Know our story:
a toolkit for social
equity and inclusion

Why *Know our story*?

Welcome to the *Know our story* initiative.

Our ambition is to inspire, encourage and support clinical and population health researchers to work towards greater social inclusion and equity in research practices. *Know our story* is about working in partnership with communities of refugee and migrant backgrounds. It is also about consultation, collaboration and co-design of research; the sharing of knowledge; and different ways of working that promote social equity and inclusion.

Learn more about *Know our story*, access resources, and watch the animation: **strongerfutures.org.au/know-our-story**

We acknowledge the traditional owners and custodians of the lands on which we live and work. We pay our deepest respects and express our gratitude to their Elders past, present and emerging. We recognise and value the resilience and diversity of Aboriginal and Torres Strait Islander people and their spiritual connections to land, community and culture.

Welcome to the *Know our story* initiative

The *Know our story* toolkit includes a number of written resources and an animation. This first resource introduces the rationale and elements of *Know our story*, and provides a brief introduction to important contexts of migration and forced displacement. We plan to expand and update these resources over time.

Know our story has been developed with sensitivity for the ways that social factors such as ethnicity, gender, sexuality, gender identity, and class operate together to limit equitable access to resources such as health care, employment, education, and housing. We encourage researchers to adopt an understanding of social and health problems as reflections of complex intersecting and interacting factors, rather than discrete challenges facing specific groups.[1]

About
Know our story

This initiative has been developed by

Dr Laura Biggs, Rowena Coe, Sandra Papadopoullos, Fran Hearn, Akuc Deng, Maryaan Essa, Shogoufa Hydari, Shadow Toke, Josef Szwarc, A/Professor Elisha Riggs and Professor Stephanie Brown in collaboration with the Refugee and Migrant Health Research Program at Murdoch Children's Research Institute, Stronger Futures Centre of Research Excellence, and Foundation House.

Recommended citation

Biggs LJ, Coe R, Papadopoullos S, Hearn F, Deng A, Essa M, Hydari S, Toke S, Szwarc J, Riggs E, Brown SJ. *Know Our Story: A Toolkit for Social Equity and Inclusion.* Refugee and Migrant Health Research Program, Intergenerational Health, Murdoch Children's Research Institute, Stronger Futures Centre of Research Excellence, and Foundation House; 2023.

Know our story is an initiative of the Intergenerational Health group and Stronger Futures Centre of Research Excellence, MCRI.

The animation and resources build on the work we have undertaken over many years in partnership with the Victorian Foundation for Survivors of Torture (Foundation House).

The experiences and perspectives shared are offered as examples of ways of working with communities, not as a prescriptive guide to how research 'should' be undertaken. It is our genuine hope that researchers and research teams are able to tailor and adapt these approaches to their own unique research and community contexts.

Resources

Know our story:
a toolkit for social
equity and inclusion

Introducing the
Know our story initiative

No one size fits
all: working with
communities of refugee
and migrant backgrounds
in clinical and population
health research

Partnering with communities
of refugee and migrant
backgrounds at different
stages of clinical and
population health research

Community
researchers and
community advisors:
why they are central to
working with communities
of refugee and migrant
backgrounds

Approaches to community
engagement in clinical and
population health research

Lost in translation: using standardised self-report measures in cross-cultural research

Taking a thoughtful approach to translation and cultural adaptation of standardised measures in cross-cultural research

Best practice in ascertainment: cultural, ethnic, refugee, and migrant background in clinical and population health research

Encouraging clarity, social equity and inclusion in reporting of cultural, ethnic, refugee and migrant backgrounds in clinical and population health research

Key terms

Throughout this toolkit, we have endeavoured to take a thoughtful and inclusive approach to the use of language consistent with recent guidance on the reporting of race and ethnicity in medical and science journals (issued by JAMA).[2] The JAMA guidance acknowledges that race and ethnicity are social constructs that have been and continue to be used in controversial and insensitive ways throughout the health and medical literature. JAMA has called for greater precision, fairness, equity, and consistency in the use and reporting of race and ethnicity.

For a further discussion of this topic, see resource _Best practice in ascertainment._ Here we offer working definitions of terms that appear throughout this toolkit.

