IMPROVING CRISIS COMMUNICATIONS TO CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Organisation: NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

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Introduction

The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) is a non-profit organisation established in 1988 to assist refugee survivors of torture and trauma rebuild their lives in Australia. STARTTS' services form a part of the NSW public health system through its recognition as an Affiliated Health Organisation (AHO). STARTTS is the NSW member of the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT), with a proud 30-year history of successful services and projects; funded through a variety of government and non-government bodies including NSW Health, and the Commonwealth Departments of Health, Social Services and Home Affairs.

STARTTS' clients are survivors of torture and trauma in the context of organised violence and state terrorism, the majority of whom have arrived in Australia under the Refugee and Humanitarian Program. STARTTS' service model incorporates a large range of clinical and psycho-social interventions informed by the latest advances in neuroscience and evidence-based practice in relevant fields. Our service provision philosophy is predicated on a bio-psycho-social framework, in recognition of the complex interaction between this essential building block for personal and collective wellbeing, and pre-migration and 'normal life cycle' events post-settlement, which have the potential to impede the recovery of individuals from their traumatic experiences[1]. As such, our service offer is broad in scope and includes assessment; counselling for all age groups; psychiatric assessment and interventions; family therapy; group interventions; body-focused interventions such as nutrition, massage, physiotherapy, acupuncture and pain management groups; support groups; programs for children and youth; advocacy and policy input; training for service providers; and various strategies to increase the capacity of support networks and refugee communities to sustain their members.

The focus of the STARTTS approach is on building capacity and empowering individuals, families and communities to take control over their own lives and building on individual, family, community and cultural strengths. Further information about STARTTS' services and programs can be found at http://www.startts.org.au/.

STARTTS welcomes the opportunity to contribute to the NSW Parliament's Legislative Assembly Committee on Community Services inquiry on improving crisis communications to culturally and linguistically diverse communities.

Our responses are informed by our professional experiences when working with refugee and asylum seeker communities during the COVID-19 pandemic. The following submission is based on consultations with STARTTS staff and project evaluation reports focusing on projects delivered to address impact of COVID-19. We further welcome ongoing opportunities for input, as this body of work evolves and progresses, to inform the development of future policy frameworks concerning crisis communications to better inform communities STARTTS works with.

Summary of Recommendations

a) **NSW Government to invest in ongoing relationship building with CALD and multicultural communities. Strong Social Capital contributes to community resilience and eases crisis communication when required. Without this Social Capital, NSW Government struggled to build relationships of trust in a crisis.**

b) **NSW Government to support establishment of internal social support structures within CALD and multicultural communities. These structures can then be realised on to facilitate crisis communication and ensure community resilience when required.**

c) **NSW Government to develop sophisticated understanding of existing and preferred communication channels and forms relevant to different communities. This ensures crisis information is tailored and engaging from the start, and can rely on multiple platforms and modalities (not just written translations on Government websites)**

d) **NSW Government to ensure equity in implementation of any emergency measures in order to avoid alienating the communities it wishes to engage with crisis communication in the first place.**

e) **NSW Government to consider impact of trauma and organised violence on refugee communities when engaging in implementation of emergency measures and crisis communication.**

f) **NSW Government to engage and utilise existing skills, capacities and networks of community leaders and influencers when delivering crisis communication. These community members must be adequately renumerated and supported during long stretches of emergency measures to prevent burnout.**

g) **NSW Government to recognise importance of one-on-one in-language communication with particularly isolated and vulnerable population groups.**

h) **NSW Government to devise emergency communication and coordination structures that ensure equitable and sustained participation by CALD and multicultural communities and their leaders. Community participation in development and implementation of emergency measures and future contingency planning facilitates uptake and engagement.**

1. **Use of multicultural and CALD community groups and networks to distribute in-language information:**

Multicultural and CALD community groups and networks play a crucial and proactive role in ensuring that in-language information reaches community members, particularly in times of crisis, which was highlighted during the COVID-19 pandemic. Through STARTTS staff consultations and feedback by community members, the proceeding information captures how this was achieved by STARTTS, the important role of community leaders and influencers in disseminating information, the use of various digital platforms and the collaborative efforts of multicultural and CALD community groups, the NSW Health and other networks.

One of the essential learnings originating from this experience was that without existing strong social capital between STARTTS and communities we work with, crisis communication would not have yielded the desired results. Social capital includes both – the relationships and networks; as well as specific qualities of those relationships, particularly trust and respect.

