarily communicated using email. Furthermore, Organisation 2's governing structure dictated by Consumer Affairs Victoria's Model Rules (as described Chapter 10) privileged record-keeping in written form.

While members of Organisation 2 highly valued education, a particular type of knowledge was most desirable, namely "a level of consciousness and a base of understanding how policy works, and not everyone in the leadership group necessarily understands the way in which policy is formulated, resources are allocated, and how governments work and all of that" (Mahmoud). While education may be a useful means of acquiring this knowledge, the length of time in Australia would surely increase a person's positionality and value to the organisation on these terms. Length of time in Australia was, therefore, also a significant category of difference that indirectly elevated the status of certain members not least because they had more extensive social networks that could be of use to the organisation. As has been described in the previous sections, relationships

and networks provided a significant resource for the organisations' goals to affect health and wellbeing.

The class hierarchies embedded within the membership of the organisations were also reflected in, and thus shaped by, the broader organisational environment, where external opportunity structures privilege organisations affiliated with mainstream organisations with longstanding reputations. Despite the professional status, expertise, and skills of members of Organisation 1, Thandiwe remarked that the close relationship with one of the charities that they were under the auspice of had been instrumental: "having access to their experts and professionals … I think it's really opened up doors for us in ways that we would not have been able to do if we were just standing alone." Drawing on these networks was necessary because, despite having privileged class status, racial difference signified by members' accents, use of language, and English literacy shaped the way others perceived them in the organisational environment. Thandiwe explained that during her early interactions with external actors, she was "quite mindful of [her]self in terms of am I articulating things in the right way? Is my accent too strong? Do I sound professional enough to them? Am I saying the right terminology to make sure they are very confident of my expertise?" Nkandu described experiencing racial microaggressions when others introduced her in professional settings; she noticed that they often stressed her formal credentials, making her feel as though her professional status required this "proof" in order "to be heard." These instances were only described by organisation members who were women, which may signify that in some interactions with external stakeholders, as a woman, gender becomes more salient as it intersects with race/ethnicity and class.

Organisation 1 members signalled their class privilege and professional status via their use of hegemonic jargon prevalent in the community welfare sector. In key documents and interview transcripts the following terms were prevalent: "strengths-based approach," "agents of change," "trauma-informed perspective," "participatory approach,"

"holistic service delivery," and "capacity building." Using exclusive language such as this may have been a strategic means of garnering legitimacy within the sector. However, this use of language arguably reinforces existing class hierarchies that may exclude non-fluent African Australians.

The data demonstrate that the participants were not oblivious to the risks of reinforcing migration pathway and class hierarchies, and perpetuating power imbalances among African Australians. For example, members of Organisation 2 conducted a strengths, weaknesses, opportunities, and threats (SWOT) analysis during their strategic planning day and identified that a threat to the organisation was a "disconnect between the professionals and grassroots." Members knowingly sought to promote the voices of non-professionals among their membership base, and Chol (man) explained in an interview that this was considered a vital priority of the organisation; to be more inclusive of the diverse voices among the community. Despite participants' self-awareness of the risks of reinforcing inequalities between African Australians along the lines of class and migration pathway, the choice to present and prioritise the professional status of the organisation and its members was necessarily influenced by existing systems of oppression/privilege within the organisational environment.

11.6 Operating at the Intersection of Gender, Age, and Race/Ethnicity

As Chapter 10 describes, equality was a value overtly expressed as part of both organisations' culture. Organisation 1 aimed to empower African Australian women, and Organisation 2 sought to advocate for gender equality. The data reveal how these organisational goals are reflective of, and in part shaped by, individual members' convictions about social justice and their personal connections to women. Chol, for example, said he strongly believes that "if we empower women, we empower their families and young people." For most participants, women are the "core of the family" (Munya), and by redressing gendered power imbalance within the home, there would be cascading

effects throughout the community and the wider society. Participants noted that striving for gender equality was not the norm in many African Australian families, Chol said, “it’s a belief that I see as different to what I have been exposed to; the role of both men and women in the current world is the same.”

For the African Australian women in relationships who participated in interviews, home life in Australia was to varying degrees situated within and affected by the system of patriarchy. Interviews with participants revealed how the social structures of culture and religion reinforced the privileging of men over women through certain practices and traditions. For example, Nkandu stated in an interview that nuances of religious teaching are often ignored to reinforce women’s oppression relative to men’s privilege:

> Our culture puts the man very dominant, which is also in the Bible as the man is the head, but also the man needs to love his wife. But unfortunately, the men just take up the part that they are the dominant ones. They’re the ones that should run the home and forget the rest of the other things. … So, our culture really puts the man on the top basically and the woman to be like a servant.

While this dynamic creates the conditions for health inequality, participants believed that it also contributed to a lower representation of women in immigrant organisations as compared to men, which perpetuates health inequalities further. For example, another participant described that her contributions to the immigrant organisation were dependent on her husband’s willingness to support her activities. She said, “if my husband said no, then I would not have been active there.” The participant explained that her religious values meant that she “wouldn’t choose to disobey him.” Therefore, despite the formal proclamations of both organisations to empower women and eradicate gender inequality, the same threads of disparity were found to be woven into the fabric of the organisations.

Organisation 2's membership were predominantly men. At the time the data was collected, there were two women actively involved in the executive committee, which consisted of approximately fifteen individuals. While there were other women involved in the organisation, participants described their engagement as passive, stating that they would read emails but not always respond to them. One participant thought that these individuals chose to remain passive, "because they don't want to be involved and talk because they're not sure, maybe whatever they say somebody else will respond in conflict." Remaining passive to avoid conflict may relate to the perception that some African Australian men wish to silence women, as a participant explained, "I feel intimidated when there's so much of a gender thing where I clearly see that the men, the African men, are trying to dominate and to silence the [women] whatever the age is" (woman). This participant draws attention to age as a significant social category, wherein some African cultures, elders are valued, respected, and privileged to be heard over others. Privileging elders within Organisation 2 was evident in an exchange during a meeting described in Chapter 10, where an older woman was directly asked for her opinion twice. This interaction observed by the researcher contrasts with the participant's experience of men dominating and silencing women irrespective of their age.

For some women, passive engagement with the immigrant organisation may represent a tool to resist the oppression of women and exercise agency. Alternatively, one participant said that she preferred to speak up when engaging with the immigrant organisation; she said, "for me, I just dare it." She pondered whether it was her professional occupation that gave her the confidence to do this, suggesting that class intersects to produce some privilege for professional women. That said, while she refused to be passive and chose an arguably more active form of resisting women's oppression within the immigrant organisation by speaking up, she also said that "if they don't listen,

I'll leave them and do my own business within," ultimately resigning to a passive form of resistance to the exclusion of women when unsuccessful.

Men in Organisation 2 reflected upon indirect exclusionary processes for women in the organisation. For examples, Chol noted that the informal nature of the organisation in its early days had influenced the higher representation of men, he said:

> Well, there are some barriers, and that's the way that the group was informally set up, this played a key role; a group of professionals, mostly men that are working, who can spend a lot of time outside, who know each other.

Chol described how the original members of the organisation would often meet outside of work times in the evenings. He acknowledged that Organisation 2's meetings continued to be hosted in the evenings, outside of business hours to suit the majority of the members' schedules, when many African Australian women would likely be caring for children and would thus be excluded from participating.

There was some evidence that Organisation 2 members sought to shift the gender imbalance within the organisation during the period of data collection. For example, a participant described that members of the organisation were discussing doubling up the critical organisational roles so that both a man and a woman could occupy the president role or the secretary role. Field notes summarised the conversation as follows:

> I said that's a great idea, but the participant commented that "yes, while it's good on paper, this kind of thing happens a lot where some good suggestions are made to include women and young people, but it's just a tick box exercise. Often those who assume those positions are not listened to or supported enough to do their job."

Therefore, while attempts were made by members of Organisation 2 to be more inclusive of women, giving space to women was not necessarily deemed an appropriate solution when "people do not listen [to women], they rather watch what she will do instead of supporting or backing them" (Observation notes).

Through the privileging of elders' voices, participants noted that the voices of young African Australians are rarely heard and are under-represented in the community development sector. Munya recognised this challenged Organisation 2's ability to advocate for all African Australians; he said, "A barrier that we're having at the moment is that we don't have many young people." He said that despite members of Organisation 2 seeking to include young members, when "they realise that there are these old ones, they would just say, 'oh no, that's not for us.'" Munya purported the value of young African Australians as having "much less baggage than the older ones" and "a good understanding of some of their peers around here in Australia." Munya also said, "I think it's much easier for them to integrate if the older guys would step back a little bit," suggesting that older African Australians were blocking younger people from engaging with the organisation. In seeking to include young people and provide them space to be heard, a young man compèred at one of Organisation 2's key events.

While women and young people were underrepresented among Organisation 2's membership, Organisation 1 did not face the same challenge. All the critical roles in Organisation 1 were assumed by "young African women" (Thandiwe). As a result, data revealed that Organisation 1 attracted legitimacy at the intersection of gender, race/ethnicity, and age as external stakeholders placed value on the social locations of members, which were typically under-represented. Thandiwe described that when members promoted the organisation, they received a great deal of attention because they were "women in executive roles representing and advocating for gender equality" and inclusive services. She said that people would say to her "we never come across a lot of women, there are always men and … a certain demographic and age group that sits in that space, but you don't generally come across young African women doing work in the community." This recognition presented opportunities, such as building strategic

relationships with other organisations. Angela described how the social location of members of Organisation 1 contributed to the charity's decision to provide auspice:

> It's not easy growing as a women's outfit … it's more likely to be with a lean band of resources … secondly, it's totally in keeping with our ethos of trying to do what we can to empower women. But we also know we've got one office and we can't do the same for many other groups. But I think also the stark reality is especially when African communities are under attack from hard-line politicians and opportunists that I think there is a special case for us to do what we could in a very modest way for an organisation that was going to grow out of the desires and the interests and the concerns of African women.

Angela also noted the many positive attributes of individual members of Organisation 1 had contributed to the decision to provide auspice. Therefore, the positionality of Organisation 1 members, as young African Australian women operating within the mutually reinforcing systems of ageism, racism, and sexism, was privileged in this relationship and leveraged in order to work under the auspices of the charity organisation.

Additional opportunity structures were also considered to result from the orientation of Organisation 1's advocacy activities. Thandiwe described that she believed that Organisation 1's focus on the issue of family violence helped them to stand out to external stakeholders. The choice to focus on family violence was deemed a strategic priority. She said that the organisation members recognised their expertise and capacity to provide a culturally safe space to talk about issues of family violence as filling a significant service gap. At the same time, members recognised the government interest in family violence after the 2015 Royal Commission Inquiry into Family Violence and the subsequent funding directed to services seeking to address the issue. Part of Organisation 1's program to prevent family violence included religious leaders who promoted anti-

sexism messages among their parishioners via a video-recorded statement that was circulated on social media.

The work of Organisation 1 was thus facilitated by the unique social locations of members, the priorities of key stakeholders, and external opportunity structures that presented in the organisational environment. By working to prevent family violence in African Australian families, Organisation 1 members were challenging the status quo, while simultaneously providing space for young African Australian women's participation in community development. Operating within and through mutually reinforcing systems of sexism, racism, and ageism, the organisations can both be seen as in some ways resisting the status quo, while in other ways reinforcing it.

11.7 Chapter Summary

This chapter has presented Phase 2 findings by demonstrating that race/ethnicity and culture intersect with external opportunity structures to influence the members' decision to establish African Australian organisations. The reinforcing systems of racism and capitalism produced the conditions whereby African Australians are homogenised, and Othered by the dominant group, viewed as non-contributors, and cultural differences are essentialised in relation to white culture. At the same time, race/ethnicity and culture operated as mutually reinforcing organising principles for the African Australian immigrant organisations, and external opportunity structures were leveraged to support the organisations' work to resist narratives that essentialise race/ethnicity and culture.

From the vantage point of the two African Australian immigrant organisations, this chapter has presented key mechanisms to influence African Australian health and wellbeing. Services, such as case management, intended to directly support individual consumers to acquire resources, while the organisations facilitated the growth of interpersonal networks for members and consumers, as well as opportunities for

professional and personal development, all with flow-on effects for health and wellbeing at the individual-level.

Mechanisms to address social determinants of health and wellbeing were found to include the generation of intra-racial/ethnic solidarity among African Australians and inter-racial/ethnic solidarity between African Australians and other migrant groups. Community capacity building was viewed to empower the community via the dissemination and ownership of knowledge. Advocacy was also perceived to influence health and wellbeing, for example, by challenging racist narratives, presenting the needs of African Australians to government, and encouraging mainstream services to be more culturally responsive.

Migration pathway, class, gender, age, and race/ethnicity were found to be salient social categories of difference in the analysis. These findings point to African Australian immigrant organisations as potential sites for both dismantling and reinforcing systems of oppression/privilege that perpetuate health inequalities. This argument is located among the current literature and put forward in the final thesis chapter, Chapter 12.

Chapter 12 Discussion and Conclusion

12.1 Chapter Overview

This chapter brings the findings from Phases 1 and 2 into dialogue with one another, and with the current literature concerning migrant health and wellbeing, immigrant organisations, and intersectionality. The chapter restates the purpose of this research and summarises key findings in answer to the research questions. Following this the findings from Phase 1 that explored concerns about African Australian health and wellbeing are discussed. While Chapter 7 discusses mutual interlocking systems of oppression/privilege that produce and exploit various African Australian social locations to compound health inequalities within and through education, the labour market, and health care, the remaining key themes from Phase 1 presented in Chapter 8 are discussed here. The family and the media are identified as institutional conduits for systemic ageism, sexism, racism, and nationalism that challenge health and wellbeing for some African Australians' identity construction.

Following this is a discussion of Phase 2 findings that demonstrate how some of the same systems of oppression/privilege, found in Phase 1 to challenge African Australian health and wellbeing, are implicated in the making of the African Australian immigrant organisations. Phase 2 found that the formation and activities of the immigrant organisations occurred within and through the systems of racism, nationalism, capitalism, and neoliberalism. Theoretical contributions from Spivak (2013) and Arendt (1994) are utilised to elucidate this dynamic further.

The chapter presents the immigrant organisations as health settings for developing a culture of health, empowering communities, and performing health advocacy. The intersectional analysis highlights how these mechanisms for health promotion resist, and in some ways, reproduce and reinforce systems of oppression/privilege, including neoliberalism, professionalism, and racism, to influence health and wellbeing. Future

research directions are discussed, as are the social implications of the research that argue for radical changes to ensure African Australian health and wellbeing is advanced.

12.2 Restating the Research Purpose and Key Findings

This research set out to understand concerns about African Australian health and wellbeing, and to explore the role that African Australian immigrant organisations play in addressing such concerns. To attend to specific knowledge gaps, the research sought to make visible the multiple social locations of African Australians and understand how, at various intersections, systems of oppression/privilege influence the health and wellbeing of African Australians. The intersectional analytical framework, outlined in Chapter 4, was integral to achieve these aims. Phase 1 of the research asked:

> *From the perspectives of African Australians and non-African Australians working with and for African Australians, what are the priority concerns regarding African Australian health and wellbeing in Greater Melbourne*?

Phase 1 findings expose salient systems of oppression/privilege manifesting in institutional settings, including via segregation and Othering in education, labour market discrimination, and gendered racism in health-care provision that influence health and wellbeing outcomes for African Australians at particular social locations. Additional concerns were identified for constructing an identity, mental health, substance use, and exercise and nutrition. These findings contribute knowledge that locates health and wellbeing within the broader context of systemic oppression/privilege. Where previous research has explored health among this population largely at the individual-level, and efforts to improve health and wellbeing tend towards individual behavioural approaches to health promotion, this study contributes new knowledge by drawing attention to the systemic drivers of inequalities in health. Phase 1 findings also highlight a need for cultural responsiveness, and more notably as an addition to current knowledge, the self-determination of solutions to African Australian health and wellbeing concerns. The

existence of African Australian immigrant organisations demonstrate this strong desire and willingness to promote African Australian health and wellbeing. Phase 2 of the research was directed by these critical findings and asked:

> *How do members of African Australian immigrant organisations perceive their influence over, and work to improve, health and wellbeing*?

In considering immigrant organisations as settings to address the concerns identified in Phase 1, Phase 2 generates original contextual knowledge regarding the activities of African Australian immigrant organisations for health promotion. Again, by utilising the intersectional analysis, Phase 2 findings attend to knowledge gaps in public health and migration studies by highlighting key mechanisms that can influence health and wellbeing. These key mechanisms manifest at the individual-level and at the structural-level including the acquisition of resources, growing networks, professional and personal development, and generating solidarity, community capacity building, and health advocacy. Exploring the activities of the organisations through an intersectional lens has exposed salient systems of oppression/privilege that influence organisational processes. The activities of the immigrant organisations in this study are found to resist, reproduce, and reinforce these systems to influence health and wellbeing. Phase 2 extends current knowledge concerning the activities of immigrant organisations, which are rarely associated with health and wellbeing. The following discussion locates these arguments within the wider literature and draws on additional theories for support.

12.3 Concerns About African Australian Health and Wellbeing

Othering and segregation in education, labour market discrimination, and gendered racism in accessing health care are themes emerging from Phase 1 findings that are discussed in Chapter 7. Two more themes emerging from Phase 1 findings require discussion and provide further context for understanding the activities of African Australian immigrant organisations. First, findings show the process of identity

construction is shaped by systems of oppression/privilege that intersect with African Australians social locations differently, producing particular challenges for young women. Furthermore, structural racism, manifesting in media and immigration policies, contributes to the politics of belonging in the white nation of Australia, and impacts on the health and wellbeing of African Australians. White patriarchal values encompassing hegemonic masculinity, present unique risks for African Australian men, women, and children. The choice to organise African Australian immigrant organisations and conduct activities to promote health and wellbeing can be better understood in light of these themes.

The Family: Ageism and Sexism

Phase 1 participants raised concern for young African Australians developing an identity while feeling "caught between two cultures," which is also documented by Abubaker (2014). Specifically, participants noted the difficulties for young people when negotiating their parents' expectations to maintain elements of their African culture, while also developing an Australian identity. Renzaho et al. (2017, p. 1) have argued that youth in new migrant families represent "contested sites of culture" as they try to balance integration into the new culture while maintaining the culture of their originating country. Related to parental expectations of children is parenting style. Previous research identified the authoritarian parenting style was common among a sample of African Australian parents (Renzaho, Green, et al., 2011). An authoritarian parenting style is characterised by the assertion of obedience, respect for authority, and to some degree the discouragement of independence and self-assertion of children, which can cause friction when young African Australians acculturate at a faster rate than their parents (Renzaho, Green, et al., 2011). "Intergenerational conflict" within African Australian families can thus be understood as an "intergenerational acculturation gap" (Renzaho, McCabe, et al., 2011).

Using intersectionality to examine these power relations in the parent-child dyad, findings from Phase 1 point to ageism as a foundational system that, in this context, privileges older people and more specifically parents, affording them power over children that is exercised through parental practices such as limiting their freedom as a means of protecting them (Rice, 2013). Systemic oppression of young people more broadly, for example, in the form of exclusion from politics, may be reinforced and reproduced through authoritarian style parenting practices within the institution of the family.

Phase 1 findings also alluded to an unequal gendered experience of intergenerational conflict. Abubaker's (2014) findings corroborate the specific concerns raised in Phase 1 for young African Australian women who face specific challenges when negotiating their identity among gendered parental expectations. The current study reflects that young African Australian women may experience unique pressure points at this social location that increase their risk of homelessness. Participants noted that some African Australian parents expect their daughters to stay home and perform household chores, which reflects gendered norms that privilege the freedom of men over women and reinforce the assignment of family roles according to women's responsibility as caregivers and men's as breadwinners. Despite evidence that the prevalence of women-breadwinner households in Australia is increasing over time, they still comprise a minority (Blom & Hewitt, 2020). Therefore, Australian society reflects patriarchal gendered power relations that are reinforced within some African Australian families, where young African Australian women may be unable to realise equal privileges to that of young men.

Phase 1 draws attention to ageism and sexism that permeate socialisation structures within some African Australian families. Ageism and sexism in this context work together, without ageism that ensures the obedience of young people, the assignation of sexist gender roles within the family may be less achievable. These interlocking systems create conditions for conflict to occur at the micro-level of family relationships, and for

young African Australian women resisting the roles assigned to them at this intersection increases their risk of homelessness and the resulting adverse health outcomes (Stafford & Wood, 2017).