Ethnicity and race

Ethnicity and race are often used interchangeably. Both are social constructs with no inherent biological meaning.[2,3]

The term ethnicity refers to shared identity based on cultural factors, language/s, common ancestry and religious or spiritual connections.[2,4] For example, in the Australian context ethnicity is variably used to describe people from a specific cultural group (e.g. Irish), nation (e.g. New Zealand) or region (e.g. South Asia). Race is an arbitrary classification of humans frequently based on physical characteristics, and sometimes on historical affiliation or shared culture.

The use of these terms and their ascribed meaning has changed over time based on socio-political shifts and increasing awareness of the impact of racism on health and social inequity. Reporting on 'race' and 'ethnicity' in population health and clinical research remains important as a means of identifying social stratification and health inequities.

Migrant

There is no legally accepted definition of the term 'migrant' at an international level. According to the United Nations Educational, Scientific and Cultural Organisation (UNESCO), the term

migrant refers to any person who lives temporarily or permanently in a country where they were not born and has acquired significant social ties to this country.[5]

Refugee

According to an international treaty commonly referred to as the 'Refugee Convention', a refugee is someone who "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of [their] nationality and is unable or, owing to such fear, is unwilling to avail [themself] of the protection of that country; or who, not having a nationality and being outside the country of [their] former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."[6]

Asylum seeker

The term asylum seeker refers to an individual seeking international protection whose claim for refugee status has not yet been determined. The Refugee and Migrant Health Research Program at MCRI uses the term 'people seeking asylum' to avoid negative connotations associated with the term 'asylum seeker'.

Refugee background

There is no legally accepted definition of the term refugee background. In this set of resources, the term refugee background includes people who have met the above definition and been found to be refugees by the United Nations High Commissioner for Refugees (UNHCR) or the Australian government, people who have suffered persecution in their country of nationality or usual residence, people who have been subjected to substantial discrimination and human rights abuses in their country of nationality or usual residence, and immediate family members (such as children). Someone may have a refugee or refugee-like background without meeting the definition of the term in the Refugee Convention.[6,7]

Forced displacement

According to UNHCR, forcibly displaced people encompass refugees, asylum seekers, other people in need of international protection, and internally displaced people.[8]

Persecution

Threat to life or freedom on account of race, religion, political opinion or membership of a particular social group.[6]
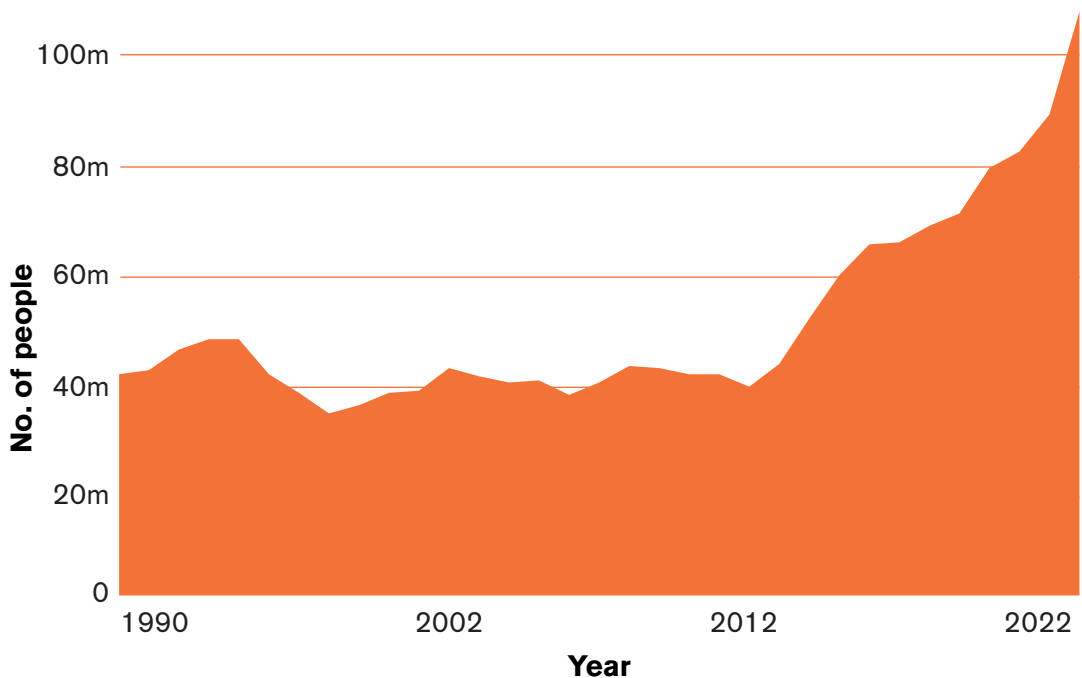
Contexts of forced displacement