STARTTS initiatives and programs:

The Families in Cultural Transition program (https://www.startts.org.au/services/fict/) is a series of workshops that are designed to assist newly arrived people from refugee backgrounds as they and their families transition to living in Australia. Participants are supported by trained bi-cultural facilitators from a range of refugee communities including Arabic speaking communities as well as Assyrian, Ahwazi, Bhutanese, Chaldean, Congolese, Hazara, Karen, Mandaean, Sudanese, Tamil, Tibetan, Uyghur and Yazidi communities. During the COVID-19 pandemic, STARTTS quickly pivoted to online delivery model, and these in-language groups operated as a virtual space to provide up-to-date information regarding COVID-19, vaccinations and public health measures. In response to this, STARTTS staff provided additional training to the bi-cultural facilitators from this program to ensure that they were equipped with additional skills to support clients, this included training in accidental counselling and confidentiality in online context; as well as relevant health information. The bi-cultural facilitators also provided one-on-one phone contact with participants to provide additional education and support around COVID-19 related information and issues.

An additional project was developed with COVID-19 funding from Western Sydney Primary Health Network – Keeping in Contact. The project included development of 17 on-line seniors' groups all run by bi-cultural facilitators; as well as ongoing one-on-one check-in and information provision phone calls to seniors. Both, groups and one-on-one phone-calls allowed for information distribution to a highly vulnerable group, with limited mobility and access to mainstream media.

Another STARTTS initiative that assisted in the distribution of in-language communication was the CALD COVID-19 Community Resilience Program (https://www.startts.org.au/services/cald-covid-19-community-resilience-project/). The program aimed to build the capacity to carry out community led health communication initiatives and encourage local communities and services to build resilience to the impacts of COVID-19. This was delivered through establishment of a multilingual telephone line to assist in the distribution of in-language information including, vaccination bookings, information

about boosters, how to manage COVID-19 safely at home and the use of Rapid Antigen Tests. The project also extended to providing virtual group conversations in various languages to discuss any COVID-19 related information and concerns. Further, the project was a collaboration with UTS and NSW Health and it equipped bi-cultural facilitators to recognise and address misinformation they encounter online.

The project also included information sessions to 200 local residents from seven different communities. These sessions also allowed for factual information to be shared including clarification to any misleading information that was circulating at the time. This further provided an opportunity for the participants to share the knowledge they received to others within their communities. Each community received 6 sessions.

Community leaders and Influencers:

Feedback from STARTTS consultations highlighted the crucial role community leaders and influencers played in ensuring that COVID-19 information reached members of their communities.

"When I was reaching out to the Bosnian community, I really learned that a lot of Bosnian people in our community, ask the community leaders when it comes to making decisions about COVID…What I realised they take that to their community leaders in their community, people who are well known, people that they can trust, and this is where they get their information"

"Messaging around COVID-19 is best received from people from their own community in whom they have confidence and trust. Relationship is key."

"Local community leadership and building resilience-based infrastructure so they can work in times of crisis and the importance of having social capital to engage in grassroots communication. These relationships were crucial"

In light of this reliance by members of the community to reach out to their community leaders and influencers, STARTTS staff provided community leaders and influencers ongoing one-on-one support, focusing on emotional support and practical information sharing such as the use of online engagement strategies, and relevant health information.

Unfortunately, it was a common expectation of service providers that community leaders will continue delivering in-language crisis information on a voluntary basis. While this could be expected on a short-term or one-off basis, prolonged pressure to continue delivering crisis information in addition to external paid employment, had a negative impact and even led to burn-out among some community leaders. Community leaders bring significant linguistic and cultural expertise, knowledge of community networks and relationships of trust, to any crisis communication. Expectation of long-term volunteer work undervalued their expertise and knowledge. This was particularly important when community leaders also worked in high-demand industries such as health and aged care.

The use of digital platforms:

Various digital platforms were utilised during the COVID-19 pandemic to ensure maximum reach of in-language messaging to members of the community. This included the use of: group messaging apps, social media platforms, podcasts, zoom sessions and webinars. The most important learning from this experience was that STARTTS needed to use the platforms most relevant and appropriate to the cohort we were trying to reach.

Pre-existing groups, such the Families in Cultural Transition, that previously met face-to-face established alternative modes of communication that they were already familiar with. This included apps like WhatsApp and Viber being used as a centralised point in their communication. It allowed for instant sharing of updates regarding COVID-19 information. The in-app feature of recording audio messages and videos were also used to share relevant information. Facilitators of the groups played a role in monitoring the conversations to ensuring any misinformation was addressed. These messaging groups were in conjunction with the weekly zoom meetings, which provided a forum to discuss the situation and assist in resolving any fears or anxieties that participants may be experiencing.

"I produced video clips when rulings had been changed, quick one-minute videos to pass on."