Media and Immigration Policy: The Politics of Belonging in the White Nation

Phase 1 also found that feeling "caught between two cultures" is shaped by Othering processes occurring outside the institution of the family. Phase 1 findings point to the politics of belonging (Yuval-Davis, 2011b) as impacting on young people's identity construction. Yuval-Davis (2011a, p. 10) described the politics of belonging as comprising "specific political projects aimed at constructing belonging to particular collectivity/ies which are themselves being constructed in these projects in very specific ways and in very specific boundaries." For Hage (2000), the power to determine belonging—known as governmental belonging—is driven by "the dominant community's everyday acceptance" of new-arrivals (p. 50).

Contrary to experiencing everyday acceptance, participants in Phase 1 highlighted how young African Australians are often subject to questioning about where they are from, which impacts on feelings of belonging. As a racial/ethnic minority in the Australian context of whiteness (Hebbani & McNamara, 2010), systemic racism is manifest in micro-level interactions that destabilise a person's sense of identity. Sue et al. (2007) noted in their taxonomy of microaggressions that being consistently asked, "where you are from?" is a micro-invalidation that conveys that the person is a perpetual foreigner, thus denying a sense of belonging. Similarly, Hatoss (2012) found that for Sudanese Australians a tension exists between self-identification and the identity ascribed by the broader community in Australia, which is particularly felt when being asked "where are you from?" The broader community, however, does not ascribe group identity in a vacuum.

Othering processes assist in shaping people's perception of difference (Powell & Menendian, 2016) and Phase 1 participants pointed to the significant role of mainstream

media in shaping the attitudes of the general public (as Chapter 7 highlights). Previous research documents the response of young South Sudanese Australians to mainstream media narratives that criminalise South Sudanese Australians and African Australians by association (Benier et al., 2018). Benier et al. (2018, p. 4) reported that the stigma generated by mainstream media would impact on the ability to "identify, and be accepted, as Australians." Thus, structural racism performed through mainstream media significantly shapes the experience of young African Australians, particularly regarding cultivating a sense of belonging. In this way, similar to the institutions of education, the labour market, and health care (see Chapter 7), mainstream media are found in Phase 1 as important sites for articulating the politics of belonging in Australia (Nolan et al., 2016).

Phase 1 findings are situated within the specifics of the Australian context that Chapters 2 and 3 of the thesis describe. While nationalism, as a dominant system, is articulated in media discourse (Nolan et al., 2016), the politics of belonging are reinforced and acted upon through structures associated with immigration policy to deny the humanity of asylum seekers and refugees. These processes constitute an extension of colonising practices that maintain racial hierarchies and national borders. The anti-refugee and anti-immigrant sentiments applied in media representations of African Australians argued to be unassimilable refugees reinforces these colonial and nationalist immigration policies in the public imagination, which reduces a sense of belonging and reinforces governmental belonging to whites of the white nation (Hage, 2000). The success of the interlocking processes described here is also evident in the microaggressions described by participants in Phase 1, where emboldened by media and policy representations of immigrants and African Australians, the public imagination is so shaped to interrogate those who sit outside of the norm of the white nation. Phase 1 findings, therefore, highlight racism, nationalism, and colonialism as mutually reinforcing systems of oppression/privilege operating structurally, for example, through media and immigration

policy, to reproduce disparity for African Australians in terms of life opportunities, and in accessing power (Viruell-Fuentes et al., 2012). Phase 1 findings show that these macro-level systems significantly impact on the mental health of African Australians.

Participants in Phase 1 pointed to migration stressors that are specific to different African Australian migration pathways; for example, refugee arrivals are perceived to experience isolation, trauma, and worry about those left behind. For international students, the pressure to perform adds to their migration stress. Racism and discrimination, however, is found in Phase 1 to cut across migration pathways to compound the different experiences contributing to stress and poor mental health. Similarly, Viruell-Fuentes (2011) found that for Mexican women in the USA, stress caused by Othering processes may be one of the ways living in a racialised society impacts on health and wellbeing.

Phase 1 also highlights that African Australian men and older people are at greater risk of poor mental health outcomes because participants said that they are less likely to seek help. Sexism and ageism intersect with these specific social locations to produce unrealistic and unequal cultural and social expectations of the emotional strength of men and older people. Manifesting in norms regarding masculinity and elder status, particular risk factors for health and wellbeing of African Australian men and older people are reproduced.

The intersectional analysis in Phase 1, makes the particulars of experience among African Australians visible, and at particular social locations the family and mainstream media are found to structurally reproduce and maintain the systems of ageism, sexism, racism, nationalism, and colonialism. These systems impact on the health and wellbeing of some African Australians. Identifying these specific social locations and, once again, highlighting the pervasiveness of macro-level systems of oppression/privilege, paves the

way for greater understanding of the contextual challenges influencing African Australian immigrant organisations and their health promotion activities.

12.4 The Making of African Australian Immigrant organisations: Within and Through Systemic Racism, Nationalism, Capitalism, and Neoliberalism

Phase 1 highlighted the systems of oppression/privilege that impact on African Australian health disparities and also drew attention to the work being done by African Australians in response. The findings from the case studies of two African Australian immigrant organisations in Phase 2 shows that the same systems of oppression/privilege found in Phase 1, shaped the conditions within which the organisations emerged. In some ways, the organisations participating in Phase 2 reinforced the notion of an African Australian community that is culturally distinct from the hegemonic culture to make the most of opportunity structures that were made available on these terms. While it is not altogether unusual for immigrant organisations to be shaped by opportunity structures (Schrover & Vermeulen, 2005), the current study has identified that interlocking and mutually reinforcing systems, namely racism, nationalism, capitalism, and neoliberalism, drive the particular conditions for specific opportunity structures to propagate.

While the exact circumstances that led to the inception of the organisations participating in Phase 2 are different from one another, both organisations are found to have emerged as defensive immigrant organisations, according to Schrover and Vermeulen's (2005) typology. They were defensive in the sense that they established in response to certain deficiencies. Organisation 1 emerged in response to gaps in the provision of, and access to, services for African Australians. Organisation 2 emerged in reaction to negative media attention, which depicted people with African backgrounds as a collective homogenous problem group, and also after identifying a lack of coordination among African Australian communities who were operating in silos. The Moomba Festival in 2016, as Chapter 11 describes, was a critical juncture when many leaders from across the

spectrum of African communities came together to establish Organisation 2 in defence of African Australians.

Phase 2 findings demonstrate how the organisations were established among particular frames of reference, perpetuated by mainstream media and political discourse that distinguish a racialised African Australian community from that of the white hegemony. Racialisation in hegemonic discourse masks the diversity among African Australians, instead presenting an externally ascribed homogenous African Australian community.

While participants in Phase 2 recognised that homogenising discourse is damaging, and openly described structural racism as impacting on the lives of African Australians, members of the organisations preferred an organising strategy that emphasised the commonalities among African Australians. Simultaneously, the organisations recognised differences between African Australian sub-populations, and sought to destabilise the notion of a homogenous African Australian community by highlighting the multiple social locations of African Australians, such as in Organisation 1's Cultural Awareness Training. The concept of *strategic essentialism* is useful for explaining the choice to organise in this way.

Spivak (2013) coined the term "strategic essentialism" in her essay titled "Subaltern Studies: Deconstructing Historiography." Spivak highlighted that adopting an essentialist position is tactical in some contexts to defend the interests of the subjects within the group. Phase 2 highlights the external structures that constructed an African Australian community along racial/ethnic lines. The findings also demonstrate the agency of members who chose to organise, negotiate, and unite a community under expressed cultural similarities. The case organisations in the current study saw value in, at least temporarily, working from within the disadvantaged structural position of an African Australian community based on shared culture.

Evidence from the field of psychology points to the way that cultural essentialism may be necessary for collective action in some contexts (Soylu Yalcinkaya et al., 2017) and may even act to moderate the adverse effects of exclusion in some cases (Schmitt et al., 2003). Strategic essentialism can be used in community organising to resist systems of oppression/privilege, as Crenshaw notes, "a strong case can be made that the most critical resistance strategy for disempowered groups is to occupy and defend a politics of social location rather than to vacate and destroy it" (1991, p. 1299). Similarly, as Arendt (1994) penned "if one is attacked as a Jew, one must defend oneself as a Jew" (p. 12). In the Greater Melbourne context, a similar tactic, albeit nuanced, has been reported in the case of a Filipino immigrant organisation (Mariñas, 2018). Mariñas (2018) argued that collective organising manifested in conscious citizenship, which paved the way for resisting neoliberal policies both in Australia and in the Philippines. Mariñas' (2018) findings are somewhat consistent with the current study, where participants sought to resist systems of oppression/privilege through collective organising and advocacy. However, the collective organising of African Australians in Phase 2 of the current study was orientated toward the migrant population in Australia instead of the African countries.

Findings show that collective organising of African Australian immigrant organisations was influenced by the politics of multiculturalism manifesting in government programmes. Such government programmes are found by Bloemraad (2005) to catalyse the development of immigrant organisations. Under the *Multicultural Victoria Act 2011* (Vic), the organisations in the current study could make claims to resources as one of Australia's multicultural communities; Organisation 1 was successful in acquiring government funding on this basis. Findings show that the organisations leveraged these opportunities to gain more control over the solutions proposed for challenges facing African Australians, stressing their expert cultural responsiveness. In doing so the

immigrant organisations, in some ways, aligned with neoliberal ideals that promote individual responsibility for social issues.

Neoliberal policies have carefully and determinedly dismantled state responsibility for injustices created by capitalism, and instead make communities responsible by representing problems as cultural ones (Dumas, 2016). Dominant frames of reference and political discourse that celebrate cultural differences and rely on culture to explain inequalities, effectively divert attention away from meaningful social change that may destabilise the status quo (Phillips, 2011). While the African Australian immigrant organisations sought empowerment, through the mutual interlocking systems of multiculturalism and neoliberalism, the community is made responsible, and government resources are allocated to projects that rarely challenge the status quo (Dumas, 2016). Babis et al. (2019) point to multicultural policies in Canada as a critical variable that shaped the immigrant organisation in their study. The influence of multiculturalism in Victoria, although presenting as a valuable opportunity structure for funding immigrant organisations, simultaneously limits the state's responsibility for redressing structural inequalities that are rooted in racism, neoliberalism, and capitalism, as is evident in Phase 2. Neoliberal multicultural governmentality is observed by researchers in various contexts and is evident here in the construction of African Australian immigrant organisations (Dumas, 2016; Spence, 2012).

Phase 2 set out to explore the activities of the organisations for health and wellbeing, and their construction along racial and cultural lines provides critical insight into the influence of dominant systems of oppression/privilege within the specific context of Victoria in Australia. The findings show how opportunity structures, including those arising from multicultural policies that arguably pacify marginalised groups and avoid dealing with the more profound entrenched oppression of peoples caused by racism, nationalism, capitalism, and neoliberalism have shaped the construction of the

organisations. By reinforcing neoliberal values that seek to individualise the 'problem of settlement' and reduce structural issues to cultural problems, the African Australian immigrant organisations may run the risk of reproducing inequalities when seeking to leverage said opportunity structures. That said, Phase 2 findings also highlighted specific mechanisms that can challenge the status quo, which also points to these immigrant organisations as health settings for reducing health inequities that are rooted in the systems of oppression/privilege identified in Phase 1.

12.5 African Australian Immigrant Organisations as Health Settings

There is increasing support for community involvement in health and wellbeing, shifting the role of minority groups from passive recipients of initiatives designed and delivered by external bodies to active participants (Smithies & Webster, 2018). However, inherent to this movement is a risk of reducing state responsibility and increasing community responsibility for complex systemic issues (Dumas, 2016). Participants in Phase 1 articulated the desire for African Australians to shape their own destinies and be treated with respect as experts, not only in lived experience, but (for many) as professionals working for community development. The founding of immigrant organisations by some African Australians indicated the strength of this conviction. Phase 2 findings demonstrate that these immigrant organisations have potential as health settings, influencing health and wellbeing at the individual- and structural-level by addressing determinants of health. As with all health settings, immigrant organisations operate within and through societal systems of oppression/privilege, which in some ways is found to challenge their promise for reducing health inequities.

Establishing a Culture of Health

Phase 2 findings revealed that Organisation 1 helped consumers acquire resources through direct service provision and referrals to services and welfare support. Testimony from one member of the organisation showed that although existing welfare support

systems could not meet her needs, the organisation was a valuable tool for learning how the system works and understanding her ineligibility for support. Arguably, this example shows that the immigrant organisation was engaged in a process of pacifying consumers, redirecting responsibility back onto the individual to find resources themselves or to wait until they become eligible. In this way, some activities of the immigrant organisations that pertain to the acquisition of resources may be viewed as a tool for neoliberal responsibilisation (Trnka & Trundle, 2014). A pluralist perspective of power may also be applied to understand this activity, where the organisation is educating consumers to become more knowledgeable of the rules of the systems, as opposed to seeking to challenge and dismantle oppressive systems (Ife, 2013).

Similarly, the health education programs reported in Phase 2, such as the example of equipping consumers with knowledge and tools to manage poor mental health, may also have unintended consequences by reinforcing neoliberal responsibilisation. For example, the group discussions for health and wellbeing facilitated by Organisation 1 sought to educate the consumers to manage symptoms of stress through various strategies promoting self-care. Such programs are unlikely to challenge the root cause of stress (Baum & Fisher, 2014). This is not to say that these self-management strategies are not necessary or useful, but the example highlights an individual behavioural approach to some activities that reinforce neoliberal values.

Additionally, the case management activities of Organisation 1 support findings from other contexts that document immigrant organisations' provision of support services (Gonzalez Benson, 2020). While the impact of these supports are not measured in the current study, they can be classified using Hasenfeld's (1983) typology of *technology*, which concerns the nature of the work of human service organisations (Jones & May, 1992). Hasenfeld's (1983) classification points to the nature of Organisation 1's health education activities as *people-changing*, in that they seek to alter the personal attributes of

their consumers to improve health and wellbeing (Jones & May, 1992). Organisation 1's case management activities were also found in some ways to be *people-controlling* (Jones & May, 1992), which includes activities associated with restraint. For example, findings show that organisation members carefully considered professional obligations to ensure the safety of children at risk; this positions the immigrant organisation as an intermediary of authoritative power. Organisation 1, in some ways, acts as an extension of the state. This is not to argue that such activities do not necessarily support health and wellbeing, instead, these examples highlight the potential for a reproduction of inequalities and uneven distribution of power between consumers, immigrant organisations, and the state. This is made evident when operating within frames of reference that challenge the legitimacy of these organisations by highlighting their value in limiting terms associated with being 'African Australian' or 'multicultural' community organisations. For example, the role of refugee-run organisations has been argued to provide integral support as significant actors within the welfare sector, despite dominant narratives (such as social capital and ethnic/cultural framings) that fail to fully capture their dynamism and dimensionality (Gonzalez Benson, 2020).

Without seeking to reinforce the dominant narratives that frame the contributions of immigrant organisations, Phase 2 sought to understand the work of these immigrant organisations to influence health and wellbeing, and it is, therefore, necessary to highlight the value of network building. Phase 2 findings show network building as a key mechanism facilitating emotional support of consumers and members of African Australian immigrant organisations. Phase 1 of the research highlighted how the lack of support networks and isolation adversely impacts on the mental health of newly arrived African Australians, which is also documented elsewhere (Australian Human Rights Commission, 2010; Ogunsiji et al., 2012). The testimonies of participants in Phase 1 corroborate findings elsewhere that demonstrate how social groups can maintain and enhance health and

wellbeing, particularly when members have a sense of shared identity (Jetten et al., 2014). Growth of professional networks have also been linked to career success (Gibson et al., 2014), hence African Australian immigrant organisations' activities seeking to grow networks is significant for health and wellbeing. This finding provides additional support to research purporting that immigrant organisations can cultivate bonding capital (Vermeulen & Keskiner, 2017), yet emphasises the flow-on effects for health and wellbeing.

Findings in Phase 2 also highlight that the activities of the African Australian immigrant organisations taken together may contribute towards reducing health inequities by fostering a culture of health. A culture of health, as defined in Chapter 3, "promotes individual and community wellbeing, creates physical and social environments that prioritise health, and supports equitable, healthy living for everyone" (Bloemraad & Terriquez, 2016, p. 214). The mechanisms outlined in Chapter 11, including generating solidarity, community capacity building, and advocacy, highlight the organisations' potential for improving *community health*, which can be defined as the health and wellbeing of African Australians as a social group, as opposed to the individual members and consumers (Bloemraad & Terriquez, 2016). The organisations in the current study promoted a culture of health in several ways: (a) by generating intra-racial/ethnic solidarity (among African Australians) and inter-racial/ethnic solidarity (among migrant groups more broadly); (b) by generating and influencing inter-organisational networks; (c) by community capacity building; (d) by disrupting the hegemonic discourse and stereotypical narratives about African Australians; (e) through advocacy efforts that empower African Australians to define needs. These mechanisms present opportunities for community health and for generating a culture of health for all African Australians.

As community organising is gradually becoming accepted as a strategy for health equity in the field of public health (Minkler, 2012; Minkler & Wallerstein, 2008), this research provides timely support by showing immigrant organisations as settings for

promoting a culture of health. However, some evidence points to the risk of reproducing existing power dynamics via perpetuating neoliberal ideals concerning individual responsibilisation, pacifying consumers, and operating as an extension of the state. The discussion now turns to magnify the concepts of empowerment and advocacy as critical processes relevant to the activities of the immigrant organisations in the current study.

Empowerment, Advocacy, and Multiculturalism

Given the systems of oppression/privilege highlighted in Phase 1 that impact on the health and wellbeing of African Australians, the goal of the immigrant organisations in Phase 2 to empower African Australians is an important finding. For Ife (2013, p. 63), "empowerment aims to increase the power of the disadvantaged," which is integral to health and wellbeing as Mwanri et al. (2012, p. 86) have argued based on their work with an African Australian immigrant organisation in South Australia: "community empowerment is an important enabling tool for a healthy settlement." However, disadvantage through an intersectional lens is relative, and where a person is disadvantaged in one context, they may be advantaged in another, as evidenced in Phase 1. Therefore, interpreting immigrant organisations' activities for empowerment requires attention to be paid to where activities may be empowering for some, but disempowering for others. The intersectional lens supports this approach. The activities of the immigrant organisations in the current study that were directed towards African Australian empowerment can be analysed in two ways: (a) by considering processes that were perceived to support the empowerment of the African Australian immigrant organisations within the organisational environment; and (b) by considering processes utilised by the immigrant organisations to empower their consumers and African Australians as a collective social group. Focusing on the organisations' advocacy efforts for this discussion is useful in highlighting complex power dynamics and critically analysing the potential for African Australian empowerment via African Australian immigrant organisations.

Processes that Empower African Australian Immigrant Organisations.

In the current study, findings identified inter-organisational partnerships and networks support the empowerment of the organisations and their members. However, these relationships also had disempowering effects. For example, Organisation 1's relationships with the charities that it was under the auspice of were leveraged to represent the interests of African Australians, and afforded access to resources, as Chapter 11 outlines. Where a guarantor is required for applications for government funding by unregistered charities, Organisation 1 leveraged its auspice relationship to gain access. The process of applying for state funding outlined in Chapter 11, demonstrates how power relations within the organisational environment had a disempowering effect on Organisation 1. Although Organisation 1 was awarded funding, it was conditional on partnering with another mainstream service provider and the auspice arrangements. Therefore, while Organisation 1's networks facilitated empowerment via accessing resources, there was simultaneous disempowerment through processual funding structures that reinforced and re-embedded hierarchies between Organisation 1 and the charity that it was under the auspice of, and between Organisation 1 and the mainstream service provider.

Organisation 1's auspice relationship with one of the charities was cultivated in part, as a result of environmental pressures for charity organisations to "walk the walk" and display their commitment to diversity. Therefore, discourse and legislation that promotes equality and diversity within the welfare sector may manifest in opportunities that can be leveraged by immigrant organisations, as has been found in other contexts (Voicu & Rusu, 2012). However, such arrangements can have disempowering effects. For example, when applied in the interests of neoliberal values such as competitiveness, productivity, cost-effectiveness, and risk management, partnerships have been described as "sites for the exercise of disciplinary neoliberalism" in the context of refugee settlement

in Australia (Sidhu & Taylor, 2009, p. 669). The current study highlights the danger of reinforcing inequalities between immigrants and non-immigrants at the meso-level of inter-organisational partnerships, an argument also made by Hiruy and Eversole (2015), who discuss the risk of NGOs disempowering African Australian communities.