At late-2022, the United Nations High Commissioner for Refugees (UNHCR) estimated that 108.4 million people were forcibly displaced worldwide.[8]

Of this number:

- 62.5 million are internally displaced people
- 35.3 million are refugees
- 5.4 million are people seeking asylum
- 5.2 million are other people in need of international protection.

Figure 1. Number of people forcibly displaced worldwide[8]

In **2000**, around **1 in 5** women giving birth in Victoria was born overseas in a low-middle income country where English is not the first language...
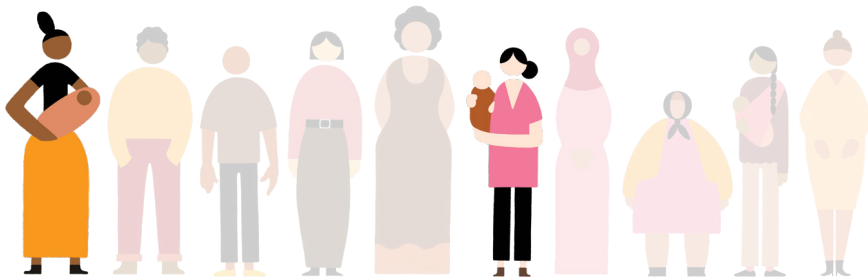
... In **2020**, this figure had increased to **1 in 3**.

Forced displacement is driven by multiple and often interconnected factors, including histories of colonisation, violent conflicts, power hierarchies among different groups, persecution based on religion or ethnicity, development projects that destroy homes and livelihoods and climate crises that drive people from their homes and communities.

These forces not only promote circumstances which lead to forced displacement within countries of origin, but also encourage anti-refugee and xenophobic sentiments within host countries.[4,9]

Every person with a refugee background or refugee-like experiences has a unique and important story. Operating from a foundation of respect for this uniqueness, it can be helpful for researchers to be aware of patterns in the experiences of people, families, and communities prior to arrival in Australia. These experiences are characterised by persecution, torture and trauma and other human rights violations, witnessing or experiencing violence including gender-based violence and sexual assault, loss of and separation from family members and friends, often lengthy periods of time living in transit countries and/or refugee camps and/or detention centres, famine, extreme fear and distress, and forced displacement.

Post World War II, more than 950,000 people have arrived in Australia as refugees.[10] As of early August 2023, the Australian Government has an annual quota of 20,000 places for refugees. The Government has also provided visas for Ukrainians displaced by the invasion of Russia to come to and remain in Australia. In 2021-2022 the most common source countries of humanitarian entrants to Australia were Afghanistan, Iraq, and Myanmar (Burma).[9] In total, Australia allocated 143,556 permanent migration places in 2021-22, compared with 160,323 in 2018-2019. The fall in numbers reflects the ongoing impact of change in migration patterns in the context of the global COVID-19 pandemic.[11]

According to UN global migration statistics, in 2020, 281 million people – 3.6 percent of the world's population – were living in other countries worldwide. This makes international migration a key feature of globalisation and a central issue on the international agenda.[12]
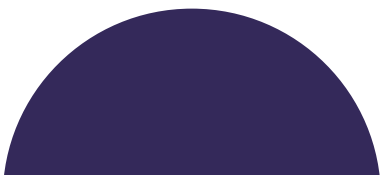
Contexts of migration

People migrate to Australia for a variety of reasons and may arrive via the Refugee and Humanitarian Program or the Migration Program. People arriving via the Migration Program often do so as skilled migrants, or as a pathway to further education or reunification with family. It is important to note that people arriving via the Migration Program may have suffered persecution in their country of nationality or usual residence, been subjected to substantial discrimination and human rights abuses in their country of nationality or usual residence, or have parents or other immediate family members with these experiences.

