THE CASE OF THE HOPETOWN COMMUNITY HEALTH CENTRE

Located in a quiet and leafy part of Hopetown (away from the busy centre) the Hopetown Community Health Centre is in an area that has a high number of refugees mainly represented by Afghanis, Bhutanese and Burmese. While these communities represent 35% of the population in the region, they represent only 5% of the centre’s client group. This is with particular reference to individual counselling and the groups being run from the centre. Some of the groups include sessions with young mothers, pregnant women, substance users, parents coping with teenagers, adults coping with depression and anxiety and for people with eating disorders. Counselling and Case Management are conducted along traditional lines as most of the ten counsellors (8 female and 2 males) received their qualifications (with little if any study devoted to cross cultural practice) five to twenty years ago. At the centre, the average age of the staff is thirty to forty-five years with eight of the staff having predominantly anglo/celtic middle-class backgrounds. There are two workers from diverse backgrounds, An Ngyun from a Vietnamese background and Lila Kirilik from a Russian background. At a staff meeting, the new director raises the lack of representation from diverse communities. An and Lila express the view that the service is racist. They are adamant about the need for the centre to change. They insist that the centre’s problems are due to its Anglo-centric cultural and social bias, which is embedded in institutionalised racism. This begins with its staffing practices and is followed by the implicit assumptions involved in its culturally biased counselling and group work frameworks. The other staff members deny that they are racist arguing that the service is open to all, however ethnic families like to look after their own and don’t really like to rely on welfare. A dispute is averted when the director commissions a report addressing issues of cross cultural and inclusive practice.