The current research has found that members of African Australian immigrant organisations also drew upon personal networks and affiliations to support activities for empowerment. For example, members of Organisation 2 leveraged their professional status and networks to facilitate the empowerment of the community to define needs. The physical space used to conduct this work, the administrative duties, the funding for catering, the community consultation activities were all sourced with the support of the members existing infrastructure and professional and personal networks. Therefore, networks proved instrumental for empowering the African Australian immigrant organisations to work for the community.

African Australian Immigrant Organisations' Processes that Empower African Australians.

At the meso-level, Organisation 2 expressed collectively defined needs to the state government; an example of advocacy. Advocacy and empowerment are closely related concepts in the field of public health as indicated by (Carlisle, 2000, p. 370) who stated that "two main goals underpin health advocacy: that of protecting people who are vulnerable or discriminated against; and that of empowering people who need a stronger voice by enabling them to express their needs and make their own decisions." Organisation 2's work was underpinned by the goal to amplify the voices of African Australians to express their needs. Carlisle (2000) conceptualises health advocacy as occurring along two different axes, from representational to facilitational, and from cases to causes. Facilitational forms of health advocacy involves people through participation, whereas representational forms of advocacy involves acting and speaking on behalf of social groups

(Carlisle, 2000). The cases to causes axis concerns the focus of the advocacy, whether that is advocating for individual lifestyle and behaviour change (cases) or advocating for change in social policy and structure (causes).

The findings in Phase 2 that show Organisation 2's work to define the needs of African Australians can be classified as a form of advocacy that is situated closer to the facilitational end of the range, where African Australians consulted African Australians and thus were enabled to express their needs. The facilitational health advocacy activities of Organisation 2 identified a range of structural barriers preventing the flourishing of African Australians, such as, racism and discrimination in the labour market, as well as highlighting the problem that African Australians lack power to propose solutions and implement them. Their health advocacy efforts also highlighted individual barriers, including lack of knowledge and cultural differences. Therefore, while in some ways the health advocacy performed by Organisation 2 can be viewed as challenging the status quo, by demanding power and seeking for racial inequalities to be addressed (causes), there is also evidence of reinforcing dominant frames of reference within the sector that construct migrant groups and inequalities as resulting from individual deficiencies (cases). This double-banded approach to health advocacy is not surprising given the conceptualisation of health and wellbeing found in Phase 1. Nor is it surprising, considering that within the academy, public health advocacy similarly "reflects a neoliberal preoccupation with individual responsibilities for healthy lifestyles and decisions, which mirrors that found in the health promotion literature" (Cohen & Marshall, 2017, p. 322). Findings in Phase 2, therefore, suggest limitations of the activities of the African Australian immigrant organisations in the current study.

Among Ife's (2013) conceptualisation of empowerment, is the importance of the 'power to think,' which involves not having one's world view "dictated either by force or by being denied access to alternative forms of reference" (p. 69). In the current study, findings

show that Organisation 1 was expected to integrate dominant frames of reference concerning violence against women into their proposal for reducing the impacts of family violence among African Australians. The provision of funding contingent upon aligning with hegemonic discourse reinforces power differentials regarding having the 'power to think.' Accessing the funding, however, demonstrates the immigrant organisations as productive sites for acquiring power to access and utilise resources, in this case, state funding. So, while in some ways, the activities of the immigrant organisations in the current study were able to empower African Australians, in other ways they were limited and arguably disempowered, for example, by neoliberalism entrenched in funding guidelines and policies.

Organisation 1's health education activities are also an example of the immigrant organisation engaging in health advocacy to empower consumers by equipping them with the knowledge to make healthy decisions. As a form of health advocacy, the health education activities of Organisation 1 can be considered representational rather than facilitational (Carlisle, 2000). Carlisle (2000, p. 370) has highlighted the dangers of a "paternalistic role of advocacy in constructing people as uninformed, ill-educated and in need of the services of interventionists who claim to know better." While Organisation 1 members approached their education interventions by engaging consumers to define the agenda, Organisation 2's approach to health advocacy arguably indicates some paternalism, particularly when one member highlighted that the members of Organisation 2 were well placed to represent the needs of African Australians because they were informed about policy processes. The power dynamics between members of the organisations and those they sought to represent will be further discussed in the following section.

Another of Ife's (2013) dimensions of empowerment is having the 'power to address institutions.' Some of Organisation 2's advocacy activity found in the current study can be

classified as garnering the power to address institutions. The effort to address mainstream media demonstrates a strong example of advocating for the cause of racial inequality, which significantly undermines health and wellbeing among the African Australian population. While the impact of advocacy efforts were not assessed in the current study, advocacy efforts of immigrant organisations are documented in other contexts (Ejorh, 2011; Gonzalez Benson, 2020; Hiruy, 2014) whereby immigrant organisations serve as potential sites to redress inequalities as "agents of social and policy change" (Ejorh, 2011, p. 465).

Bloemraad et al. (2020, p. 297) have argued "that a robust civic infrastructure can help immigrants advance their issues in the public sphere" and the current study supports this argument while highlighting the specific potential for health and wellbeing. The development and presentation of the needs of the community, the health education activities, and addressing the media, all represent different forms of health advocacy intending to empower African Australians to define needs, address institutions, and secure and utilise resources (Ife, 2013). Therefore, the activities of Phase 2's immigrant organisations show promise for empowering African Australians and reducing health inequities. However, the evidence also highlights how this work can be limited by existing power structures, such as the system of neoliberalism as it is reproduced through processes within the organisational environment (such as funding processes and inter-organisational partnerships). Similarly, the findings from Phase 2 demonstrate how these systems of oppression/privilege also manifest internally, within and through the organisational practices, which shape the organisations and their work to reduce health inequities.

Reinforcing and Resisting Neoliberalism, Professionalism, and Racism Through Organisational Practices

Baum (2015) highlights that while the term "community" is often presented as inclusive, the practice often fails to be. Young (1990) suggests that "if a community is to be

progressive, it must be underpinned by politics of difference that provide for political representation for different groups and that celebrate the distinctive cultures and characteristics" (as cited in Baum, 2015, p. 548). Phase 2 findings show that both immigrant organisations sought to include diverse voices in their activities and strived to destabilise the notion of a homogenous community to external stakeholders. Certain organisational practices and activities facilitated this. For example, the pyramid style membership structure of Organisation 2 cast a relatively wide net by engaging community leaders of various African Australian sub-groups who were expected to report the needs from the grassroots to the executive committee. The tiered membership structure was an efficient means of organising and including a range of voices. However, with the executive committee and the President responsible for governing the organisation, this type of hierarchical structure runs the risk of reinforcing existing class hierarchies.

Because all participants in the current study were educated to at least tertiary level, the critical positions within both organisations' membership were found to be occupied by members of an educated class. This was beneficial in many ways; for example, the privileged positions of these members were leveraged to support the work and influence of the organisations by drawing on professional networks. Similar to findings from a study on Somali associations in Italy and Finland (Pirkkalainen et al., 2013), bridging capital was leveraged by the organisation members in the current study to establish legitimacy and resources; the relatively privileged positionality of the critical members makes them professionals of mobilisation. However, the experiences, knowledge, and connections to the public sector that these members had through their current or former occupations, and the organisational partnerships cultivated as a result, in some ways were found to reproduce power imbalances. For example, the Consumer Affairs Victoria's Model Rules, described in Chapter 10, and the pyramid style organisational structure represent a bureaucratic style of organising. Takle (2015) has pointed this out in immigrant

organisations in Norway, which she suggests are schools of bureaucracy for migrant communities.

Professionalism impacted the African Australian immigrant organisations in the current study as it was found to be reproduced and reinforced through organisational processes and activities. For example, by adopting the hegemonic discourse of the industry, the educated class of key members may be seen to represent owners of special knowledge (Larson, 1977). Members demonstrated requisite knowledge to stakeholders in the industry in the form of university degrees and use of language, which is indicative of operating within and through the system of professionalism. Simultaneously, professionalisation in the organisational environment can be seen in the current study as the process by which the dominant organisations within the industry seek to constitute and control the market for their specialised services. This was evident in Phase 2 as the African Australian immigrant organisations similarly sought to gain currency and power within and through this system, as cultural experts.

Organisation 1 developed specialised services, for example, the Cultural Awareness Training, professionalising the unique cultural authenticity and knowledge that the organisation members professed. This program demonstrates efforts to translate skills and specialised knowledge into a commodifiable venture that can sustain the organisation and the work it does for African Australians. In this way, the organisations in the current study were working through the neoliberal capitalist system. In promoting authentic knowledge alongside professional knowledge, the system of professionalism is arguably reproduced within the immigrant organisations of the current study.

Because the knowledge and professional practices that are reproduced by the immigrant organisations are learned in white-dominated tertiary institutions, the privileged knowledge in the community welfare sector remains that of the white hegemony. Thus, the interconnected system of racism interlocks with professionalism,

where white knowledge is privileged and reproduced through practices of professionalisation (Walter & Baltra-Ulloa, 2019). That said, the immigrant organisations in the current study were also found to resist this reproduction of white knowledge by challenging stereotypical representations of African Australians and through programs such as the Cultural Awareness Training, which could destabilise the professional hierarchy by introducing mainstream service providers to 'African ways of knowing.' However, it should be noted that at the time of data collection, Organisation 1 had not been remunerated for the two training events they had provided, emphasising the power imbalance between the organisation and mainstream services.

Additionally, Phase 2 finds the membership of both organisations was markedly different concerning gender distribution. Organisation 1 with more women, especially in leadership roles, may be an example of immigrant organisations successfully resisting the reproduction of patriarchal power imbalances. However, it is also possible to view this as more of a strategic response to multicultural policies that make funding available to migrant community organisations who demonstrate specific criteria. For example, the family violence initiative delivered by Organisation 1, and described in Chapters 10 and 11, that was funded by the State Government arguably drew upon stereotypical representations of gendered roles among immigrant women who are described by the organisation in the grant documentation as putting their cultural obligation to family ahead of their own personal safety. This framing was a deliberate attempt to follow the advice of the funding body and align with material developed by dominant organisations operating in this field. Such framing represents the problem of family violence in such a way that reinforces the stereotype of immigrant women as cultural subjects who lack agency. Thus, a critical analysis of the organising strategy of Organisation 1, predominantly made up of women volunteers, can be viewed as a successful attempt to tap into funding

using the stereotypes of others (including policy makers) regarding gendered roles of immigrant women that are (re)constructed through multicultural policies.

While African Australian women were visible in leadership roles in both organisations, their testimonies demonstrated their additional burden of unpaid labour. At the same time, some of the women also worked part-time or full-time and therefore, had the financial capital to dedicate time to volunteering. The main activities of the organisations may explain the different distribution of men and women across the two organisations. Organisation 1 spanned micro- and meso-level activities, with much work focused on individual family support, and Organisation 2 spanned meso- and macro-level activities with less individual family support provided, instead focusing on lobbying and advocacy. This orientation of the organisational activities maps existing gendered hierarchies within broader society, where men tend to be more highly represented in politics, and women in caring roles and professions (Huppatz & Goodwin, 2013). While patriarchal power dynamics are perhaps reflected in the focus of the immigrant organisations' work, Phase 2 highlights how Organisation 1's activities also resisted gendered power imbalances.

Organisation 1 resisted women's oppression through activities such as health education, changing attitudes about family violence, and challenging sexist values and norms that perpetuate women's oppression. To facilitate this work, the members leveraged opportunity structures that presented at the intersection of their social location as 'young African women,' and strategically prioritised gender equality among African Australians to sustain and legitimise the organisation. Therefore, the organisation was found to be working within and through systems of patriarchy and ageism to affect change. Organisation 1's focus on family violence, although strategic, is demonstrative of the potential impact of immigrant organisations to support wider efforts to resist the

oppression of women that has also been recorded among South Asian organisations in the USA (Abraham, 1995).

Drawing attention to where systems of oppression/privilege are reinforced within immigrant organisations does not seek to undermine the many examples in this research where African Australian immigrant organisations challenge the status quo, seeking to improve health and wellbeing. The intersectional lens problematises the burgeoning literature that celebrates the potential of immigrant organisations for empowerment and advocating for social change. There is evidence in this research that activities striving for empowerment and advocacy are underpinned and influenced by the same systems that these organisations are seeking to redress.

12.6 Conclusions and Implications

This thesis contributes to existing, but limited, research concerning the health and wellbeing of African Australians in Greater Melbourne and extends this knowledge to draw attention to the systemic drivers of health inequalities. The thesis has highlighted and explored the activities of African Australian immigrant organisations in response to these systemic drivers of health inequalities. The findings extend understanding of African Australian immigrant organisations as health settings with great potential to influence the health and wellbeing of African Australians through key mechanisms. The African Australian immigrant organisations demonstrate a shift in the role of immigrants from passive recipients to active participants in improving health and wellbeing. The intersectional analysis has confirmed that as the work of these organisations does not occur in a vacuum, the same systems of oppression/privilege that produce health inequalities also influence the African Australian immigrant organisations.

Through the lens of intersectionality, this thesis has shown that the activities of the case studies are situated within, and shaped by, the organisational environment where power relations and existing hierarchies simultaneously facilitate and suppress

opportunities and activities for improving health and wellbeing. The discussion has focused on the efforts of these organisations through an examination of empowerment and health advocacy. The power relations are palpable in these examples, and therefore, this study contributes an understanding of where the work of African Australian immigrant organisations may be compromised and stifled, and where systems of oppression/privilege intersect to create opportunity. These findings have implications for future research.

Future Research Directions

This thesis has demonstrated intersectionality as a radical analytical approach in the field of public health due to its ability to shine a light on the systemic forces of health inequality and shift the narrative away from individual behavioural approaches and single-axis social determinants. The approach has proved effective for researching immigrant organisations and adequately accounting for both agency and structure, as well as systemic forces that are reproduced, reinforced, and resisted within and through organisational practices. As such, future research concerning migrant health and wellbeing, and immigrant organisations can benefit from intersectionality as a necessary and valuable analytical approach for widening the breadth of public health responses.

As highlighted in this chapter, this thesis has provided new knowledge about the activities of African Australian immigrant organisations and their potential as health settings. While the key mechanisms identified in this research are perceived by the organisations and their members to influence health and wellbeing, due to limitations of scope described in Chapter 9, the research does not capture the impacts of the activities of these African Australian immigrant organisations. Therefore, future research is necessary to measure the impact of immigrant organisations on health and wellbeing outcomes.

To avoid reinforcing neoliberal values that underpin the community welfare sector, impact studies can be approached in an intersectional way. Attention can be paid to salient social locations and systems of oppression/privilege that produce negative or positive

outcomes for diverse immigrant groups. Measuring impact of the key mechanisms identified here may offer a useful framework, although different contexts are likely to present different mechanisms for influencing the health and wellbeing of migrant groups. Therefore, further research is necessary to test the key mechanisms presented in this thesis in different settings, with different opportunity structures, immigrant groups, and organisational environments.

Social Implications

This research highlights that systems of oppression/privilege are embedded within and reinforced by various social institutions and structures. The policy recommendations outlined in Chapter 7 call for a shift in focus, where efforts to improve the health and wellbeing of African Australians are targeted at the structural-level of institutions rather than at the individual-level. While this research shows the structures of our society that are built on a legacy of oppression continue to reproduce health inequalities, the findings also point to possibilities in redressing health inequities to achieve health for all.

In showcasing African Australian immigrant organisations as health settings, this thesis presents new opportunities for public health responses. Immigrant organisations are uniquely positioned; straddling the community and political spheres. Where current systems do not meet the needs of immigrant groups, and worse oppress them, this thesis has shown that immigrant organisations step in, are well placed to propose solutions, and work to improve health and wellbeing. The key mechanisms they use are a beacon for public health responses in immigrant communities. However, to effectively realise their goals, work is required to eradicate the barriers that these organisations face.

The thesis highlights that much can be done within the community welfare sector to support immigrant organisations and their potential to redress health inequalities. Diversity is integral to the sector's success, especially for supporting immigrant groups. Short-term appointments tied to the longevity of funding prevent a fair and equal

representation of immigrants in the community welfare sector. Similarly, short-term partnerships between mainstream organisations and immigrant organisations, that reinforce existing hierarchies, undermine the potential value of immigrant organisations.

Mainstream organisations are encouraged to redistribute power that is unequally concentrated across the sector, by prioritising and strengthening immigrant organisations' efforts to promote needs, make recommendations, and implement solutions to social issues within immigrant communities. Operating through an intersectional lens may facilitate these relationships and improve their success for supporting migrant groups at various intersections. Mainstream organisations must recognise where immigrant organisations can meet program objectives and step aside to afford immigrant organisations the space, resources, and power to do their work.

While the thesis highlights the potential of immigrant organisations to reduce health inequalities, there are also challenges that must be considered. Within existing conditions, the immigrant organisations in this study are found to align with the status quo in order to gain resources, which risks reinforcing the status quo and reproducing inequalities rooted in systems of oppression/privilege. Transformational approaches are encouraged such as utilising the intersectional lens to locate and prioritise the needs of the most disadvantaged within the immigrant group. The thesis finds that the members of the African Australian immigrant organisations are cognizant of the myriad of social locations that they represent, but various practices within the organisational environment necessitate organisational practices that reinforce existing power dynamics. Challenging structures that reinforce existing class, age, and gendered hierarchies is essential for immigrant organisations to effectively reduce health inequalities. Embedding practices that support and uplift people at marginalised social locations is also necessary. Given the contextual conditions within which immigrant organisations exist, it is unreasonable to expect that they alone can upheave systems of oppression/privilege that are interwoven

through social institutions. Therefore, state and federal governments have a significant role to play in light of the findings of this research.

Applying neoliberal principles such as marketisation and professionalisation to the community welfare sector destabilises localised efforts to improve the health and wellbeing of African Australians by upholding racial and class hierarchies. To redress this obstacle, a commitment of funding to immigrant organisations that fully recognises the valuable role they can play when empowered to support their communities is necessary. Conditional funding based on partnerships with existing service providers reinforces power imbalances and suppresses the potential of the immigrant organisation as a site to influence health and wellbeing.

In supporting immigrant organisations through multicultural policies, state governments in Australia risk co-opting the organising efforts of immigrant communities, which may cause damage to local organising. Furthermore, recognising that immigrant organisations are unable to represent the interests of all, as this thesis does, supporting a plethora of immigrant organisations may promote the health and wellbeing of immigrants at various social locations more effectively.

Governments also have a role to play in eliminating oppressive systems across social institutions, particularly as this thesis finds in education, the labour market, and health care. If health and wellbeing for all is to be achieved, then fully reconciling with Australia's past and ongoing colonialism can be aided by intersectionality, which as has been found in this thesis, makes visible policies that produce vulnerability at particular social locations. This thesis presents many opportunities and challenges for African Australian health and wellbeing. Understanding the systems of oppression/privilege that drive migrant health inequalities calls for a radical shift in focus for public health actors in Australia and around the world.

Reference List

Abraham, M. (1995). Ethnicity, gender, and marital violence: South Asian women's organizations in the United States. *Gender & Society*, *9*(4), 450-468. https://doi.org/10.1177/089124395009004004

Abrams, L. S. (2010). Sampling 'hard to reach' populations in qualitative research: The case of incarcerated youth. *Qualitative Social Work*, *9*(4), 536-550. https://doi.org/10.1177/1473325010367821

Abubaker, N. (2014). *Caught between two cultures*. Women's Health West. http://whwest.org.au/wp-content/uploads/2014/08/Report-for-Young-African-Women-final-version-07-08-2014.pdf

Abur, W., & Spaaij, R. (2016). Settlement and employment experiences of South Sudanese people from refugee backgrounds in Melbourne, Australia. *The Australasian Review of African Studies*, *37*(2), 107.