Therefore, someone may have a refugee or refugee-like background without meeting the definition of the term 'refugee' in the Refugee Convention which Australia is obliged to respect[6,7] (see definitions of key terms earlier in this resource). In recognition of this complexity, our team has adopted the term 'refugee background' to guide our work.

Patterns of migration to Australia

Migration to Australia is dynamic, with more people arriving and settling in Australia than departing Australia to live elsewhere throughout most of the last two decades. The border closures in the context of the COVID-19 pandemic resulted in more people departing than arriving in Australia in the period 2021-2022. This was the first time this had happened since World War II.

Figure 2. Percentage of people living in Australia born overseas 1950-2020[13]
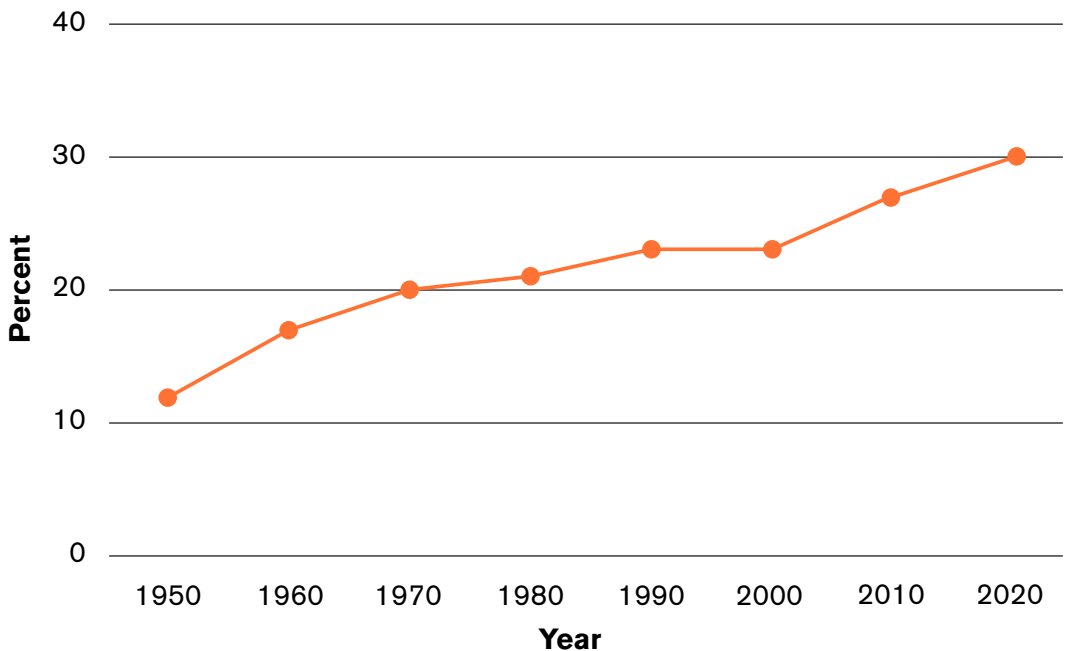
In the late 1990s and early 2000s, people born in the United Kingdom, New Zealand and Italy accounted for the largest numbers of people living in Australia that were born overseas. In 2010, this pattern shifted as more people born in China and India migrated to Australia.

By 2020, more people born in India had arrived and settled in Australia, than people born in China or New Zealand. Large numbers of people born in the Philippines, Vietnam, South Africa, Italy, Malaysia and Sri Lanka also arrived and settled in Australia around this time.[14]