"People they knew and trusted were video recording themselves getting the vaccine to the groups to encourage them to get it done."

"*Instead of putting in the chat difficult messages, we talked about it, because writing it can create a shock. So, there was always a discussion and then people were able to talk about their fears and anxieties, especially with curfews and the 5km radios which are all trauma triggers"*

In addition, STARTTS staff utilised social media platforms to convey messaging by posting videos and interviews of recognisable and trusted people including:

- STARTTS community development worker recording videos and audio messages for Ezidi community. This was done in collaboration with NSW Multicultural Health Communication Service.
- Kurdish speaking STARTTS staff member being interviewed by SBS Kurdish.
- STARTTS CEO being interviewed by Spanish SBS.
- Assyrian speaking STARTTS staff member being interviewed by SBS Assyrian.
- Co-producing a video with young people on COVID-19 safety and vaccine information in collaboration with local Assyrian artists and youth leaders. The video was in a format of a game show to ensure engagement and interest among the client group.
- Creating in-language Stay at Home video messages that could be shared on social media platforms.
- Other media interviews focused on COVID-19 safety and vaccinations in various languages, including, Assyrian, Dari, Arabic, Dinka.

- Co-producing 2 music videos with Congolese young people in Albury/Wodonga in Lingala and Swahili and focusing on vaccine and COVID-19 safety messaging.

In addition, STARTTS run podcast 'Hints for Healing' presented an episode in Dari on how parents can promote the wellbeing of their children and themselves during COVID-19 restrictions. https://www.hintsforhealing.startts.org.au/support-for-dari-speaking-parents-affected-by-the-afghan-crisis-how-parents-can-promote-the-wellbeing-of-their-children-and-themselves-during-covid-19-restrictions-language-dari/. Furthermore, STARTTS staff produced a number or webinars for Assyrian, Mandaean, Iraqi Shia, Ezidi, Afghan, Hazara, Al Ahwaz, Congolese, Tibetan, Tamil, South Sudanese and Uyghur communities with information relating to COVID-19 Safety, disaster payments, mental health and vaccine messaging.

Collaborative efforts:

There were a range of collaborative efforts by STARTTS staff with multicultural and CALD community groups, networks and NSW Health which assisted in the distribution of in-language information during the pandemic. Examples of these include:
- Participation of Arabic, Assyrian and Vietnamese staff members to provide in-language information at SWSLHD Testing Clinics.
- Collaboration with Victorian Foundation for Survivors of Torture on sharing COVID-19 Safety and Vaccine information for Arabic and Assyrian speaking communities.
- Collaboration with Assyrian Resource Centre to help develop COVID-10 messaging for Assyrian community., and hold webinars delivered by trusted bi-lingual health professionals.
- Supporting Mandaean Emergency Relief Committee to help develop COVID-19 messaging for Mandaean community including webinars delivered by trusted bi-lingual health professionals.
- The organisation of COVID-19 messaging and vaccine information sessions for Karen community members in collaboration with Community Migrant Resource Centre and NSW Refugee Health Services
- Collaborating with African Mental Health Reference group meetings to discuss COVID-19 vaccination updates in the African community.
- Conducting COVID-19 education and Mental Health wellbeing sessions in partnership with TRACK Australia (Tamil volunteers organisation)
- Working with NSW Multicultural Health Communication Service to translate and create audio recordings of COVID-19 Daily key points in Ezidi language.
- Conducting information sessions with South Sudanese doctors for the South Sudanese community.
- Participating in the Asylum Seekers Centre Facebook broadcasts.
- Organising COVID-19 vaccination information sessions delivered in Arabic by Dr Ahmad Alrubaie from the Iraqi Australian University Forum.
- Information sessions held with Refugee Health, diabetic specialists and cancer specialist to inform groups about the vaccine and to encourage members to get vaccinated. Information sessions were tailored based on the needs and concerns of group members.

- Collaboration with Iraqi Australian University Graduates Forum to conduct a vaccine information session for Yazidi community.
- Collaboration with Western Sydney LHD to deliver Q&A sessions with Tamil parents focusing on vaccination of children. The sessions were delivered by bi-lingual doctors.
- Collaboration with Western Sydney LHD to co-deliver their COVID-19 Champions program to Arabic-speaking, Afghan, Tamil, minorities from Myanmar and Tibetan communities.