Acker, J. (2006). Inequality regimes: Gender, class, and race in organizations. *Gender & Society*, *20*(4), 441-464. https://doi.org/10.1177/0891243206289499

Acker, J. (2012). Gendered organizations and intersectionality: Problems and possibilities. *Equality, Diversity and Inclusion: An International Journal*, *31*(3), 214-224. https://doi.org/10.1108/02610151211209072

African Australian Communities Leadership Forum. (2016). *Preliminary Community Issues Paper*. https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Migration/settlementoutcomes/Submissions

African Union. (n.d.). *Member states*. https://au.int/en/member_states/countryprofiles2

Alexander-Floyd, N. G. (2012). Disappearing acts: Reclaiming intersectionality in the social sciences in a post-Black feminist era. *Feminist Formations*, *24*(1), 1-25. https://doi.org/10.1353/ff.2012.0003

Al-Yateem, N. (2012). The effect of interview recording on quality of data obtained: A methodological reflection. *Nurse Researcher*, *19*(4), 31-35. https://doi.org/10.7748/nr2012.07.19.4.31.c9222

Anthias, F. (2013). Hierarchies of social location, class and intersectionality: Towards a translocational frame. *International Sociology*, *28*(1), 121-138. https://doi.org/10.1177/0268580912463155

Arendt, H. (1994). *Essays in understanding 1930-1954.* Schocken Books.

Arvidson, M., Lyon, G., McKay, S., & Moro, D. (2010). *The ambitions and challenges of sroi* (Third Sector Research Centre Working Paper No. 49). Retrieved from https://research.birmingham.ac.uk/portal/en/publications/the-ambitions-and-challenges-of-sroi(c55c1172-cac6-4864-b9e4-cc60b8228f99).html

Atkinson, P., & Silverman, D. (1997). Kundera's immortality: The interview society and the invention of the self. *Qualitative Inquiry*, *3*(3), 304-325. https://doi.org/10.1177/107780049700300304

Australian Bureau of Statistics. (2017). *Estimated resident population by country of birth, 30 June 1992 to 2015* (cat. no. 3412.0) [Data set]. http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3412.02014-15?OpenDocument

Australian Bureau of Statistics. (2020). *Australia's population: Over 7.5 million born overseas* (cat. no. 3412.0) [Data set]. https://www.abs.gov.au/ausstats/abs@.nsf/lookup/3412.0Media%20Release12018-19#:~:text=More%20than%207.5%20million%20people,the%20Australian%20Bureau%20of%20Statistics.

Australian Bureau of Statistics. (2016). *Cultural diversity* [TableBuilder]. https://auth.censusdata.abs.gov.au/webapi/jsf/tableView/tableView.xhtml#

Australian Human Rights Commission. (2010). *In our own words; African Australians: A review of human rights and social inclusion issues*. https://humanrights.gov.au/our-work/race-discrimination/projects/our-own-words-african-australians-review-human-rights-and

Baak, M. (2019). Racism and othering for South Sudanese heritage students in Australian schools: Is inclusion possible? *International Journal of Inclusive Education*, *23*(2), 125-141. https://doi.org/10.1080/13603116.2018.1426052

Babis, D. (2016a). The paradox of integration and isolation within immigrant organisations: The case of a latin american association in israel. *Journal of Ethnic and Migration Studies*, *42*(13), 2226-2243. https://doi.org/10.1080/1369183X.2016.1166939

Babis, D. (2016b). Understanding diversity in the phenomenon of immigrant organizations: A comprehensive framework. *Journal of International Migration and Integration*, *17*(2), 355-369. https://doi.org/10.1007/s12134-014-0405-x

Babis, D., Meinhard, A. G., & Berger, I. E. (2019). Exploring involvement of immigrant organizations with the young 1.5 and 2nd generations: Latin American associations in Canada and Israel. *Journal of International Migration and Integration*, *20*(2), 479-495. https://doi.org/10.1007/s12134-018-0617-6

Back, L. (2012). Tape recorder. In C. Lury & N. Wakeford (Eds.), *Inventive methods: The happening of the social* (pp. 245–260). Routledge.

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet*, *389*(10077), 1453-1463. https://doi.org/https://doi.org/10.1016/S0140-6736(17)30569-X

Banks, J. A. (1998). The lives and values of researchers: Implications for educating citizens in a multicultural society. *Educational Researcher*, *27*(7), 4-17.

https://doi.org/10.2307/1176055

Bastos, J. L., Harnois, C. E., & Paradies, Y. C. (2017). Health care barriers, racism, and intersectionality in Australia. *Social Science & Medicine*, *199*. https://doi.org/10.1016/j.socscimed.2017.05.010

Baum, F. (2015). *The new public health*. Oxford University Press. http://ebookcentral.proquest.com/lib/acu/detail.action?docID=4786467

Baum, F., & Fisher, M. (2014). Why behavioural health promotion endures despite its failure to reduce health inequities. *Sociology of Health & Illness*, *36*(2), 213-225. https://doi.org/10.1111/1467-9566.12112

Belson, W. A. (1967). Tape recording: Its effect on accuracy of response in survey interviews. *Journal of Marketing Research*, *4*(3), 253-260. https://doi.org/10.2307/3149457

Benier, K., Blaustein, J., Johns, D., & Maher, S. (2018). *'Don't drag me into this': Growing up South Sudanese in Victoria after the 2016 Moomba 'riot'*. Melbourne: Centre for Multicultrual Youth. https://doi.org/10.13140/RG.2.2.21330.40643

Berger, M., T., & Guidroz, K. (2009). *The intersectional approach transforming the academy through race, class, and gender*. University of North Carolina Press. http://www.jstor.org/stable/10.5149/9780807895566_berger

Berger, P. L., & Luckmann, T. (1966). *The social construction of reality: A treatise in the sociology of knowledge*. Penguin Books.

Bergum, V. (1991). Being a phenomenological researcher. In J. Morse (Ed.), *Qualitative nursing research* (pp. 55-71). Sage Publications Inc.

Berman, G., & Paradies, Y. (2010). Racism, disadvantage and multiculturalism: Towards effective anti-racist praxis. *Ethnic and Racial Studies*, *33*(2), 214-232. https://doi.org/10.1080/01419870802302272

Berry, J. M. (2002). Validity and reliability issues in elite interviewing. *PS: Political*

Science & Politics, *35*(4), 679-682. https://doi.org/10.1017/S1049096502001166

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*, *118*(4), 293-302. https://doi.org/10.1093/phr/118.4.293

Bhattacharyya, G. (2018). *Rethinking racial capitalism: Questions of reproduction and survival*. Rowman & Littlefield.

BiParva, E. (1994). Ethnic organizations: Integration and assimilation vs. segregation and cultural preservation with specific reference to the Iranians in the Washington, DC metropolitan area. *Journal of Third World Studies*, *11*(1), 369-404.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, *26*(13), 1802-1811. https://doi.org/10.1177/1049732316654870

Block, K., Cross, S., Riggs, E., & Gibbs, L. (2014). Supporting schools to create an inclusive environment for refugee students. *International Journal of Inclusive Education*, *18*(12), https://doi.org/10.1080/13603116.2014.899636

Bloemraad, I. (2005). The limits of de tocqueville: How government facilitates organisational capacity in newcomer communities. *Journal of Ethnic and Migration Studies*, *31*(5), 865-887. https://doi.org/10.1080/13691830500177578

Bloemraad, I. (2007). Unity in diversity?: Bridging models of multiculturalism and immigrant integration. *Du Bois review: social science research on race*, *4*(2), 317-336. https://doi.org/10.1017/S1742058X0707018X

Bloemraad, I., & Terriquez, V. (2016). Cultures of engagement: The organizational foundations of advancing health in immigrant and low-income communities of color. *Social Science & Medicine*, *165*, 214-222. https://doi.org/10.1016/j.socscimed.2016.02.003

Bloemraad, I., Gleeson, S., & de Graauw, E. (2020). Immigrant organizations civic (in)equality and civic (in)visibility. In W. W. Powell & P. Bromley (Eds.), *The nonprofit sector: A research handbook* (3rd ed., pp. 292-313). Stanford University Press.

Blom, N., & Hewitt, B. (2020). Becoming a female-breadwinner household in Australia: Changes in relationship satisfaction. *Journal of Marriage and Family*, *82*(4), 1340-1357. https://doi.org/10.1111/jomf.12653

Blumenfeld, W. J., & Jaekel, K. (2012). Exploring levels of Christian privilege awareness among preservice teachers. *Journal of Social Issues*, *68*(1), 128-144. https://doi.org/10.1111/j.1540-4560.2011.01740.x

Blumenthal, D. S. (2011). Is community-based participatory research possible? *American Journal of Preventive Medicine*, *40*(3), 386-389. https://doi.org/10.1016/j.amepre.2010.11.011

Bolt, A. (2016, December 22). Who let in the Sudanese? Amanda Vanstone. *The Daily Telegraph*. https://www.dailytelegraph.com.au/blogs/andrew-bolt/who-let-in-the-sudanese-amanda-vanstone/news-story/9497646aaac16f3fdfa11673d2a12ea4

Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, *9*(2), 27-40. https://doi.org/10.3316/QRJ0902027

Bowleg, L. (2008). When Black+ lesbian+ woman≠ Black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. *Sex roles*, *59*(5-6), 312-325. https://doi.org/10.1007/S11199-008-9400-Z

Bowleg, L. (2012). The problem with the phrase women and minorities: Intersectionality—an important theoretical framework for public health. *American Journal Of Public Health*, *102*(7), 1267-1273. https://doi.org/10.2105/ajph.2012.300750

Bradbury-Jones, C. (2007). Enhancing rigour in qualitative health research: Exploring subjectivity through peshkin's i's. *Journal of Advanced Nursing*, *59*(3), 290-298.

https://doi.org/10.1111/j.1365-2648.2007.04306.x

Brah, A., & Phoenix, A. (2004). Ain't I a woman? Revisiting intersectionality. *Journal of international women's studies*, *5*(3), 75-86.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp0630a

Breton, R. (1964). Institutional Completeness of Ethnic Communities and the Personal Relations of Immigrants. *American Journal of Sociology*, *70*(2), 193-205. https://doi.org/10.1086/223793

Brettell, C. B. (2005). The spatial, social, and political incorporation of Asian Indian immigrants in Dallas, Texas. *Urban Anthropology and Studies of Cultural Systems and World Economic Development*, *34*(2/3), 247-280. http://www.jstor.org/stable/40553484

Brinkmann, S. (2018). The interview. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed. pp. 576-599). SAGE Publications Ltd.

Britton, J. (2020). Being an insider and outsider: Whiteness as a key dimension of difference. *Qualitative Research*, *20*(3), 340-354.

Browne, I., & Misra, J. (2003). The intersection of gender and race in the labor market. *Annual Review of Sociology*, *29*(1), 487-513. https://doi.org/10.1146/annurev.soc.29.010202.100016

Bryman, A. (2012). *Social research methods* (4th ed.). Oxford University Press.

Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.

Bucher, R. Fritz, C. E., & Quarantelli, E. L. (1956). Tape recorded interviews in social research. *American Sociological Review*, *21*(3), 359-364. https://doi.org/10.1177/0038038504047177

Butcher, J., & Dalton, B. (2014). Cross-sector partnership and human services in

Australian states and territories: Reflections on a mutable relationship. *Policy and Society*, *33*(2), 141-153. https://doi.org/10.1016/j.polsoc.2014.05.001

Butler, J. (2009). Performativity, precarity and sexual politics. *AIBR. Revista de Antropología Iberoamericana*, *4*(3), i-xiii.

Butty, J. (2010, September 19). *Campaign launched to drop "sub-Saharan-African-phrase"*. Voice of America. http://www.voanews.com/a/butty-sub-saharan-africa-campaign-onyeani-20september10-103260644/155853.html

Carastathis, A., Kouri-Towe, N., Mahrouse, G., & Whitley, L. (2018). Introduction: Intersectional feminist interventions in the 'refugee crisis'. *Refuge*, *34*(1), 3-15. https://doi.org/10.7202/1050850ar

Carlisle, S. (2000). Health promotion, advocacy and health inequalities: A conceptual framework. *Health Promotion International*, *15*(4), 369-376. https://doi.org/10.1093/heapro/15.4.369

Case, K. A. (2012). Discovering the privilege of Whiteness: White women's reflections on anti-racist identity and ally Behavior. *Journal of Social Issues*, *68*(1), 78-96. https://doi.org/10.1111/j.1540-4560.2011.01737.x

Caselli, M. (2010). Integration, participation, identity: Immigrant associations in the province of Milan. *International Migration*, *48*(2), 58-78.

Caselli, M. (2012). Transnationalism and co-development. Peruvian associations in lombardy. *Migration and Development*, *1*(2), 295-311. https://doi.org/10.1080/21632324.2012.739799

Casey, J. (1988). Ethnic associations and service delivery in Australia. In S. Jenkins (Ed.), *Ethnic associations and the welfare state: Services to immigrants in five countries*. Columbia University Press. https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxqb2huY2FzZXlwdWJsaWNhdGlvbnN8Z3g6MzcyOWMxZjhmYjQzNTMwZg

Castañeda, H., Holmes, S. M., Madrigal, D. S., Young, M.-E. D., Beyeler, N., & Quesada, J. (2015). Immigration as a social determinant of health. *Annual Review of Public Health*, *36*(1), 375-392. https://doi.org/10.1146/annurev-publhealth-032013-182419

Celebration of African Australians Inc. (n.d.). *Celebration of African Australians*. http://www.celebrateafricanaustralians.org/

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage Publications.

Chen, W., Hall, B. J., Ling, L., & Renzaho, A. M. N. (2017). Pre-migration and post-migration factors associated with mental health in humanitarian migrants in Australia and the moderation effect of post-migration stressors: Findings from the first wave data of the BNLA cohort study. *The Lancet Psychiatry*, *4*(3), 218-229. https://doi.org/10.1016/S2215-0366(17)30032-9

China, C. (2003). Allegations, secrets, and silence: Perspectives on the controversy of Roberta Sykes and the Snake Dreaming series. In J. Gifford & G. Zezulka-Mailloux (Eds.), *Culture and the State: Disability studies and Indigenous studies* (pp. 108-123). CRC Humanities Studio.

Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of women in culture and society*, *38*(4), 785-810. https://doi.org/10.1086/669608

Christensen, A.-D., & Jensen, S. Q. (2012). Doing intersectional analysis: Methodological implications for qualitative research. *NORA-Nordic Journal of Feminist and Gender Research*, *20*(2), 109-125. https://doi.org/10.1080/08038740.2012.673505

Chung, A. Y. (2005). 'Politics Without the Politics': The Evolving Political Cultures of Ethnic Non-Profits in Koreatown, Los Angeles. *Journal of Ethnic and Migration Studies*, *31*(5), 911-929. https://doi.org/10.1080/13691830500177701

Clarke, J. (2014). Beyond social capital: A capability approach to understanding refugee community organisations and other providers for “hard to reach” groups. *International Journal of Migration, Health and Social Care*, *10*(2), 61-72. https://doi.org/doi:10.1108/IJMHSC-11-2013-0039

Cohealth. (2015, November 5). *‘Be a brother’ campaign and short film launch – Footscray*. https://www.cohealth.org.au/media-releases/brother-campaign-short-film-launch-footscray/

Cohen, B. E., & Marshall, S. G. (2017). Does public health advocacy seek to redress health inequities? A scoping review. *Health & Social Care in the Community*, *25*(2), 309-328. https://doi.org/10.1111/hsc.12320

Colic-Peisker, V. (2005). ‘At least you're the right colour’: Identity and social inclusion of Bosnian refugees in Australia. *Journal of Ethnic and Migration Studies*, *31*(4), 615-638. https://doi.org/10.1080/13691830500109720

Colic-Peisker, V., & Tilbury, F. (2006). Employment niches for recent refugees: Segmented labour market in twenty-first century Australia. *Journal of Refugee Studies*, *19*(2), 203-229. https://doi.org/10.1093/jrs/fej016

Colic-Peisker, V., & Tilbury, F. (2007). *Refugees and employment: The effect of visible discrimination*. http://researchrepository.murdoch.edu.au/id/eprint/10991/1/refugeesandemployment.pdf

Collins, H., Leonard-Clarke, W., & O’Mahoney, H. (2019). ‘Um, er’: How meaning varies between speech and its typed transcript. *Qualitative Research*, *19*(6), 653-668. https://doi.org/10.1177/1468794118816615

Collins, J. (2013). Multiculturalism and immigrant integration in Australia. *Canadian Ethnic Studies*, *45*(3), 133-149. https://doi.org/10.1353/ces.2013.0037

Collins, P. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of*

empowerment. Routledge.

Collins, P. H. (2015). Intersectionality's definitional dilemmas. *Annual Review of Sociology*, *41*(1), 1-20. https://doi.org/10.1146/annurev-soc-073014-112142

Collins, P. H., & Bilge, S. (2016). *Intersectionality*. John Wiley & Sons.

Commonwealth of Australia. (1937). *Aboriginal welfare: Initial conference of Commonwealth and State Aboriginal authorities*. Commonwealth Government, Canberra. https://aiatsis.gov.au/sites/default/files/catalogue_resources/20663.pdf

Conaghan, J. (2009). Intersectionality and the feminist project in law. In D. Cooper (Ed.), *Law, power and the politics of subjectivity: Intersectionality and beyond* (pp. 21-48). Routledge.

Conley Tyler, M. (2014, October 21). *Africa, Australia and international education*. Australian Institute of International Affairs. http://www.internationalaffairs.org.au/australianoutlook/africa-australia-and-international-education/#:~:text=At%20the%20moment%2C%20there%20are,leadership%20development%20with%20African%20universities.

Consumer Affairs Victoria. (2020, September 10). *Incorporated association rules*. https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/running-an-incorporated-association/rules

Copping, A., & Shakespeare-Finch, J. (2012). Trauma and survival in African humanitarian entrants to Australia. In K. C. Gow, M (Ed.), *Mass trauma: Impact and recovery issues* (pp. 331-347). Nova Science Publishers.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, *1989*(1), 139-167.

https://doi.org/10.4324/9780429500480-5

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *33*, 1241-1299. https://doi.org/10.2307/1229039

Crenshaw, K. (2015, 16 April 2020). Why intersectionality can't wait. *The Washington Post*. https://www.washingtonpost.com/news/in-theory/wp/2015/09/24/why-intersectionality-cant-wait/

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice*, *39*(3), 124-130. https://doi.org/10.1207/s15430421tip3903_2

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications Inc.

Creswell, J. W. (2018). *Qualitative inquiry and research design choosing among five approaches*. SAGE Publications Ltd.

Crotty, M. (1998). *Foundations of social research: Meaning and perspective in the research process*. Allen & Unwin. http://ebookcentral.proquest.com/lib/acu/detail.action?docID=5161332

Cruwys, T., Dingle, G. A., Haslam, C., Haslam, S. A., Jetten, J., & Morton, T. A. (2013). Social group memberships protect against future depression, alleviate depression symptoms and prevent depression relapse. *Social Science & Medicine*, *98*, 179-186. https://doi.org/https://doi.org/10.1016/j.socscimed.2013.09.013

D'Angelo, A. (2015). Migrant organisations: Embodied community capital? In L. Ryan, U. Erel, & A. D'Angelo (Eds.), *Migrant capital: Networks, identities and strategies* (pp. 83-101). Palgrave Macmillan UK. https://doi.org/10.1057/9781137348807_6

Dawson, S. (1986). *Analysing organisations*. Macmillan Press Ltd.

Dean, J., Mitchell, M., Stewart, D., & Debattista, J. (2017). Sexual health knowledge and behaviour of young Sudanese Queenslanders: A cross-sectional study. *Sexual*

Health, *14*(3), 254-260. https://doi.org/10.1071/SH16171

Dehm, S., & Vogl, A. (2018). Migration law and women: Gendering Australia's migration program. *Precedent (Sydney, NSW),* (144), 22-27.

Denzin, N. K., & Lincoln, Y. S. (2018). *The Sage handbook of qualitative research* (5th ed.). Sage Publications Inc. https://doi.org/10.5860/choice.43-1330

Denzin, N., K. , & Lincoln, Y., S. (2000). *Handbook of qualitative health* (2nd ed.). Sage Publications Ltd.