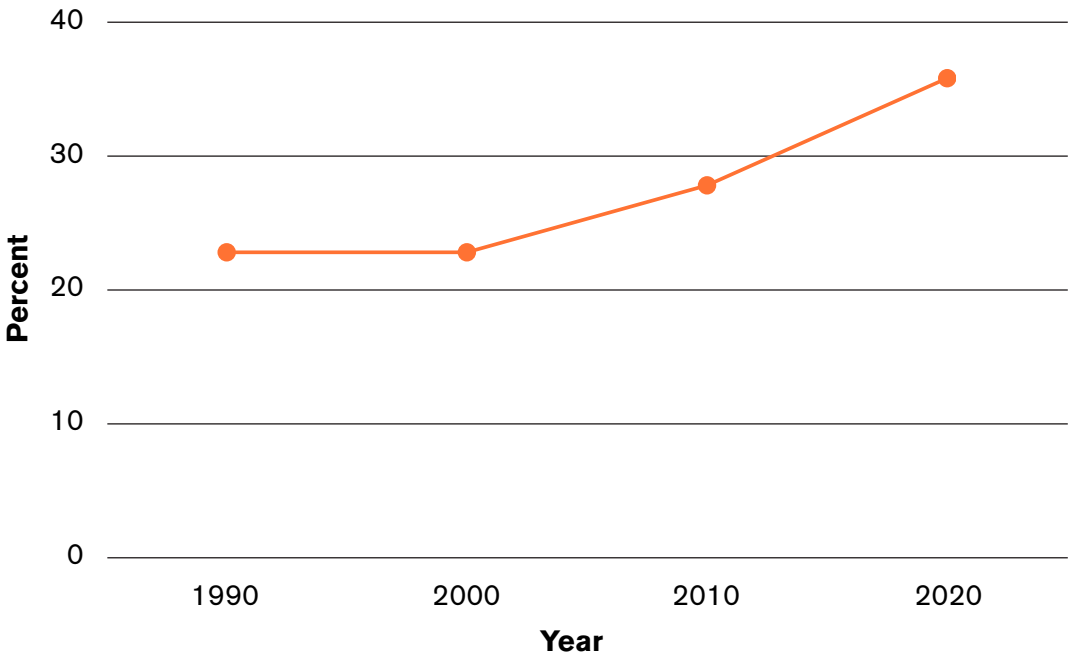**Table 1.** Top 10 countries of birth of people living in Australia, 1996-2020[13,15]

1996	2000	2010	2020
United Kingdom	United Kingdom	United Kingdom	United Kingdom
New Zealand	New Zealand	New Zealand	India
Italy	Italy	China	China
Vietnam	Vietnam	India	New Zealand
Greece	China	Italy	Philippines
Germany	Greece	Vietnam	Vietnam
China	Germany	Philippines	South Africa
Philippines	Philippines	South Africa	Italy
Netherlands	Netherlands	Malaysia	Malaysia
Malaysia	India	Germany	Sri Lanka

Births in Australia

In Australia, births to women born overseas broadly parallel patterns of migration, with some important differences. While the United Kingdom remains a major source of people arriving and settling in Australia, births to women born in India and China now outstrip the number of births to women born in the United Kingdom. This reflects the age structure of people arriving and settling in Australia. Notably, while 30% of Australia's population in 2020 comprised people born overseas, 36% of births in the same year were to women born overseas. This has important implications for clinical and population health research involving women, children and families.[16]

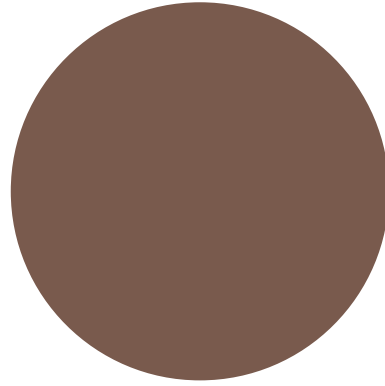**Figure 3.** Proportion of births in Australia to women whose country of birth was outside Australia 1990 to 2020[16]

Table 2. Top overseas countries/regions of birth for women giving birth in Australia[16]

1990	2000	2010	2020
United Kingdom	United Kingdom	United Kingdom	India
Vietnam	New Zealand	New Zealand	New Zealand
Other Asian countries	Vietnam	Lebanon and other Middle Eastern countries	China
New Zealand	Other Asian countries	Other European countries	United Kingdom
Philippines	China	Vietnam	Philippines
Former Yugoslavia	Former Yugoslavia	Other Asian countries	Vietnam
Other European countries	Other European countries	China	Pakistan
Lebanon and other Middle Eastern countries	Lebanon and other Middle Eastern countries	Philippines	Nepal
	Philippines		South Africa

Know our story animation

The *Know our story* animation shows what is possible when researchers work in partnership with communities. The stories shared in the animation are informed by the experiences of community researchers, research participants, and community advisors participating in the Refugee and Migrant Health Research Program at MCRI.