2. **Ways to improve channels of communication with CALD communities:**

When discussing ways to improve channels of communication with CALD communities, particularly members of the community that STARTTS engage with, it is important to take into consideration the impacts of trauma and torture. The exposure to trauma and/or torture is a common aspect of the refugee experience which has a significant impact on mental health upon arrival to Australia. These impacts can be compounded by settlement difficulties and challenges associated with normal life cycle. Social support and connectedness are a strong predictor of recovery for refugees following trauma. On the other hand, experience of trauma in the context of state induced organised violence, contributes to lack of trust in any information provided by Governments. This again highlights the importance of collaborative partnerships with refugee communities.

Furthermore, from the STARTTS staff consultations and feedback by community members, it was evident that in-language information was widely accepted by community members when there was an already pre-existing relationship of trust established, which is highlighted by the direct quotes in part 1. These factors should be considered when discussing ways to improve channels of communication with these communities. In addition, further considerations may include:

- Increased training for bi-cultural facilitators and community leaders who are relied upon for the dissemination of in-language information. However, it is essential that bi-lingual facilitators receive appropriate renumeration for their time and effort as well as ongoing support and information updates.

"Just as how community leaders felt that a health professional should be invited to speak to the participants, they also felt it was equally important for them to receive training from a health professional in order to be able to speak to their community and address their concerns with the right kind of information"

- The use of multiple forms for disseminating in-language information, including audio and visual media as a form of engagement.

"Sources such as religious leaders and community radio stations who can be used as gateways for participants to access trustworthy and up to date information."

"Instead of using shock tactics, information needs to be given in an appropriate and safe setting so that people are prepared and not scared when they hear it. We need to have different modes of communication through; videos, fames, art and pictures to help relive stresses."

"Having more group programs, group spaces and bicultural facilitators – so it's all about building capacity in the communities to get connected with each other."

- To ensure government authorities engage directly and in collaboration with community led and grassroots organisations. This will ensure that public health measures make sense to the communities which they are aiming to support. In addition, it is essential that communities have access to and understanding of emergency measures that will affect them before they are enforced.

"The government was in panic mode, there were a lot of rules very quickly and people were fined before there was time for them to understand the changes in rules…this is same method as state terrorism – using normal and extraordinary events to control and force compliance – people didn't' understand what could cause fines. People accepted restrictions and controlled behaviour – government wanted to control population; this is trauma triggering"

"What worked best was grassroots communication based on trust. Things posted on websites and in emails did not really work. One-on-one phone calls and grassroots engagement was essential"

3. **Addressing racism and discrimination related to crisis communications**

Consultations and interviews with STARTTS staff revealed that racism and discrimination related to crisis communications was experienced by STARTTS' clients. This included: the uneven response by the NSW Government to those living in south-west and western Sydney compared to other areas of Sydney, vaccine availability, inequitable access to services for asylum seekers and a lack of trust in government. Communities STARTTS works with felt discriminated and targeted as majority live in what were called "LGAs of Concern" during Delta outbreak. This unevenness and feeling of being targeted, had a negative impact on the receptiveness to information coming from Government sources.

Initially, there were significant issues with access to vaccines in greater western Sydney, as well as increased presence of police and the deployment of military, which caused anger and disillusionment with the government messaging. Furthermore, some vaccination hubs required online registration which was only available in a limited number of languages.

"Creating a public perception, contributed to by irresponsible media reporting, of people from South Western and Western Sydney being incapable of adhering to public health measures and requiring increased policing to ensure adherence to those measures."

Some community members felt discrimination in the past by the government which reduced the trust and credibility of the information being shared by the government for them.

"There was a very low uptake of any vaccine among the asylum seekers of the Ahwazi community. This seems to be the result of their total lack of trust and confidence in the Australian government, on account for their protracted battle for permanent residency and perceived lack of rights or value over the many years some of them have been in Australia"

"Some people did not want to comply with the government because of the way they had been treated by the government, because they were so angry by their experiences"

Consultations with STARTTS staff also noted that the limited services available for asylum seekers during the pandemic as well as the lack of a multi-lingual 24-hour mental health support lines.

"Asylum seekers, especially those on Bridging Visas, Temporary Protection Visas or invalid Bridging Visas were disproportionately impacted by COVID-19 restrictions as they had limited access to social services, financial and medical support."

"An asylum seeker was not feeling well, they went to the police and told them that he is not well. The police called an ambulance and took him to the hospital. The person was then sent an invoice of the hospital and ambulance service charge. I called the ambulance service to consider the person's situation, who is an asylum seeker and is unable to pay, the person on the phone responded to me saying that 'He should consider the costs first, this is not for free'"

"These factors create a situation in which trauma triggers are widespread coupled with unpredictable and potentially hostile recovery environment and reduction in protective factors such as social capital, employment, and family support. The situation is further compounded for asylum seekers already impacted by visa insecurity, improbability of family reunion and lack of access to certain services and resources."