Department of Education and Training. (2018). English as an Additional Language in Victorian government schools. https://www.education.vic.gov.au/Documents/school/teachers/teachingresources/diversity/eal/2017-eal-report.pdf

Department of Education Skills and Training. (n.d.). *Where do international students come from and what do they study?* https://internationaleducation.gov.au/research/DataVisualisations/Pages/nationalitySummary.aspx

Department of Health. (2009). *Cultural responsiveness framework: Guidelines for Victorian health services.* Rural and Regional Health and Aged Care Services, Victorian Government. https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Cultural-responsiveness-framework---Guidelines-for-Victorian-health-services

Department of Premier and Cabinet Victoria (n.d.). *Victorian African communities action plan*. Retrieved September 11, 2020 from https://www.vic.gov.au/empowering-african-communities-victoria

Department of Premier and Cabinet Victoria & The Centre for Ethical Leadership, University of Melbourne. (2018). *Recruit smarter: Report of findings*. https://www.vic.gov.au/recruit-smarter

Dhamoon, R. K. (2011). Considerations on mainstreaming intersectionality. *Political Research Quarterly*, *64*(1), 230-243. https://doi.org/10.1177/1065912910379227

Dhamoon, R. K., & Hankivsky, O. (2011). Why the theory and practice of intersectionality matter to health research and policy. In O. Hankvisky, S. de Leeuw, J.-A. Lee, B. Vissandjee, & N. Khanlou (Eds.), *Health inequities in Canada: Intersectional frameworks and practices* (pp. 16-50). UBC Press.

Dill, B. T., & Zambrana, R. E. (2009). *Emerging intersections: Race, class, and gender in theory, policy, and practice*. Rutgers University Press.

Dixon, Z., Bessaha, M. L., & Post, M. (2018). Beyond the ballot: Immigrant integration through civic engagement and advocacy. *Race and Social Problems*, *10*(4), 366-375. https://doi.org/10.1007/s12552-018-9237-1

Drummond, P. D., Mizan A., & Wright B. (2008). HIV/AIDS knowledge and attitudes among West African immigrant women in Western Australia. *Sexual Health*, *5*(3), 251-259. https://doi.org/10.1071/sh07077

Drummond, P. D., Mizan, A., Brocx, K., & Wright, B. (2011). Barriers to accessing health care services for West African refugee women living in Western Australia. *Health Care for Women International*, *32*(3), 206-224. https://doi.org/10.1080/07399332.2010.529216

Dumas, M. J. (2016). My brother as "problem": Neoliberal governmentality and interventions for black young men and boys. *Educational Policy*, *30*(1), 94-113. https://doi.org/10.1177/0895904815616487

Duncombe, J., & Jessop, J. (2012). 'Doing rapport' and the ethics of 'faking friendship'. In: T. Miller, M. Birch, & J. Jessop (Eds.), *Ethics in qualitative research* (2nd ed. pp. 108-121). SAGE Publications Ltd.

Edgeworth, K. (2015). Black bodies, white rural spaces: Disturbing practices of unbelonging for 'refugee' students. *Critical Studies in Education*, *56*(3), 351-365.

https://doi.org/10.1080/17508487.2014.956133

Ejorh, T. (2011). African immigrant mobilisation in Ireland: Organisations as agents of social and policy change. *African Identities*, *9*(4), 465-479. https://doi.org/10.1080/14725843.2012.629029

Ejorh, T. (2015). The challenge of resilience: Migrant-led organisations and the recession in Ireland. *Journal of International Migration and Integration*, *16*(3), 679-699. https://doi.org/10.1007/s12134-014-0361-5

Elwood, S. A. & Martin, D. G. (2000). "Placing" interviews: Location and scales of power in qualitative research. *The Professional Geographer*, *52*(4), 649-657. https://doi.org/10.1111/0033-0124.00253

Engel, J. F. (1962). Tape recorders in consumer research. *Journal of Marketing*, *26*(2), 73-74.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, *5*(1), 1-4. https://doi.org/10.11648/J.AJTAS.20160501.11

Evans, B., & Veselý, A. (2014). Contemporary policy work in subnational governments and NGOs: Comparing evidence from Australia, Canada and the Czech Republic. *Policy and Society*, *33*(2), 77-87. https://doi.org/10.1016/j.polsoc.2014.04.003

Farias, L., Laliberte Rudman, D., Pollard, N., Schiller, S., Serrata Malfitano, A. P., Thomas, K., & van Bruggen, H. (2019). Critical dialogical approach: A methodological direction for occupation-based social transformative work. *Scandinavian Journal of Occupational Therapy*, *26*(4), 235-245. https://doi.org/10.1080/11038128.2018.1469666

Farnsworth, S. (2016, December 4). *Young South Sudanese 'constantly stopped' by police, as community grapples with Apex stigma*. ABC News. https://www.abc.net.au/news/2016-12-04/young-south-sudanese-constantly-

stopped-by-police/8078642

Farnsworth, S., & Wright, P. (2016, December 6). *Victoria youth crime: Statistics raise questions about calls to deport youth offenders*. ABC News. https://www.abc.net.au/news/2016-12-04/statistics-raise-questions-about-calls-to-deport-youth-offenders/8087410

Federation of Ethnic Communities Council of Australia New and Emerging Communities Policy Committee. (2010). *New and emerging communities policy 2010: Supporting new and emerging communities to participate in and contribute to australian society*. http://www.fecca.org.au/images/stories/pdfs/policies_2007035.pdf

Ferlatte, O., Salway, T., Trussler, T., Oliffe, J. L., & Gilbert, M. (2018). Combining intersectionality and syndemic theory to advance understandings of health inequities among Canadian gay, bisexual and other men who have sex with men. *Critical Public Health*, *28*(5), 509-521. https://doi.org/10.1080/09581596.2017.1380298

Fiscella, K. (2016). Racial and ethnic disparities in the quality of health care. *Annual Review of Public Health*, *37*, 374-394. https://doi.org/10.1146/annurev-publhealth-032315-021439

Fisher, C. (2013). Changed and changing gender and family roles and domestic violence in African refugee background communities post-settlement in Perth, Australia. *Violence Against Women*, *19*(7), 833-847. https://doi.org/10.1177/1077801213497535

Fisher, M., Baum, F. E., MacDougall, C., Newman, L., & McDermott, D. (2016). To what extent do Australian health policy documents address social determinants of health and health equity? *Journal of Social Policy*, *45*(3), 545-564. https://doi.org/10.1017/S0047279415000756

Foner, N., & Alba, R. (2008). Immigrant religion in the US and Western Europe: Bridge or barrier to inclusion? *International Migration Review*, *42*(2), 360-392. https://doi.org/10.1111/j.1747-7379.2008.00128.x

Fozdar, F. (2009). 'The golden country': Ex-Yugoslav and African refugee experiences of settlement and 'depression'. *Journal of Ethnic and Migration Studies*, *35*(8), 1335-1352. https://doi.org/10.1080/13691830903123120

Fozdar, F., & Hartley, L. (2014). Civic and ethno belonging among recent refugees to Australia. *Journal of Refugee Studies*, *27*(1), 127-144. https://doi.org/10.1093/jrs/fet018

Francis, K. L., Polonsky, M. J., Jones, S. C., & Renzaho, A. M. (2017). The effects of a culturally-tailored campaign to increase blood donation knowledge, attitudes and intentions among african migrants in two australian states: Victoria and South Australia. *PLoS ONE*, *12*(11), e0188765. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5708787/pdf/pone.0188765.pdf

Frank, A. W. (2010). *Letting stories breathe: A socio-narratology*. University of Chicago Press.

Frey, J. H., & Fontana, A. (1991). The group interview in social research. *The Social Science Journal*, *28*(2), 175-187. https://doi.org/10.1016/0362-3319(91)90003-M

Furneaux, C., & Ryan, N. (2014). Modelling NPO–government relations: Australian case studies. *Public Management Review*, *16*(8), 1113-1140. https://doi.org/10.1080/14719037.2014.895030

Galandini, S. (2014). *Residential concentration, ethnic social networks and political participation: A mixed methods study of Black Africans in Britain* [Doctoral disseration, University of Manchester]. University of Manchester Research Explorer. https://www.research.manchester.ac.uk/portal/en/theses/residential-concentration-ethnic-social-networks-and-political-participationa-mixed-methods-

study-of-black-africans-in-britain(eb000610-1579-4ffc-b738-505b32ea80f3).html

Gatt, K. (2011). Sudanese refugees in Victoria: An analysis of their treatment by the Australian Government. *International Journal of Comparative and Applied Criminal Justice*, *35*(3), 207-219. https://doi.org/10.1080/01924036.2011.591904

Gatwiri, K. (2019, April 4). *Growing Up African in Australia: Racism, resilience and the right to belong: Review: Growing up African in Australia, edited by Maxine Beneba Clarke, Magan Magan and Ahmed Yussuf*. The Conversation. https://theconversation.com/growing-up-african-in-australia-racism-resilience-and-the-right-to-belong-113121

Gbenenye, E. M. (2016). African colonial boundaries and nation-building. *Inkanyiso: Journal of Humanities and Social Sciences*, *8*(2), 117-124.

Gebrekidan, B. (2018). 'African-Australian' identity in the making: Analysing its imagery and explanatory power in view of young Africans in Australia. *The Australasian Review of African Studies*, *39*(1), 110-129. https://doi.org/10.22160/22035184/ARAS-2018-39-1/110-129

Gergen, K. J. (1992). The social constructionist movement in modern psychology. In R. B. Miller (Ed.), *The restoration of dialogue: Readings in the philosophy of clinical psychology* (pp. 556–569). American Psychological Association. https://doi.org/0.1037/10112-044

Gibney, K. B., Mihrshahi, S., Torresi, J., Marshall, C., Leder, K., & Biggs, B. A. (2009). The profile of health problems in African immigrants attending an infectious disease unit in Melbourne, Australia. *American Journal of Tropical Medicine and Hygiene*, *80*(5), 805-811.

Gibson, C., Hardy Iii, J. H., & Buckley, M. R. (2014). Understanding the role of networking in organizations. *The Career Development International*, *19*(2), 146-161. https://doi.org/10.1108/CDI-09-2013-0111

Giddens, A. (1971). *Capitalism and modern social theory: An analysis of the writings of Marx, Durkheim and Max Weber*. Cambridge University Press.

Giddens, A. (1984). *The constitution of society*. Polity Press.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.

Glaser, B. & Strauss, A. (1964). Awareness contexts and social interaction. *American Sociological* Review, *29*(5), 669-679. https://doi.org/10.2307/2091417

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, *8*(4), 597-607.

Gonzalez Benson, O. (2020). Welfare support activities of grassroots refugee-run community organizations: A reframing. *Journal of Community Practice*, *28*(1), 1-17. https://doi.org/10.1080/10705422.2020.1716427

Gorli, M., Nicolini, D., & Scaratti, G. (2015). Reflexivity in practice: Tools and conditions for developing organizational authorship. *Human Relations*, *68*(8), 1347-1375. https://doi.org/10.1177/0018726714556156

Green, J., & Thorogood, N. (2018). *Qualitative methods for health research*. Sage Publications Inc.

Green, J., Renzaho, A., Eisenbruch, M., Williamson, L., Waters, E., Lo Bianco, J., & Oberklaid, F. (2008). *Parent-centred and culturally-competent literacies for health promotion with newly arrived African communities: A literature review*. Victorian Department of Human Services, Public Health Branch. http://dro.deakin.edu.au/view/DU:30018703

Green, J., Tones, K., Cross, R., & Woodall, J. (2015). *Health promotion, planning and strategies* (3rd ed.). Sage.

Green, J., Willis, K., Hughes, E., Small, R., Welch, N., Gibbs, L., & Daly, J. (2007). Generating best evidence from qualitative research: The role of data analysis.

Australian and New Zealand Journal of Public Health, *31*(6), 545-550. https://doi.org/10.1111/j.1753-6405.2007.00141.x

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and "ethically important moments" in research. *Qualitative Inquiry*, *10*(2), 261-280. https://doi.org/10.1177/1077800403262360

Gupta, V., Hanges, P. J., & Dorfman, P. (2002). Cultural clusters: Methodology and findings. *Journal of World Business*, *37*(1), 11-15. https://doi.org/10.1016/S1090-9516(01)00070-0

Hage, G. (2000). *White nation: Fantasies of White supremacy in a multicultural society*. Taylor & Francis Group.

Hagens, V., Dobrow, M. J., & Chafe, R. (2009). Interviewee transcript review: Assessing the impact on qualitative research. *BMC medical research methodology*, *9*(47), 1-8. https://doi.org/10.1186/1471-2288-9-47

Hammersley, M. (2010). Reproducing or constructing? Some questions about transcription in social research. *Qualitative Research*, *10*(5), 553-569. https://doi.org/10.1177/1468794110375230

Hancock, A.-M. (2007). When multiplication doesn't equal quick addition: Examining intersectionality as a research paradigm. *Perspectives on Politics*, *5*(1), 63-79. https://doi.org/10.1017/S1537592707070065

Handy, F., & Greenspan, I. (2008). Immigrant Volunteering: A Stepping Stone to Integration? *Nonprofit and Voluntary Sector Quarterly*, *38*(6), 956-982. https://doi.org/10.1177/0899764008324455

Hankivsky, O., & Christoffersen, A. (2008). Intersectionality and the determinants of health: A Canadian perspective. *Critical Public Health*, *18*(3), 271-283. https://doi.org/10.1080/09581590802294296

Hankivsky, O., Reid, C., Cormier, R., Varcoe, C., Clark, N., Benoit, C., & Brotman, S.

(2010). Exploring the promises of intersectionality for advancing women's health research. *International Journal for Equity in Health*, *9*(1), 5. https://doi.org/10.1186/1475-9276-9-5

Hanson-Easey, S., & Augoustinos, M. (2010). Out of Africa: Accounting for refugee policy and the language of causal attribution. *Discourse & Society*, *21*(3), 295-323. https://doi.org/10.1177/0957926509360744

Harrison, J., MacGibbon, L., & Morton, M. (2001). Regimes of trustworthiness in qualitative research: The rigors of reciprocity. *Qualitative Inquiry*, *7*(3), 323-345. https://doi.org/10.1177/107780040100700305

Harvey, W. S. (2011). Strategies for conducting elite interviews. *Qualitative Research*, *11*(4), 431-441. https://doi.org/10.1177/1468794111404329

Hasenfeld, Y. (1983). *Human Service Organizations*. Prentice-Hall. https://books.google.com.au/books?id=YE1HAAAAMAAJ

Hatoss, A. (2012). Where are you from? Identity construction and experiences of 'othering' in the narratives of Sudanese refugee-background Australians. *Discourse & Society*, *23*(1), 47-68. https://doi.org/10.1177/0957926511419925

Haukenes, I., Löve, J., Hensing, G., Knudsen, A. K., Øverland, S., Vahtera, J., Sivertsen, B., Tell, G. S., & Skogen, J. C. (2018). Inequity in disability pension: An intersectional analysis of the co-constitution of gender, education and age. The Hordaland health study. *Critical Public Health*, *29*(3), 1-12. https://doi.org/10.1080/09581596.2018.1469730

Hebbani, A., & Colic-Peisker, V. (2012). Communicating one's way to employment: A case study of African settlers in Brisbane, Australia. *Journal of Intercultural Studies*, *33*(5), 529-547. https://doi.org/10.1080/07256868.2012.701609

Hebbani, A., & McNamara, J. (2010). Examining the impact of 'visible difference'on multiple marginalisation of somali and sudanese former refugees in australia. In K.

McCallum (Ed.), *Media, democracy and change: Refereed proceedings of the Australian and New Zealand Communication Association Annual Conference, Canberra, 7 – 9 July*. Australian and New Zealand Communications Association.

Heberle, A. E., Obus, E. A., & Gray, S. A. O. (in press). An intersectional perspective on the intergenerational transmission of trauma and state-perpetrated violence. *Journal of Social Issues*.

Henriques-Gomes, L. (2019, June 27). *Donald Trump says 'much can be learned' from Australia's hardline asylum seeker policies*. The Guardian. https://www.theguardian.com/us-news/2019/jun/27/donald-trump-says-much-can-be-learned-from-australias-hardline-asylum-seeker-policies

Heron, J. & Reason, P. (1997). A participatory inquiry paradigm. *Qualitative Inquiry*, *3*(3), 274-294. https://doi.org/10.1177/107780049700300302

Hesse-Biber, S. N., & Piatelli, D. (2012). The feminist practice of holistic reflexivity. In *The handbook of feminist research: Theory and praxis, 2* (pp. 557-582). Sage Publications Inc. https://doi.org/10.4135/9781483384740

Hirsch, A. L., & Doig, C. (2018). Outsourcing control: The International Organization for Migration in Indonesia. *The International Journal of Human Rights*, *22*(5), 681-708. https://doi.org/10.1080/13642987.2017.1417261

Hiruy, K. (2014). *Bottom-up driven community empowerment: The case of African communities in Australia* [Doctoral dissertation, University of Tasmania]. University of Tasmania Open Access Repository. https://eprints.utas.edu.au/18659/

Hiruy, K., & Eversole, R. (2015). NGOs and African grassroots community organisations in Australia. *Third Sector Review*, *21*(1), 143-159.

Hocking, D. C., Kennedy, G. A., & Sundram, S. (2015). Mental disorders in asylum seekers: The role of the refugee determination process and employment. *The Journal of*

nervous and mental disease, *203*(1), 28-32. https://doi.org/10.1097/NMD.0000000000000230

Holvino, E. (2010). Intersections: The simultaneity of race, gender and class in organization studies. *Gender, Work & Organization*, *17*(3), 248-277. https://doi.org/10.1111/j.1468-0432.2008.00400.x

hooks, b. (1991). Essentialism and experience. *American Literary History*, *3*(1), 172-183. www.jstor.org/stable/489740

Horyniak, D., Higgs, P., Cogger, S., Dietze, P., & Bofu, T. (2016). Heavy alcohol consumption among marginalised African refugee young people in Melbourne, Australia: Motivations for drinking, experiences of alcohol-related problems and strategies for managing drinking. *Ethnicity and Health*, *21*(3), 284-299. https://doi.org/10.1080/13557858.2015.1061105

Horyniak, D., Higgs, P., Cogger, S., Dietze, P., Bofu, T., & Seid, G. (2014). Experiences of and attitudes toward injecting drug use among marginalized African migrant and refugee youth in Melbourne, Australia. *Journal of Ethnicity in Substance Abuse*, *13*(4), 405-429. https://doi.org/10.1080/15332640.2014.958639

Huber, M., Knottnerus, J. A., Green, L., Horst, H. v. d., Jadad, A. R., Kromhout, D., Leonard, B., Lorig, K., Loureiro, M. I., Meer, J. W. M. v. d., Schnabel, P., Smith, R., Weel, C. v., & Smid, H. (2011). How should we define health? *BMJ*, *343*(d4163). https://doi.org/10.1136/bmj.d4163

Hugo, G. (2006). Migration between Africa and Australia: Patterns, issues and implications. In C. Cross, D. Gelderblom, N. Roux, & J. Mafukidze (Eds.), *Views on migration in Sub-Saharan Africa* (pp. 74-102). HSRC Press.

Hugo, G. (2009). *Migration between Africa and Australia: A demographic perspective*. Australian Human Rights Commission. https://humanrights.gov.au/our-work/african-australians-project-migration-between-africa-and-australia-

demographic-perspective

Hung, C.-K. R. (2007). Immigrant nonprofit organizations in U.S. Metropolitan areas. *Nonprofit and Voluntary Sector Quarterly*, *36*(4), 707-729. https://doi.org/10.1177/0899764006298962

Hunting, G., & Hankivsky, O. (2020). Cautioning against the co-optation of intersectionality in gender mainstreaming. *Journal of International Development*, *32*(3), 430-436. https://doi.org/10.1002/jid.3462

Hunting, G., Grace, D., & Hankivsky, O. (2015). Taking action on stigma and discrimination: An intersectionality-informed model of social inclusion and exclusion. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, *4*(2), 101–125.

Huppatz, K., & Goodwin, S. (2013). Masculinised jobs, feminised jobs and men's 'gender capital' experiences: Understanding occupational segregation in Australia. *Journal of Sociology*, *49*(2-3), 291-308. https://doi.org/10.1177/1440783313481743

Ife, J. (2013). *Community development in an uncertain world*. Cambridge University Press.