While the focus of the animation is on what would enable women of refugee backgrounds to feel safe during health care interactions, the principles underpinning the co-design and co-production of this resource apply to a broad range of research contexts and study designs, including studies conducted in clinical settings, health services research and evaluation, record linkage studies, qualitative studies, and cohort studies. The principles and approaches underpinning this work and associated approaches to partnership and community engagement also apply to research with communities of migrant background, especially those whose country of origin is a low- or middle-income country, and whose preferred language is not English.

Animation characters

Ayen

Duša

Mariam

Masuma

Mumu

Voiced by

Akuc
Deng

*Community
researcher*

Rowena
Coe

*Research
coordinator*

Maryaan
Essa

*Community
researcher*

Shogoufa
Hydari

*Community
researcher*

Shadow
Toke

*Community
researcher*

Undertaking research with people, families, and communities impacted by forced displacement

Experiences of forced displacement have important implications for researchers. Activities that can seem commonplace and benign within research, such as completing consent forms or surveys, can provoke stressful memories of tasks like completing humanitarian visa applications. Being asked to share personal or sensitive information with organisations seen to be aligned with 'government' can feel unsafe for people who have experienced persecution or are unsure if they will be allowed to remain in Australia. More broadly, research processes are often unfamiliar and may provoke stress or worry.

The unfamiliarity of research processes and the potential for research to remind people of past difficult or traumatic experiences can be exacerbated when research processes are not tailored to meet the needs of people, families, and communities with refugee and migrant backgrounds. The *Know our story* resources seek to support researchers to undertake work with communities of refugee and migrant backgrounds to promote positive experiences of research participation and ensure clinical and population health research generates evidence inclusive of the whole Australian community.

Learn more about *Know our story*, access resources, and watch the animation:
strongerfutures.org.au/know-our-story
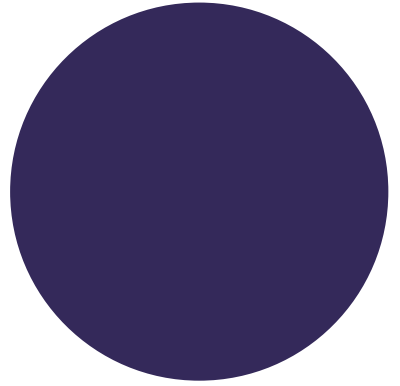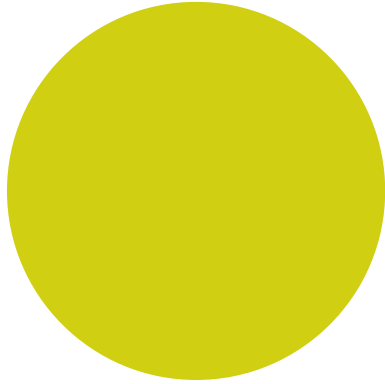
References

1. African American Policy Forum. *A Primer on Intersectionality*. African American Policy Forum; n.d. Accessed April 18, 2023. https://www.aapf.org/_files/ugd/62e126_19f84b6cbf6f4660bac198ace49b9287.pdf

2. Flanagin A, Frey T, Christiansen SL. Updated guidance on the reporting of race and ethnicity in medical and science journals. *JAMA*. 2021;326(7):621-627. doi:10.1001/jama.2021.13304

3. Roth WD, van Stee EG, Regla-Vargas A. Conceptualizations of race: essentialism and constructivism. *Annu Rev Sociol*. 2023;49(1):39-58. doi:10.1146/annurev-soc-031021-034017

4. Devakumar D, Selvarajah S, Abubakar I, et al. Racism, xenophobia, discrimination, and the determination of health. *The Lancet*. 2022;400(10368):2097-2108. doi:10.1016/S0140-6736(22)01972-9