Iliffe, S., & Manthorpe, J. (2004). The debate on ethnicity and dementia: From category fallacy to person-centred care? *Aging & Mental Health*, *8*(4), 283-292. https://doi.org/10.1080/13607860410001709656

Ingleby, D. (2012). Ethnicity, migration and the 'social determinants of health' agenda. *Psychosocial Intervention*, *21*(3), 331-341. https://doi.org/10.5093/in2012a29

Ingleby, D. (2019). Moving upstream: Changing policy scripts on migrant and ethnic minority health. *Health Policy*, *123*(9), 809-817. https://doi.org/10.1016/j.healthpol.2019.07.015

Irvine, W. B., Foley, M. W., & Hoge, D. R. (2007). *Religion and the new immigrants how faith communities form our newest citizens*. Oxford University Press.

Israel, B., Schulz, A., Parker, E., & Becker, A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, *19*(1), 173-202. https://doi.org/10.1146/annurev.publhealth.19.1.173

Issaka, A., Lamaro, G., & Renzaho, A. (2016). Sociocultural factors and perceptions associated with type 2 diabetes among sub-Saharan African migrants in Melbourne, Victoria. *Nutrition and Dietetics*, *73*(1), 28-35. https://doi.org/10.1111/1747-0080.12167

Jakubowicz, A. (2010). *Australia's migration policies: African dimensions*. Australian Human Rights Commission. https://humanrights.gov.au/our-work/african-australians-project-australias-migration-policies-african-dimensionsaustralias

Jentoft, N., & Olsen, T. S. (2017). Against the flow in data collection: How data triangulation combined with a 'slow' interview technique enriches data. *Qualitative Social Work*, *18*(2), 179-193. https://doi.org/10.1177/1473325017712581

Jetten, J., Haslam, C., Haslam, S. A., Dingle, G., & Jones, J. M. (2014). How groups affect our health and well-being: The path from theory to policy. *Social Issues and Policy Review*, *8*(1), 103-130. https://doi.org/10.1111/sipr.12003

Johnson, S. (2008). *Acknowledging the voices of families: Metadiscourse and linguistic identity of African American speakers of AAE.* [Doctoral dissertation, University of Georgia]. Athenaeum@UGA. http://hdl.handle.net/10724/24942

Johnston, C. (2017, April 21). New data shows African crime wave small, but rising. *The Age*. https://www.theage.com.au/national/victoria/new-data-shows-african-crime-wave-small-but-rising-20170420-gvols6.html

Jones, A., & May, J. (1992). *Working in human service organisations: A critical introduction*. Longman Cheshire.

Jootun, D., McGhee, G., & Marland, G. R. (2009). Reflexivity: Promoting rigour in qualitative research. *Nursing Standard*, *23*(23), 42-46.

https://doi.org/10.7748/ns2009.02.23.23.42.c6800

Jun, J. S., & Sherwood, F. P. (2006). *The social construction of public administration: Interpretive and critical perspectives*. State University of New York Press. http://ebookcentral.proquest.com/lib/acu/detail.action?docID=3407710

Kaijser, A., & Kronsell, A. (2014). Climate change through the lens of intersectionality. *Environmental Politics*, *23*(3), 417-433. https://doi.org/10.1080/09644016.2013.835203

Kapilashrami, A., & Hankivsky, O. (2018). Intersectionality and why it matters to global health. *The Lancet*, *391*(10140), 2589-2591. https://doi.org/10.1016/S0140-6736(18)31431-4

Kapilashrami, A., Hill, S., & Meer, N. (2015). What can health inequalities researchers learn from an intersectionality perspective? Understanding social dynamics with an inter-categorical approach. *Social Theory & Health*, *13*(3), 288-307. https://doi.org/10.1057/sth.2015.16

Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power relations in qualitative research. *Qualitative Health Research*, *19*(2), 279-289. https://doi.org/10.1177/1049732308329306

Karp, P. (2018, July 17). *Turnbull says there is 'real concern about Sudanese gangs' in Melbourne*. The Guardian. https://www.theguardian.com/australia-news/2018/jul/17/turnbull-says-there-is-real-concern-about-sudanese-gangs-in-melbourne

Keady-Tabbal, N., & Mann, I. (2020, May 22). *Tents at sea: How Greek officials use rescue equipment for illegal deportations*. Just Security. https://www.justsecurity.org/70309/tents-at-sea-how-greek-officials-use-rescue-equipment-for-illegal-deportations/

Kelaher, M., Williams, G., & Manderson, L. (1999). Towards evidence-based health

promotion and service provision for new migrants to Australia. *Ethnicity & Health*, *4*(4), 305-313. https://doi.org/10.1080/13557859998074

Kendall, F. (2012). *Understanding White privilege: Creating pathways to authentic relationships across race*. Routledge.

Kenny, S. (1997). Configurations of Community Welfare Organisations and associative democracy. *Third Sector Review*, *3*(1997), 41.

Khawaja, N. G., White, K. M., Schweitzer, R., & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees: A qualitative approach. *Transcultural Psychiatry*, *45*(3), 489-512. https://doi.org/10.1177/1363461508094678

Killedar, A., & Harris, P. (2017). Australia's refugee policies and their health impact: a review of the evidence and recommendations for the Australian government. *Australian and New Zealand Journal of Public Health*, *41*(4), 335-337.

King, G., Keohane, R. O., & Verba, S. (1994). *Designing social inquiry: Scientific inference in qualitative research*. Princeton University Press.

King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. Sage Publications Inc.

King, N., Horrocks, C., & Brooks, J. (2018). *Interviews in qualitative research*. Sage Publications Inc.

Knapp, G.-A. (2005). Race, class, gender: Reclaiming baggage in fast travelling theories. *European Journal of Women's Studies*, *12*(3), 249-265. https://doi.org/10.1177/1350506805054267

Koehn, S., Neysmith, S., Kobayashi, K., & Khamisa, H. (2012). Revealing the shape of knowledge using an intersectionality lens: Results of a scoping review on the health and health care of ethnocultural minority older adults. *Ageing and Society*, *33*(3), 437-464. https://doi.org/10.1017/S0144686X12000013

Koelsch, L. E. (2013). Reconceptualizing the member check interview. *International Journal of Qualitative Methods*, *12*(1), 168-179.

https://doi.org/10.1177/160940691301200105

Koerner, C., & Pillay, S. (2020). The (White) elephant in the room: Cultural identities and Indigenous sovereignty in Australia. In C. Koerner & S. Pillay (Eds.), *Governance and multiculturalism: The white elephant of social construction and cultural identities* (pp. 75-99). Springer International Publishing. https://doi.org/10.1007/978-3-030-23740-0_3

Kortmann, M. (2015). Asking those concerned: how Muslim migrant organisations define integration. A German-Dutch comparison. *Journal of International Migration and Integration*, *16*(4), 1057-1080.

Krieger, N. (2014). Discrimination and health inequities. *International Journal of Health Services*, *44*(4), 643-710. https://doi.org/10.2190/HS.44.4.b

Kuyini, A. B., & Kivunja, C. (2018). African refugee spouses' experience of resettlement in regional Australia: Disempowering and empowering narratives. *International Social Work*, *63*(4), 431-444. https://doi.org/10.1177/0020872818808352

Kvale, S. (2007). *Qualitative research kit: Doing interviews*. SAGE Publications Ltd.

Kwansah-Aidoo, K., & Mapedzahama, V. (2018). "There is really discrimination everywhere": Experiences and consequences of everyday racism among the new black African diaspora in Australia. *The Australasian Review of African Studies*, *39*(1), 81-109. https://doi.org/10.22160/22035184/ARAS-2018-39-1/81-109

Lambert, P. (2014). *A review of the availability, accessibility and uptake of HIV education and support service provision to sub-Saharan African migrants in metropolitan Melbourne, Australia* [Master of Philosophy dissertation, Stellenbosch University]. SUNscholar Research Repository. https://scholar.sun.ac.za/handle/10019.1/86552

Lapalme, J., Haines-Saah, R., & Frohlich, K. L. (2019). More than a buzzword: How intersectionality can advance social inequalities in health research. *Critical Public Health*, *30*(4), 302-313. https://doi.org/10.1080/09581596.2019.1584271

Larson, M. S. (1977). *The rise of professionalism: A sociological analysis*. University of California Press.

Lather, P. (1993). Fertile obsession: Validity after poststructuralism. *Sociological Quarterly*, *34*(4), 673-693. https://doi.org/10.1111/j.1533-8525.1993.tb00112.x

Latour, B. (1987). *Science in action: How to follow scientists and engineers through society*. Harvard University Press.

Lee, R. M. (2004). Recording technologies and the interview in sociology, 1920–2000. *Sociology*, *38*(5), 869-889. https://doi.org/10.1177/0038038504047177

Lemoh, C. N., Baho, S., Grierson, J., Hellard, M., Street, A., & Biggs, B.-A. (2010). African Australians living with HIV: A case series from Victoria. *Sexual Health*, *7*(2), 142-148. https://doi.org/10.1071/SH09120

Li, S. S., Liddell, B. J., & Nickerson, A. (2016). The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Current Psychiatry Reports*, *18*(9), 82-91. https://doi.org/10.1007/s11920-016-0723-0

Liamputtong, P. (2010). *Performing qualitative cross-cultural research*. Cambridge University Press. https://doi.org/10.1017/cbo9780511812705

Liamputtong, P. (2013). *Qualitative research methods*. Oxford University Press.

Lieberman, L., Golden, S. D., & Earp, J. A. L. (2013). Structural Approaches to Health Promotion: What Do We Need to Know About Policy and Environmental Change? *Health Education & Behavior*, *40*(5), 520-525. https://doi.org/10.1177/1090198113503342

Lincoln, Y. S. (1985). *Naturalistic inquiry*. Sage Publications.

Lincoln, Y. S., Lynham, & Guba, E. G. (2018). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed., pp. 97-128). Sage.

López, I. H. (2015). *Dog whistle politics: How coded racial appeals have reinvented*

racism and wrecked the middle class. Oxford University Press.

Lubman, D., McCann, T., Renzaho, A., Kyle, A., & Mugavin, J. (2014). *Bridging the gap: Educating family members from migrant communities about seeking help for depression, anxiety and substance misuse in young people*. Beyond Blue. https://www.beyondblue.org.au/about-us/research-projects/research-projects/enhancing-help-seeking-for-depression-anxiety-and-substance-misuse-among-young-migrants-from-culturally-and-linguistically-diverse-cald-backgrounds-by-empowering-family-members-to-be-facilitators-of-help-seeking

Lykke, N. (2011). Intersectional analysis: Black box or useful critical feminist thinking technology. In H. Lutz, M. T. Herrera Vivar, & L. Supik (Eds.), *Framing intersectionality: Debates on a multi-faceted concept in gender studies* (pp. 207-221). Ashgate. http://urn.kb.se/resolve?urn=urn:nbn:se:liu:diva-64202

Lyons, M., & Hocking, S. (2000). *Dimensions of Australia's third sector: Report of the Australian nonprofit data project*. Centre for Australian Community Organisations and Management, University of Sydney.

MacDonald, F. (2017). Positioning young refugees in Australia: Media discourse and social exclusion. *International Journal of Inclusive Education*, *21*(11), 1182-1195. https://doi.org/10.1080/13603116.2017.1350324

MacLachlan, J. H., Allard, N., Towell, V., & Cowie, B. C. (2013). The burden of chronic hepatitis B virus infection in Australia, 2011. *Australian and New Zealand Journal of Public Health, 37*(5), 416-422. https://doi.org/10.1111/1753-6405.12049

Maddison, S., & Denniss, R. (2005). Democratic constraint and embrace: Implications for progressive non-government advocacy organisations in Australia. *Australian Journal of Political Science*, *40*(3), 373-389. https://doi.org/10.1080/10361140500204025

Majavu, M. (2017). *Uncommodified Blackness: The African male experience in Australia*

and New Zealand. Springer.

Majavu, M. (2020). The 'African gangs' narrative: Associating Blackness with criminality and other anti-Black racist tropes in Australia. *African and Black Diaspora: An International Journal*, *13*(1), 27-39. https://doi.org/10.1080/17528631.2018.1541958

Majka, T., & Longazel, J. (2017). Becoming welcoming: Organizational xollaboration and immigrant integration in Dayton, Ohio. *Public Integrity, 19*(2), 151-163. https://doi.org/10.1080/10999922.2016.1256697

Malmusi, D., Borrell, C., & Benach, J. (2010). Migration-related health inequalities: Showing the complex interactions between gender, social class and place of origin. *Social Science & Medicine*, *71*(9), 1610-1619. https://doi.org/https://doi.org/10.1016/j.socscimed.2010.07.043

Mansouri, F., & Jenkins, L. (2010). Schools as sites of race relations and intercultural tension. *Australian Journal of Teacher Education*, *35*(7), 93-108. https://doi.org/10.14221/ajte.2010v35n7.8

Manton, E., Pennay, A., & Savic, M. (2014). Public drinking, social connection and social capital: A qualitative study. *Addiction Research & Theory*, *22*(3), 218-228. https://doi.org/10.3109/16066359.2013.812202

Mapedzahama, V., & Kwansah-Aidoo, K. (2017). Blackness as burden? The lived experience of Black Africans in Australia. *SAGE Open*, *7*(3), 1-13. https://doi.org/10.1177/2158244017720483

Marfelt, M. M. (2016). Grounded intersectionality: Key tensions, a methodological framework, and implications for diversity research. *Equality, Diversity and Inclusion: An International Journal*, *35*(1), 31-47. https://doi.org/10.1108/EDI-05-2014-0034

Mariñas, R. (2018). *Conscious citizenship: The political activism of the Filipino diaspora*

in Australia through the lens of Hannah Arendt [Doctoral dissertation, Monash University]. Bridges. https://bridges.monash.edu/articles/thesis/Conscious_Citizenship_The_Political_Activism_of_the_Filipino_Diaspora_in_Australia_Through_the_Lens_of_Hannah_Arendt/7459115

Marini, F. (2013). Immigrants and transnational engagement in the diaspora: Ghanaian associations in italy and the uk. *African and Black Diaspora: An International Journal*, *6*(2), 131-144. https://doi.org/10.1080/17528631.2013.793134

Marmot, M. (2016). *The health gap: The challenge of an unequal world*. Bloomsbury Press

Marmot, M. G., & Bell, R. (2009). Action on health disparities in the United States: Commission on social determinants of health. *JAMA*, *301*(11), 1169-1171. https://doi.org/10.1001/jama.2009.363

Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I. (2010). *Fair society, healthy lives: The Marmot review*. Institute of Health Equity. http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

Marmot, M., Friel, S., Bell, R., Houweling, T. A. J., & Taylor, S. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *The Lancet*, *372*(9650), 1661-1669. https://doi.org/10.1016/S0140-6736(08)61690-6

Marshall, C. (1990). Goodness criteria: Are they objective or judgement calls? In E. G. Guba (Ed.), *The paradigm dialog* (pp. 188-197). Sage Publications Inc. https://doi.org/10.2307/3340973

Mason, B., & Stayner, T. (2020, April 23). *Malcolm Turnbull regrets backing Peter Dutton over 'African gangs' comments*. SBS News. https://www.sbs.com.au/news/malcolm-turnbull-regrets-backing-peter-dutton-

over-african-gangs-comments

May, V. M. (2015). *Pursuing intersectionality, unsettling dominant imaginaries*. Routledge.

Mays, N., & Pope, C. (1995). Qualitative research: Observational methods in health care settings. *BMJ*, *311*(6998), 182-184. https://doi.org/10.1136/bmj.311.6998.182

Mays, N., & Pope, C. (2000). Assessing quality in qualitative research. *BMJ*, *320*(7226), 50-52. https://doi.org/10.1136/bmj.320.7226.50

McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of women in culture and society*, *30*(3), 1771-1800. https://doi.org/10.1086/426800

McMichael, C., & Manderson, L. (2004). Somali women and well-being: Social networks and social capital among immigrant women in Australia. *Human Organization*, *63*(1), 88-99.

McPhail-Bell, K., Fredericks, B., & Brough, M. (2013). Beyond the accolades: A postcolonial critique of the foundations of the Ottawa Charter. *Global Health Promotion, 20*(2), 22–29. https://doi.org/10.1177/1757975913490427

Mellor, D., Renzaho, A., Swinburn, B., Green, J., & Richardson, B. (2012). Aspects of parenting and family functioning associated with obesity in adolescent refugees and migrants from African backgrounds living in Australia. *Australian and New Zealand Journal of Public Health*, *36*(4), 317-324. https://doi.org/10.1111/j.1753-6405.2012.00894.x

Mero-Jaffe, I. (2011). 'Is that what I said?' Interview transcript approval by participants: An aspect of ethics in qualitative research. *International Journal of Qualitative Methods*, *10*(3), 231-247. https://doi.org/10.1177/160940691101000304

Merriam, S. B. (1998). *Qualitative research and case study applications in education* (Revised and expanded ed.). Jossey-Bass.

Michalopoulos, S., & Papaioannou, E. (2016). The long-run effects of the scramble for

Africa. *American Economic Review*, *106*(7), 1802-1848. https://doi.org/10.1257/aer.20131311

Miller, N. (2015, 20 November). UN human rights review: Countries line up to criticise Australia for its treatment of asylum seekers. *Sydney Morning Herald*. http://www.smh.com.au/federal-politics/political-news/un-human-rights-review-countries-line-up-to-criticise-australia-for-its-treatment-of-asylum-seekers-20151109-gkusj4.html

Mills, A., Durepos, G., & Wiebe, E. (2010). *Encyclopedia of case study research* (Vol. 1-10). Sage Publications Inc. https://doi.org/10.4135/9781412957397

Minkler, M. (2012). *Community organizing and community building for health and welfare*. Rutgers University Press.

Minkler, M., & Wallerstein, N. (2008). *Community-based participatory research for health: From process to outcomes* (M. Minkler & N. Wallerstein, Eds. 2nd ed.). John Wiley & Sons.

Minkler, M., & Wallerstein, N. (2011). *Community-based participatory research for health: From process to outcomes*. John Wiley & Sons.

Mohanty, C. T. (2013). Transnational feminist crossings: On neoliberalism and radical critique. *Signs: Journal of women in culture and society*, *38*(4), 967-991. https://doi.org/10.1086/669576

Morales, L., & Jorba, L. (2010). Transnational links and practices of migrants' organisations in Spain. In R. Bauböck & T. Faist (Eds.), *Diaspora and transnationalism: Concepts, theories and methods* (pp. 267-293). Amsterdam University Press.

Moreton-Robinson, A. (2015). *The White possessive: Property, power, and Indigenous sovereignty*. University of Minnesota Press.

Moya, J. C. (2005). Immigrants and associations: A global and historical perspective.

Journal of Ethnic and Migration Studies, *31*(5), 833-864. https://doi.org/10.1080/13691830500178147

Muchoki, S. (2016). *Intimacies, citizenship and refugee men*. Springer.

Murithi, T. (2017). *The African Union: Pan-Africanism, peacebuilding and development*. Routledge.

Murray, L., Windsor, C., Parker, E., & Tewfik, O. (2010). The experiences of African women giving birth in Brisbane, Australia. *Health Care for Women International*, *31*(5), 458-472. https://doi.org/10.1080/07399330903548928

Musante, K., & DeWalt, B. R. (2010). *Participant observation: A guide for fieldworkers*. Rowman Altamira.

Mwanri, L., Hiruy, K., & Masika, J. (2012). Empowerment as a tool for a healthy resettlement: A case of new African settlers in South Australia. *International Journal of Migration, Health and Social Care*, *8*(2), 86-97. https://doi.org/10.1108/17479891211250021

Nair, R., & Vollhardt, J. R. (in press). Intersectionality and Relations between Oppressed Groups: Intergroup Implications of Beliefs about Intersectional Differences and Commonalities. *Journal of Social Issues*.

National Health and Medical Research Council. (2006). *Cultural competency in health: A guide for policy, partnerships and participation*. https://www.nhmrc.gov.au/about-us/publications/cultural-competency-health

National Museum of Australia. (n.d.). *White Australia policy*. National Museum of Australia. Retrieved on 8 October 2020 from https://www.nma.gov.au/defining-moments/resources/white-australia-policy

Newman, L., Baum, F., & Harris, E. (2006). Federal, State and Territory government responses to health inequities and the social determinants of health in Australia. *Health Promotion Journal of Australia*, *17*(3), 217-225.

https://doi.org/10.1071/HE06217

Newman, L., Baum, F., Javanparast, S., O'Rourke, K., & Carlon, L. (2015). Addressing social determinants of health inequities through settings: A rapid review. *Health Promotion International*, *30*(S2), ii126-ii143. https://doi.org/10.1093/heapro/dav054

Ngum Chi Watts, M. C., McMichael, C., & Liamputtong, P. (2015). Factors influencing contraception awareness and use: The experiences of young African Australian mothers. *Journal of Refugee Studies*, *28*(3), 368-387. https://doi.org/10.1093/jrs/feu040

Nolan, D., Burgin, A., Farquharson, K., & Marjoribanks, T. (2016). Media and the politics of belonging: Sudanese Australians, letters to the editor and the new integrationism. *Patterns of Prejudice*, *50*(3), 253-275. https://doi.org/10.1080/0031322X.2016.1207925

Nordstrom, S. N. (2015). Not so innocent anymore: Making recording devices matter in qualitative interviews. *Qualitative Inquiry*, *21*(4), 388-401. https://doi.org/10.1177/1077800414563804

Nyagua, J. Q., & Harris, A. J. (2008). West African refugee health in rural Australia: Complex cultural factors that influence mental health. *Rural and remote health*, *8*(884), 1-9.

Obrien, N., Saleeba, E., Gabb, L., Deng, E., & Clark, C. (2016). Be a brother: Insights from an innovative, health promotion project to reduce alcohol consumption in young African-Australian men. Retrieved on 8 October 2020 from https://na.eventscloud.com/file_uploads/f1bd4dd0f38bc23bb9746ca4c2ab8257_130_EmmaSaleeba.pdf

Ogunsiji, O., Wilkes, L., Jackson, D., & Peters, K. (2012). Beginning again: West African women's experiences of being migrants in Australia. *Journal of Transcultural*

Nursing, *23*(3), 279-286. https://doi.org/10.1177/1043659612441018

Okai, B. C. (1995). *The role of ethnic community organisations in promoting social integration of African immigrants in Australia* [Doctoral thesis, University of Melbourne]. Minerva Access. http://hdl.handle.net/11343/36428

Oliver, M. N., Wells, K. M., Joy-Gaba, J. A., Hawkins, C. B., & Nosek, B. A. (2014). Do physicians' implicit views of african americans affect clinical decision making? *The Journal of the American Board of Family Medicine*, *27*(2), 177-188. https://doi.org/10.3122/jabfm.2014.02.120314

Onyx, J., McLeod, K., Suhood, T., & Ramzan, A. (2017). Neoliberalism, complexity theory and the third sector: A discussion paper. *Third Sector Review*, *23*(2), 39.

Orbuch, T. L. (1997). People's accounts count: The sociology of accounts. *Annual Review of Sociology*, *23*(1), 455-478. https://doi.org/10.1146/annurev.soc.23.1.455

Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS), & VicHealth. (2015). *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*. https://www.ourwatch.org.au/resource/change-the-story-a-shared-framework-for-the-primary-prevention-of-violence-against-women-and-their-children-in-australia

Overstreet, N. M., Rosenthal, L., & Case, K. A. (in press). Intersectionality as a radical framework for re-envisioning our disciplines, social issues, and the world. *Journal of Social Issues*.

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS ONE*, *10*(9), e0138511.

Paradies, Y., Chandrakumar, L., Klocker, N., Frere, M., Webster, K., Burrell, M., & McLean, P. (2009). *Building on our strengths: A framework to reduce race-based*

discrimination and support diversity in Victoria: Full report. Victorian Health Promotion Foundation, Melbourne. https://www.vichealth.vic.gov.au/-/media/ProgramsandProjects/Publications/Attachments/Building-on-our-strengths---full-report-v2.pdf?la=en&hash=26A61987C308D2D27F97FD227FC74F48879AA914

Pastor, M., Terriquez, V., & Lin, M. (2018). How community organizing promotes health equity, and how health equity affects organizing. *Health affairs*, *37*(3), 358-363.

Patton, M. Q. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4th ed.). Sage Publications Inc.

Patulny, R. (2015). A Spectrum of Integration: Examining Combinations of Bonding and Bridging Social Capital and Network Heterogeneity among Australian Refugee and Skilled Migrants. In L. Ryan, U. Erel, & A. D'Angelo (Eds.), *Migrant Capital: Networks, Identities and Strategies* (pp. 207-229). Palgrave Macmillan UK. https://doi.org/10.1057/9781137348807_13

Peace, A. (2001). Australian settler society: Sociocultural aspects. In N. J. Smelser & P. B. Baltes (Eds.), *International encyclopedia of the social & behavioral sciences* (pp. 960-963). Pergamon. https://doi.org/10.1016/B0-08-043076-7/00808-1

People's Health Movement. (2000). *People's Charter for Health*. https://phmovement.org/wp-content/uploads/2018/06/phm-pch-english.pdf

Perryman, J. (2011). The return of the native: The blurred boundaries of insider/outsider research in an English secondary school. *International Journal of Qualitative Studies in Education*, *24*(7), 857-874. https://doi.org/10.1080/09518398.2010.529842

Pessoa, A. S. G., Harper, E., Santos, I. S., & Gracino, M. C. d. S. (2019). Using reflexive interviewing to foster deep understanding of research participants' perspectives. *International Journal of Qualitative Methods*, *18*, 1-9.

https://doi.org/10.1177/1609406918825026

Peterson, E. R., & Barron, K. A. (2007). How to get focus groups talking: New ideas that will stick. *International Journal of Qualitative Methods*, *6*(3), 140-144. https://doi.org/10.1177/160940690700600303

Peucker, M. (2017). Muslim community organisations as agents of social inclusion, cohesion and active citizenship? In M. Peucker & R. Ceylan (Eds.), *Muslim Community Organizations in the West: History, Developments and Future Perspectives* (pp. 35-57). Springer Fachmedien Wiesbaden. https://doi.org/10.1007/978-3-658-13889-9_3

Phillips, M. (2011). Convenient labels, inaccurate representations: Turning Southern Sudanese refugees into'African-Australians'. *The Australasian Review of African Studies*, *32*(2), 57-79.

Pirkkalainen, P., Mezzetti, P., & Guglielmo, M. (2013). Somali associations' trajectories in Italy and Finland: Leaders building trust and finding legitimisation. *Journal of Ethnic and Migration Studies*, *39*(8), 1261-1279. https://doi.org/10.1080/1369183X.2013.778146

Poljski, C., Quiazon, R., & Tran, C. (2014). Ensuring rights: Improving access to sexual and reproductive health services for female international students in Australia. *Journal of International Students*, *4*(2), 150-163. https://www.ojed.org/index.php/jis/article/view/475

Popay, J. (2010). Understanding and tackling social exclusion. *Journal of Research in Nursing*, *15*(4), 295-297. https://doi.org/10.1177/1744987110370529

Popay, J., Escorel, S., Hernández, M., Johnston, H., Mathieson, J., & Rispel, L. (2008). *Understanding and tackling social exclusion*. Social Exclusion Knowledge Network. https://www.who.int/social_determinants/knowledge_networks/final_reports/se

kn_final%20report_042008.pdf?ua=1

Posselt, M., Procter, N., de Crespigny, C., & Galletly, C. (2015). Merging perspectives: Obstacles to recovery for youth from refugee backgrounds with comorbidity. *Australasian Psychiatry*, *23*(3), 293-299. https://doi.org/10.1177/1039856215584512

Powell, J. A., & Menendian, S. (2016). The problem of othering: Towards inclusiveness and belonging. *Othering and Belonging,* (1), 14-39.

Poynting, S., & Mason, V. (2008). The new integrationism, the State and Islamophobia: Retreat from multiculturalism in Australia. *International Journal of Law, Crime and Justice*, *36*(4), 230-246. https://doi.org/10.1016/j.ijlcj.2008.08.001

Premji, S., & Shakya, Y. (2017). Pathways between under/unemployment and health among racialised immigrant women in Toronto. *Ethnicity & Health*, *22*(1), 17-35, https://doi.org/10.1080/13557858.2016.1180347

Priest, N., Paradies, Y., Trenerry, B., Truong, M., Karlsen, S., & Kelly, Y. (2013). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. *Social Science & Medicine*, *95*, 115-127. https://doi.org/10.1016/j.socscimed.2012.11.031

Priest, N., Truong, M., Chong, S., Paradies, Y., King, T. L., Kavanagh, A., Olds, T., Craig, J. M., & Burgner, D. (2020). Experiences of racial discrimination and cardiometabolic risk among Australian children. *Brain, Behavior, and Immunity*, *87*, 660-675. https://doi.org/10.1016/j.bbi.2020.02.012

Prout Quicke, S. (2020, July 20). *Are Africans in Australia a diaspora?* [Video]. YouTube. https://www.youtube.com/watch?v=T4IglAM15FY

Puvimanasinghe, T., Denson, L. A., Augoustinos, M., & Somasundaram, D. (2014). "Giving back to society what society gave us": Altruism, coping, and meaning making by two refugee communities in South Australia. *Australian Psychologist*, *49*(5), 313-

321. https://doi.org/10.1111/ap.12065

Pybus, C. (2006). *Black founders: The unknown story of Australia's first black settlers*. UNSW Press.

Rapley, T. (2004). Interviews. In: C. Seale, G. Gobo, & D. Silverman (Eds.), *Qualitative research practice* (pp. 16-34). SAGE Publications Ltd.

Read, P. (1998). The return of the stolen generation. *Journal of Australian Studies*, *22*(59), 8-19. https://doi.org/10.1080/14443059809387421

Reason, M. (2009). *Moomba festival*. Museums Victoria Collections. https://collections.museumsvictoria.com.au/articles/2871

Reeves, S., Kuper, A., & Hodges, B. D. (2008). Qualitative research methodologies: Ethnography. *BMJ*, *337*(a1020). https://doi.org/10.1136/bmj.a1020

Renzaho, A. (2008). Re-visioning cultural competence in community health services in Victoria. *Australian Health Review*, *32*(2), 223-235. https://doi.org/10.1071/AH080223

Renzaho, A. M. N., & Burns, C. (2006). Post-migration food habits of sub-Saharan African migrants in Victoria: A cross-sectional study. *Nutrition and Dietetics*, *63*(2), 91-102. https://doi.org/10.1111/j.1747-0080.2006.00055.x

Renzaho, A. M. N., Green, J., Mellor, D., & Swinburn, B. (2011). Parenting, family functioning and lifestyle in a new culture: The case of African migrants in Melbourne, Victoria, Australia. *Child and Family Social Work*, *16*(2), 228-240. https://doi.org/10.1111/j.1365-2206.2010.00736.x

Renzaho, A. M. N., McCabe, M., & Sainsbury, W. J. (2011). Parenting, role reversals and the preservation of cultural values among Arabic speaking migrant families in Melbourne, Australia. *International Journal of Intercultural Relations*, *35*(4), 416-424. https://doi.org/10.1016/j.ijintrel.2010.09.001

Renzaho, A. M. N., McCabe, M., & Swinburn, B. (2012). Intergenerational differences in

food, physical activity, and body size perceptions among African migrants. *Qualitative Health Research*, *22*(6), 740-754. https://doi.org/10.1177/1049732311425051

Renzaho, A., Dhingra, N., & Georgeou, N. (2017). Youth as contested sites of culture: The intergenerational acculturation gap amongst new migrant communities--parental and young adult perspectives. *PLoS ONE*, *12*(2), 1-19. https://doi.org/10.1371/journal.pone.0170700

Renzaho, A., Halliday, J. A., Mellor, D., & Green, J. (2015). The healthy migrant families initiative: Development of a culturally competent obesity prevention intervention for African migrants. *BMC Public Health*, *15*(1), 1-11. https://doi.org/10.1186/s12889-015-1628-2

Renzaho, A., Polonsky, M., Mellor, D., & Cyril, S. (2015). Addressing migration-related social and health inequalities in Australia: Call for research funding priorities to recognise the needs of migrant populations. *Australian Health Review*, *40*(1), 3-10. https://doi.org/10.1071/AH14132

Rice, B. (2013). Foundational oppression: Families and schools. In J. H. D. Cornelius-White, R. Motschnig-Pitrik, & M. Lux (Eds.), Interdisciplinary applications of the person-centered approach (pp. 141-144). Springer New York. https://doi.org/10.1007/978-1-4614-7144-8_13

Robertson, S. (2008). *Negotiated transnationality: Memberships, mobilities and the student-turned-migrant experience* [Doctoral dissertation, Royal Melbourne Institute of Technology]. RMIT Research Repository. https://researchbank.rmit.edu.au/view/rmit:6794

Robertson, S. (2011). Cash cows, backdoor migrants, or activist citizens? International students, citizenship, and rights in Australia. *Ethnic and Racial Studies*, *34*(12), 2192-2211. https://doi.org/10.1080/01419870.2011.558590

Robertson, S. (2019). Status-making: Rethinking migrant categorization. *Journal of Sociology*, *55*(2), 219-233. https://doi.org/10.1177/1440783318791761

Robertson, S., & Runganaikaloo, A. (2014). Lives in limbo: Migration experiences in Australia's education–migration nexus. *Ethnicities*, *14*(2), 208-226. https://doi.org/10.1177/1468796813504552

Robinson, D., & Reeve, K. (2006). *The experiences and consequences of new immigration at the neighbourhood level: Reflections from the evidence base*. Joseph Rowntree Foundation. https://www.jrf.org.uk/report/experiences-new-immigration-neighbourhood-level

Rodriguez, J. K., Holvino, E., Fletcher, J. K., & Nkomo, S. M. (2016). The theory and praxis of intersectionality in work and organisations: Where do we go from here?. *Gender, Work & Organization*, *23*(3), 201-222. https://doi.org/10.1111/gwao.12131

Ronen, S., & Shenkar, O. (2013). Mapping world cultures: Cluster formation, sources and implications. *Journal of International Business Studies*, *44*(9), 867-897. https://doi.org/10.1057/jibs.2013.42

Ryan, B., & Stayner, G. (2018, January 9). *African gangs in Melbourne are a problem, police admit, as Victorian Government defends strategy*. ABC news. https://www.abc.net.au/news/2018-01-02/street-gangs-are-a-problem-in-melbourne-police-admit/9297984

Saldana, J. (2009). *Coding manual for qualitative researchers*. Sage Publications. http://ebookcentral.proquest.com/lib/acu/detail.action?docID=585421

Sanggaran, J. P., Haire, B., & Zion, D. (2016). The health care consequences of Australian immigration policies. *PLoS Medicine*, *13*(2), 1-7. https://doi.org/10.1371/journal.pmed.1001960

Sanjek, R. (1990). The secret life of fieldnotes. In R. Sanjek (Ed.), *Fieldnotes: The makings of anthropology* (pp. 187-270). Cornell University Press.

Sardinha, J. (2009). *Immigrant associations, integration and identity: Angolan, Brazilian and Eastern European communities in Portugal*. Amsterdam University Press. https://doi.org/10.5117/9789089640369

Sardinha, J. (2013). Immigrant associations as political and institutional partners in Portugal. In D. Halm & Z. Sezgin (Eds.), *Migration and organized civil society: Rethinking national policy*, (pp. 195-211). Taylor & Francis Group.

Sassen-Koob, S. (1979). Formal and informal associations: Dominicans and Colombians in New York. *International Migration Review*, *13*(2), 314-332. https://doi.org/10.1177/019791837901300209

Savic, M., Chur-Hansen, A., Mahmood, M. A., & Moore, V. M. (2016). 'We don't have to go and see a special person to solve this problem': Trauma, mental health beliefs and processes for addressing 'mental health issues' among Sudanese refugees in Australia. *International Journal of Social Psychiatry*, *62*(1), 76-83. https://doi.org/10.1177/0020764015595664

Scaramuzzino, R. (2012). *Equal opportunities? A cross-national comparison of immigrant organisations in Sweden and Italy* [Doctoral thesis, Malmö University]. Malmö University Electronic Publishing. http://hdl.handle.net/2043/14210

Schmitt, M. T., Spears, R., & Branscombe, N. R. (2003). Constructing a minority group identity out of shared rejection: the case of international students. *European Journal of Social Psychology*, *33*(1), 1-12. https://doi.org/10.1002/ejsp.131

Schrover, M., & Vermeulen, F. (2005). Immigrant organisations. *Journal of Ethnic and Migration Studies*, *31*(5), 823-832. https://doi.org/10.1080/13691830500177792

Schulz A. J. & Mullings L. E. (2006). Intersectionality and health: An introduction. In A. J. Schulz & L. E. Mullings (Eds.), *Gender, race, class, & health: Intersectional approaches* (pp. 3-17). Jossey-Bass.

Schutt, R. K. (2006). *Investigating the social world: The process and practice of research* (5th ed.). SAGE Publications, Inc.

Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: A narrative account. *Australian and New Zealand Journal of Psychiatry*, *41*(3), 282-288. https://doi.org/10.1080/00048670601172780

Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry*, *40*(2), 179-187. https://doi.org/10.1080/j.1440-1614.2006.01766.x

Scuglik, D. L., Alarcón, R. D., Lapeyre, A. C., Williams, M. D., & Logan, K. M. (2007). When the poetry no longer rhymes: Mental health issues among Somali immigrants in the USA. *Transcultural Psychiatry*, *44*(4), 581-595. https://doi.org/10.1177/1363461507083899

Sheikh-Mohammed, M., MacIntyre, C. R., Wood, N. J., Leask, J., & Isaacs, D. (2006). Barriers to access to health care for newly resettled sub-Saharan refugees in Australia. *Medical Journal of Australia*, *185*(11), 594-597. https://doi.org/10.5694/j.1326-5377.2006.tb00721.x

Sherwood, J. (2013). Colonisation – It's bad for your health: The context of Aboriginal health. *Contemporary Nurse*, *46*(1), 28-40. https://doi.org/10.5172/conu.2013.46.1.28

Shields, S. A., & Dicicco, E. C. (2017). Intersectionality. In B. S. Turner (Ed.), *The Wiley-Blackwell Encyclopedia of Social Theory* (pp. 1-4). https://doi.org/10.1002/9781118430873.est0188

Sidhu, R. K., & Taylor, S. (2009). The trials and tribulations of partnerships in refugee settlement services in Australia. *Journal of Education Policy*, *24*(6), 655-672. https://doi.org/10.1080/02680930802669326

Silverman, D. (2014). *Interpreting qualitative data* (K. Metzler, Ed. 5th ed.). Sage Publications Ltd.

Silverman, D. (2016). *Qualitative research*. Sage.

Silverman, D. (2017). *David Silverman discusses qualitative research* [Video]. SAGE Publications Ltd. https://doi.org/10.4135/9781473992771

Simons, H. (2009). *Case study research in practice*. SAGE.

Smethurst, A. (2017, March 1). Racist ban in class. *Herald Sun*. https://search.proquest.com/docview/1872599373?accountid=8194

Smith, J. K. (1984). The problem of criteria for judging interpretive inquiry. *Educational Evaluation and Policy Analysis*, *6*(4), 379-391. https://doi.org/10.3102/01623737006004379

Smithies, J., & Webster, G. (2018). *Community involvement in health: From passive recipients to active participants*. Routledge.

Song, L. (2013). Social Capital and Health. In W. C. Cockerham (Ed.), *Medical Sociology on the Move: New Directions in Theory* (pp. 233-257). Springer Netherlands. https://doi.org/10.1007/978-94-007-6193-3_12

Soyer, D. (2001). Class conscious workers as immigrant entrepreneurs: The ambiguity of class among Eastern European Jewish immigrants to the United States at the turn of the twentieth century. *Labor History*, *42*(1), 45-59. https://doi.org/10.1080/00236560124735

Soylu Yalcinkaya, N., Estrada-Villalta, S., & Adams, G. (2017). The (Biological or Cultural) Essence of Essentialism: Implications for Policy Support among Dominant and Subordinated Groups. *Frontiers in Psychology*, *8*, 1-10. https://doi.org/10.3389/fpsyg.2017.00900

Spectrum. (n.d.). *About*. Spectrum. Retrieved July 9 from https://spectrumvic.org.au/about/

Spence, L. K. (2012). The neoliberal turn in black politics. *Souls*, *14*(3-4), 139-159. https://doi.org/10.1080/10999949.2012.763682

Spencer, S. (2006). *Social integration of migrants in Europe: A review of the European literature 2000 – 2006*. Centre on Migration Policy and Society, Oxford University. https://www.compas.ox.ac.uk/wp-content/uploads/ER-2006-Integration_Europe_Literature_Review_OECD.pdf

Spivak, G. (2013). *The Spivak reader: Selected works of Gayati Chakravorty Spivak*. Routledge. https://books.google.com.au/books?hl=en&lr=&id=Id2NAQAAQBAJ&oi=fnd&pg=PP1&ots=KyYlUiZjqe&sig=ylT8omvPfZZIlyRRxHm-cH2T_NQ&redir_esc=y#v=onepage&q=strategic%20essentialism&f=false

Stafford, A., & Wood, L. (2017). Tackling health disparities for people who are homeless? Start with social determinants. *International Journal of Environmental Research and Public Health*, *14*(12), 1-12. https://doi.org/10.3390/ijerph14121535

Stake, R. E. (1995). *The art of case study research*. Sage Publications.