5. United Nations Educational, Scientific and Cultural Organization. Migrants, refugees, or displaced persons? UNESCO. Published April 2023. Accessed August 13, 2023. https://www.unesco.org/en/articles/migrants-refugees-or-displaced-persons

6. United Nations High Commissioner for Refugees. The 1951 Refugee Convention. UNHCR. Accessed August 13, 2023. https://www.unhcr.org/au/about-unhcr/who-we-are/1951-refugee-convention

7. Kaplan I. *Rebuilding Shattered Lives: Integrated Trauma Recovery for People of Refugee Background*. The Victorian Foundation for Survivors of Torture; 2020.

8. United Nations High Commissioner for Refugees. *Global Trends Forced Displacement in 2022*. UNHCR; 2023. Accessed August 3, 2023. https://www.unhcr.org/sites/default/files/2023-06/global-trends-report-2022.pdf

9. Elsheikh E, Ayazi H. *Moving Targets: An Analysis of Global Forced Migration*. Haas Institute for a Fair and Inclusive Society; 2017. https://haasinstitute.berkeley.edu/sites/default/files/haasinstitute_moving_targets_globalmigrationreport_publish_web.pdf

10. Refugee Council of Australia. Post-WW2 refugee arrivals to pass 950,000 in 2023. Published May 19, 2023. Accessed August 13, 2023. https://www.refugeecouncil.org.au/950000-refugee-arrivals/

11. Department of Home Affairs. *2021 - 22 Migration Program Report*. Australian Government; 2022. Accessed April 18, 2023. https://www.homeaffairs.gov.au/research-and-stats/files/report-migration-program-2021-22.pdf

12. International Association for Migration. *World Migration Report 2022*. IOM; 2021. Accessed August 13, 2023. https://publications.iom.int/books/world-migration-report-2022

13. Australian Bureau of Statistics. *Migration, Australia*. ABS; 2021. Accessed August 13, 2023. https://www.abs.gov.au/statistics/people/population/migration-australia/latest-release

14. Australian Bureau of Statistics. *Overseas Migration*. ABS; 2022. Accessed August 13, 2023. https://www.abs.gov.au/statistics/people/population/overseas-migration/latest-release

15. Scanlon Foundation Research Institute. Australian Migration and Population Dashboard. Published January 26, 2023. Accessed August 13, 2023. https://scanloninstitute.org.au/publications/migrationdashboard

16. Australian Institute of Health and Welfare. *Australia's Mothers and Babies*. AIHW; 2023. Accessed August 13, 2023. https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/about
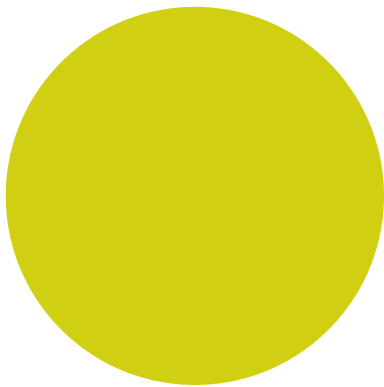
Know our story resources

You are here

Know our story:
a toolkit for social equity
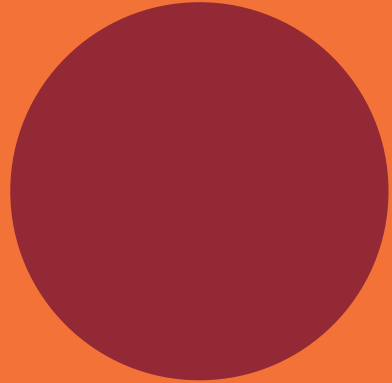and inclusion

[No one size fits all:
working with communities
of refugee and migrant
backgrounds in clinical and
population health research](#)

[Community researchers and
community advisors: why they
are central to working with
communities of refugee and
migrant backgrounds](#)

Lost in translation: using standardised self-report measures in cross-cultural research

Best practice in ascertainment: cultural, ethnic, refugee, and migrant backgrounds in clinical and population health research

STRONGER
FUTURES Centre of
Research
Excellence

Intergenerational Health
Murdoch Children's Research Institute

strongerfutures.org.au