Stasiulis, D., Jinnah, Z., & Rutherford, B. (2020). Migration, intersectionality and social justice. *Studies in Social Justice*, *14*(1), 1-12. https://doi.org/10.26522/ssj.v2020i14.2445

Staudt, M. (2011). Practitioner biases and child service use disparities: Implications for social work education. *Journal of Teaching in Social Work*, *31*(2), 145-162. https://doi.org/10.1080/08841233.2011.562108

Steinbugler, A. C., Press, J. E., & Dias, J. J. (2006). Gender, race, and affirmative action: Operationalizing intersectionality in survey research. *Gender & Society*, *20*(6), 805-825. https://doi.org/10.1177/0891243206293299

Styhre, A., & Eriksson-Zetterquist, U. (2008). Thinking the multiple in gender and diversity studies: Examining the concept of intersectionality. *Gender in*

Management: An International Journal, *23*(8), 567-582. https://doi.org/10.1108/17542410810912690

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, *62*(4), 271-286. https://doi.org/10.1037/0003-066X.62.4.271

Sundram, S., & Ventevogel, P. (2017). The mental health of refugees and asylum seekers on Manus Island. *The Lancet*, *390*(10112), 2534-2536. https://doi.org/10.1016/S0140-6736(17)33051-9

Sykes, R. B. (1989). *Black majority*. Hudson Publishing.

Takle, M. (2015). Institutional design and political representation: The council of immigrant organisations in Oslo. *Journal of International Migration and Integration*, *16*(4), 1195-1211. https://doi.org/10.1007/s12134-014-0375-z

Tatli, A., & Özbilgin, M. F. (2012). An emic approach to intersectional study of diversity at work: A Bourdieuan framing. *International Journal of Management Reviews*, *14*(2), 180-200. https://doi.org/10.1111/j.1468-2370.2011.00326.x

Terrana, S. E., & Wells, R. (2017). Financial struggles of a small community-based organization: A teaching case of the capacity paradox. *Human Service Organizations: Management, Leadership & Governance*, *42*(12), 105-111. https://doi.org/10.1080/23303131.2017.1405692

Thabede, D. (2014). The African worldview as the basis of practice in the helping professions. *Social Work*, *44*(3), 233-245. https://doi.org/10.15270/44-3-237

The Centre for Culture Ethnicity and Health. (2020). *Cultural considerations in health assessment*. https://www.ceh.org.au/resource-hub/cultural-considerations-in-health-assessment-tip-sheet/

The Combahee River Collective. (1983). The Combahee river collective statement. In B.

Smith (Ed.), *Home girls: A Black feminist anthology* (pp. 264-274). Rutgers University Press. https://hdl-handle-net.ezproxy1.acu.edu.au/2027/heb.30514

The World Bank. (2016). *Sub-Saharan Africa*. http://data.worldbank.org/region/sub-saharan-africa

Thomas, D. R. (2017). Feedback from research participants: Are member checks useful in qualitative research? *Qualitative Research in Psychology*, *14*(1), 23-41. https://doi.org/10.1080/14780887.2016.1219435

Thomas, D. R. (2017). Feedback from research participants: Are member checks useful in qualitative research? *Qualitative Research in Psychology*, *14*(1), 23-41. https://doi.org/10.1080/14780887.2016.1219435

Thompkins, C. N., Sheard, L., and & Neale, J. (2008). Methodological reflections on closing qualitative interviews with women drug users. *Methodological Innovations Online*, *2*(3), 18-29. https://doi.org/10.4256/mio.2008.0003

Thompson, S. R., Watson, M. C., & Tilford, S. (2018). The Ottawa Charter 30 years on: Still an important standard for health promotion. *International Journal of Health Promotion and Education, 56*(2), 73-84. https://doi.org/10.1080/14635240.2017.1415765

Tilbury, F. (2007). "I feel I am a bird without wings": Discourses of sadness and loss among East Africans in Western Australia. *Identities*, *14*(4), 433-458. https://doi.org/10.1080/10702890701578464

Ting, L., & Panchanadeswaran, S. (2009). Barriers to help-seeking among immigrant African women survivors of partner abuse: Listening to women's own voices. *Journal of Aggression, Maltreatment & Trauma*, *18*(8), 817-838.

Tiong, A. C. D., Patel, M. S., Gardiner, J., Ryan, R., Linton, K. S., Walker, K. A., Scopel, J., & Biggs, B. A. (2006). Health issues in newly arrived Afican refugees attending general practice clinics in Melbourne. *Medical Journal of Australia*, *185*(11-12),

602-606. https://doi.org/10.5694/j.1326-5377.2006.tb00724.x

Tomlinson, B. (2013). To tell the truth and not get trapped: Desire, distance, and intersectionality at the scene of argument. *Signs: Journal of women in culture and society*, *38*(4), 993-1017. https://doi.org/10.1086/669571

Trahan, A. (2011). Qualitative research and intersectionality. *Critical Criminology*, *19*(1), 1-14. https://doi.org/10.1007/s10612-010-9101-0

Triandafilidis, Z., Ussher, J. M., Perz, J., & Huppatz, K. (2016). An intersectional analysis of women's experiences of smoking-related stigma. *Qualitative Health Research*, *27*(10), 1445-1460. https://doi.org/10.1177/1049732316672645

Trimble, J., & Mohatt, G. (2006). Coda: The virtuous and responsible researcher in another culture. In J. Trimble & C. Fisher (Eds.), *The handbook of ethical research with ethnocultural populations & communities*. SAGE Publications, Inc. https://doi.org/10.4135/9781412986168

Trnka, S., & Trundle, C. (2014). Competing responsibilities: Moving beyond neoliberal responsibilisation. *Anthropological Forum*, *24*(2), 136-153. https://doi.org/10.1080/00664677.2013.879051

Turnbull, M., & Stokes, H. (2011). *Evaluation of the Brimbank young men's project*. Centre for Multicultural Youth. https://www.voced.edu.au/content/ngv%3A46698

United Nations. (2020). *How many African countries are members of the United Nations?* https://ask.un.org/faq/22882

Van Dam, S., & Raeymaeckers, P. (2017). Migrants in the periphery: Migrant organisations and their networks. *European Journal of Social Work*, *20*(6), 921-934. https://doi.org/10.1080/13691457.2016.1202810

Van Doorslaer, E., Clarke, P., Savage, E., & Hall, J. (2008). Horizontal inequities in Australia's mixed public/private health care system. *Health Policy*, *86*(1), 97-108. https://doi.org/10.1016/j.healthpol.2007.09.018

Vermeulen, F. (2005). Organisational patterns: Surinamese and Turkish associations in Amsterdam, 1960–1990. *Journal of Ethnic and Migration Studies*, *31*(5), 951-973. https://doi.org/10.1080/13691830500177859

Vermeulen, F., & Keskiner, E. (2017). Bonding or bridging? Professional network organizations of second-generation Turks in the Netherlands and France. *Ethnic and Racial Studies*, *40*(2), 301-320. https://doi.org/10.1080/01419870.2017.1245429

Victorian Multicultural Commission. (2009). All of us: Victoria's multicultural policy. https://multicultural.vic.gov.au/images/stories/pdf/MulticulturalPolicy09-res.pdf

Viruell-Fuentes, E. A. (2011). "It's a lot of work": Racialization processes, ethnic identity formations, and their health implications. *Du Bois review: social science research on race*, *8*(1), 37-52. https://doi.org/10.1017/S1742058X11000117

Viruell-Fuentes, E. A., et al. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. *Social Science & Medicine, 75*(12), 2099-2106. http://doi.org/10.1016/j.socscimed.2011.12.037

Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. *Social Science & Medicine*, *75*(12), 2099-2106. https://doi.org/10.1016/j.socscimed.2011.12.037

Vogel, D., & Triandafyllidou, A. (2005). *Civic activation of immigrants - An introduction to conceptual and theoretical issues* (University of Oldenburg). POLITIS-Working paper No. 1/2005, http://www.politis-europe.uni-oldenburg.de/download/WP1_POLITIS_VogelTriandafyllidou_2005.pdf

Vogel, D., & von Ossietzky, C. (2005). *Building Europe with new citizens? An inquiry into the civic participation of naturalized citizens and foreign residents in 25 countries*. European Commission. https://www.lu.lv/materiali/biblioteka/es/pilnieteksti/nodarbinatiba/Building%2

0Europe%20with%20new%20citizens.pdf

Voicu, M., & Rusu, I. A. (2012). Immigrants' membership in civic associations: Why are some immigrants more active than others? *International Sociology*, *27*(6), 788-806. https://doi.org/10.1177/0268580912452172

Wahlquist, C. (2017). *School will allow black students to keep hair braids after 'ban' furore*. The Guardian. https://www.theguardian.com/australia-news/2017/mar/31/melbourne-school-allows-black-students-to-keep-braids-after-furore

Wallace, J., & Pease, B. (2011). Neoliberalism and Australian social work: Accommodation or resistance? *Journal of Social Work*, *11*(2), 132-142. https://doi.org/10.1177/1468017310387318

Wallack, L. (2019). Building a social justice narrative for public health. *Health Education & Behavior*, *46*(6), 901-904. https://doi.org/10.1177/1090198119867123

Walter, M. M., & Baltra-Ulloa, A. J. (2019). Australian social work is white. In B. Bennett & S. Green (Eds.), *Our voices: Aboriginal social work* (pp. 65-85). Springer Nature Ltd.

Wang, L. (2017). Ethnic/Immigrant Associations and Minorities'/Immigrants' Voluntary Participation. *Voluntaristics Review*, *2*(4), 1-95.

Watts, N. C., Mimmie, C., Liamputtong, P., & Carolan, M. (2014). Contraception knowledge and attitudes: Truths and myths among African Australian teenage mothers in greater melbourne, australia. *Journal of Clinical Nursing*, *23*(15-16), 2131-2141.

Weber, L. (2006). Reconstructing the lanscape of health disparities research. In A. J. Schulz & L. E. Mullings (Eds.), *Gender, race, class, & health: Intersectional approaches*. Jossey-Bass. https://doi.org/10.1177/0891243206297800

Weber, L., & Parra-Medina, D. (2003). Intersectionality and women's health: Charting a

path to eliminating health disparities. In S. Marcia Texler, D. Vasilikie, & J. J. Kronenfeld (Eds.), *Gender perspectives on health and medicine* (Vol. 7, pp. 181-230). Emerald Group Publishing Limited. https://doi.org/10.1016/S1529-2126(03)07006-1

Wickes, R., Grossman, M., Forbes-Mewett, H., Arunachalam, D., Smith, J., Skrbis, Z., Dellal, H., & Keel, C. (2020). *Understanding the context of racial and cultural exclusivism: A study of Melbourne neighbourhoods*. Monash University. https://bridges.monash.edu/articles/report/Understanding_the_context_of_racial_and_cultural_exclusivism_A_study_of_Melbourne_neighbourhoods_Final_Report_/11987568

Wilberg, A., Saboga-Nunes, L., & Stock, C. (2021). Are we there yet? Use of the Ottawa Charter action areas in the perspective of European health promotion professionals. *Journal of Public Health, 29*(1), 1-7. https://doi.org/10.1007/s10389-019-01108-x

Wilkinson, R. G., & Marmot, M. (2003). *Social determinants of health: The solid facts*. World Health Organization. https://www.euro.who.int/en/publications/abstracts/social-determinants-of-health.-the-solid-facts

Wille, J. (2017). Shared experience and learning from African communities in Australia. *Australian Mosaic*, *46*. http://fecca.org.au/wp-content/uploads/2017/08/Issue-46.pdf

Williams, D. R., Priest, N., & Anderson, N. B. (2016). Understanding associations among race, socioeconomic status, and health: Patterns and prospects. *Health Psychology*, *35*(4), 407-411. https://doi.org/10.1037/hea0000242

Williams, S. L., Job, S. A., Emerson Todd, M. A., & Braun, K. (in press). A critical deconstructed quantitative analysis: Sexual and gender minority stress through an intersectional lens. *Journal of Social Issues*.

Windle, J. (2008). The racialisation of African youth in Australia. *Social Identities*, *14*(5), 553-566. https://doi.org/10.1080/13504630802343382

Wolfson, N. (1976). Speech events and natural speech: Some implications for sociolinguistic methodology. *Language in Society*, *5*(2), 189-209. https://doi.org/10.1017/S0047404500007028

World Health Organization. (2020). *Constitution*. https://www.who.int/about/who-we-are/constitution

World Health Organization. (n.d.). *Social determinants of health: Key concepts*. https://www.who.int/news-room/q-a-detail/social-determinants-of-health-key-concepts

World Health Organization. (1986). Ottawa charter for health promotion. http://www.euro.who.int/AboutWHO/Policy/20010827_2

Yazan, B. (2015). Three approaches to case study methods in education: Yin, merriam, and stake. *The Qualitative Report*, *20*(2), 134-152.

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). Sage Publications.

Yin, R. K. (2012). Case study methods. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (Vol. 2, pp. 141-155). American Psychological Association. https://doi.org/10.1037/13620-009

Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). SAGE Publications.

Young, C. (2020). *Interlocking systems of oppression and privilege impact African*

Australian health and wellbeing in Greater Melbourne: A qualitative intersectional analysis [Manuscript submitted for publication]. School of Allied Health, Australian Catholic University.

Young, C. (2020). *Health inequalities among African Australians in Greater Melbourne: A qualitative intersectional analysis of people's experiences and immigrant organisations' responses* [Unpublished doctoral dissertation]. Australian Catholic University.

Young, C., Zubrzycki, J., & Plath, D. (2020). The slow interview? Developing key principles and practices. *Qualitative Research*, Advance online publication. https://doi.org/10.1177/1468794120935300

Young, J. T., Butt, J., Hersi, A., Tohow, A., & Mohamed, D. H. (2016). Khat dependence, use patterns, and health consequences in Australia: An exploratory study. *Journal of Studies on Alcohol and Drugs*, *77*(2), 343-348. https://doi.org/10.15288/jsad.2016.77.343

Yuval-Davis, N. (2011a). *The politics of belonging: Intersectional contestations*. SAGE Publications Ltd. https://doi.org/10.4135/9781446251041

Yuval-Davis, N. (2011b). *Power, intersectionality and the politics of belonging*. FREIA (Feminist Research Center in Aalborg) Working Paper No. 75. https://www.researchgate.net/profile/Nira_Yuval-Davis/publication/308784296_Power_Intersectionality_and_the_Politics_of_Belonging/links/54d1fd070cf25ba0f04228ea/Power-Intersectionality-and-the-Politics-of-Belonging.pdf

Yuval-Davis, N. (2015). Situated intersectionality and social inequality. *Raisons Politiques,* (2), 91-100. https://doi.org/https://www.cairn.info/revue-raisons-politiques-2015-2-page-91.htm

Zetter, R., Griffiths, D., & Sigona, N. (2005). Social capital or social exclusion? The impact

of asylum-seeker dispersal on UK refugee community organizations. *Community Development Journal*, *40*(2), 169-181.

Zhou, M., & Lee, R. (2013). Transnationalism and community building: Chinese immigrant organizations in the United States. *The Annals of the American Academy of Political and Social Science*, *647*(1), 22-49.

Zwangobani, K. N. (2016). *Convivial multiculture and the perplication of race: The dynamics of becoming African Australian* [Doctoral dissertation, Australian National University]. Open Research Library. https://openresearch-repository.anu.edu.au/handle/1885/110549

Appendix A: Research Portfolio

A1: Thesis Output: List of Publications in Thesis

Publication 1

Young, C. G., Zubrzycki, J., & Plath, D. (2020). The slow interview? Developing key principles and practices. *Qualitative Research*. Advance online publication. https://doi.org/10.1177/1468794120935300

Publication 2 (under review)

Young, C. (2020). *Interlocking systems of oppression and privilege impact African Australian health and wellbeing in Greater Melbourne: A qualitative intersectional analysis* [Manuscript submitted for publication]. School of Allied Health, Australian Catholic University.

A2: Thesis Output: Statement of Contribution to Jointly Published Work

Chapter 6: Publication 1

Young, C. G., Zubrzycki, J., & Plath, D. (2020). The slow interview? Developing key principles and practices. *Qualitative Research*. Advance online publication. https://doi.org/10.1177/1468794120935300

I acknowledge that my contribution to the above paper is 80%.

Charlotte Young

I acknowledge that my contribution to the above paper is 10%.

Assoc. Prof. Joanna Zubrzycki

I acknowledge that my contribution to the above paper is 10%.

Prof. Debbie Plath

Appendix B: Phase 1 Discussion Guide

Who is in your community?

What does health and wellbeing mean to you?

What are your priority concerns about African Australian health and wellbeing?

What is causing the issue?

Who is affected?

How can it be addressed?

What existing programs attempt to address it?

Are those programs successful? Why?

Appendix C: Phase 1 Ethics Approval

ETHICS APPLICATIONS REPORT

Young, Charlotte (0000058888)

Ethics Approvals 1 ethics applications found

ECODE				
2016-200H	**Application Title**	Understanding the strategies used by newly arrived immigrant organisations to influence health and wellbeing in their communities		
	Status	Approved	**Applied date**	30/08/2016
	Risk Level	Low Risk	**Date Approved**	19/10/2016
	School	Centre for Health and Social Research	**Start**	20/10/2016
	Investigators		**End**	31/12/2020

Appendix D: Phase 2 Discussion Guide

How did the organisation come to be?

Personal motivations?

How has the organisation evolved?

What does the organisation do? Why?

What are the goals?

What are you trying to influence? Why? In what domains?

Why can the organisation have influence in this space?

How does the organisation gain validity/ authenticity/ credibility/ legitimacy?

What strategies does the organisation use?

How are strategies executed?

For sustainability?

What types of evidence do you use to inform your work? How? Why?

How do you make decisions?

What are the enablers and barriers for the organisation to achieve its goals?

How can you leverage/overcome these?

What is the perceived impact of the organisation on health and wellbeing?

Who does the organisation impact?

How are money, time, and resources allocated?

How do you know the organisation is effective?

Appendix E: Phase 2 Ethics Approval for Modification

From: Ms Pratigya Pozniak <pratigya.pozniak@acu.edu.au>
Sent: Monday, February 5, 2018 4:34 PM
To: Joanna Zubrzycki <Joanna.Zubrzycki@acu.edu.au>
Cc: Young, Charlotte <charlotte.young@myacu.edu.au>; Pratigya Pozniak <Pratigya.Pozniak@acu.edu.au>
Subject: 2016-200H Modification approved

Dear Joanna

Ethics Register Number: 2016-200H
Project Title: Understanding the strategies used by newly arrived immigrant organisations to influence health and wellbeing in their communities End Date : 31/12/2019

Thank you for submitting the request to modify form for the above project.

The Chair of the Human Research Ethics Committee has approved the following modification(s):

-Change of project title from 'Sub-Saharan African community consultation to inform PhD research' to 'Understanding the strategies used by newly arrived immigrant organisations to influence health and wellbeing in their communities.'
- In addition to the previously approved data collection methods, there will also be data collected in the form of pertinent documents from the organisations such as grant applications, minutes of meetings, project information, and the like. Proper consideration has been given to the storage and protection of these documents.
- Change to the participant information sheet: Outlining new aims and objectives of phase two.
- A new written consent form.
- Provision of introduction letter to participating organisations.

We wish you well in this ongoing research project.

Kind regards,
Ms Pratigya Pozniak

Research Ethics Officer | Office of the Deputy Vice-Chancellor (Research) Australian Catholic University
T: 02 9739 2646 E: res.ethics@acu.edu.au