



**Response to the Select Committee on Strengthening Multiculturalism
NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
(STARTTS) Written Submission
May 2017**

The NSW Service for the Treatment and Rehabilitation of Torture & 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).

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 utilises a holistic approach to address the impact of torture and trauma on the individual, family and community through health assessment and referral, information provision, counselling, psychotherapy and other clinical interventions, community development, policy input and training of other service providers. STARTTS has a proud 27 year history of successful services and projects and is funded through a variety of funding sources including NSW Health, and the Commonwealth Departments of Health, Social Services and Immigration and Border Protection. Further information about STARTTS' services and programs can be found at <http://www.startts.org.au/>.

STARTTS welcomes the opportunity to submit a response to the Select Committee on Strengthening Multiculturalism, inquiring into and reporting on ways of protecting and strengthening Australia's multiculturalism and social inclusion and address some of the terms of reference below.

The adequacy and accessibility of settlement and social inclusion services and resources available to individuals and communities;

Australia has a very broad range of settlement and social inclusion services, yet there is currently a lack of published research about their impact. STARTTS recommends the following improvements to settlement and social inclusion services:

- Find ways of recognising and remunerating community leaders filling gaps in settlement services on a voluntary basis
- Utilising social cohesion principles in social inclusion service delivery
- Tailoring information about mental health services amongst newly arrived refugees to improve awareness
- Further training for case managers accessing disability support services for newly arrived refugees

Many community leaders and groups are providing a range of settlement and social inclusion services, but often these are provided by volunteers at their own expense and very little support is received. It is recommended that further support be granted to bi-cultural community leaders in order to facilitate their impact in the community. The support should be also given to refugee community organisations directly to ensure their independence and support the capacity building process. The network of refugee community organisations is a significant asset and Australian Government should consider building on those assets in addition to addressing the needs and gaps.

Also, there are instances where larger organisations have been receiving funds to deliver social cohesion projects without a sufficient grassroots base. The most effective way to create social cohesion is to start with what is present in the community and build on that as opposed to trying to create new structures and relationships. Further, social services sector has limited understanding of the collective impact of refugee trauma in the context of state terrorism and organised violence. This has a significant impact on social cohesion and unless being made explicit, understood and addressed within social cohesion projects, those projects will be less effective and often not go into sufficient depth to create real change.

State terrorism and organised violence target the very essence of a community: **relationships** between individuals, families and other social groups. When relationships are affected, communities are likely to fragment and lack of trust pervades social interaction. The situation is exacerbated in communities that are already fraught with political, ethnic and religious complexities and divisions as many refugee communities in Australia are. Since it is impossible to "leave behind" the impact of trauma on individuals and families, it is equally impossible to discard the effects on communities. It is important to note the effects of trauma and state-induced violence rather than assume these are naturally occurring cultural and religious characteristics of communities. Additionally, what we may perceive as a community due to shared language, ethnicity or country of birth, may not be perceived as a community by individuals who share those characteristics.

STARTTS recommends services base social cohesion interventions with refugee communities on the following principles:

1. Substantial support (not one-off event grants) to be given directly to refugee community organisations with a broad grassroots base.
2. Large organisations would be required to demonstrate grassroots support
3. Existing refugee community networks and relationships need to be understood and engaged. Building on strengths creates a good base for true social engagement.
4. Collective impact of trauma should not be underestimated when creating social cohesion initiatives.
5. Social cohesion initiatives should be long-term and sustained to create true change. One-off small grants focusing on cultural events have very little impact in the long run.
6. Social cohesion initiatives should be evaluated focusing on their impact rather than input alone. STARTTS can provide Australian Government with an evaluation methodology created in partnership with the UNSW and refugee communities focusing on identifying and measuring indicators of Social Capital in refugee communities.

As an example of such initiative, STARTTS would like to mention the Song of Peace Project implemented by the Choir of Love (Iraqi community choir) and auspiced and supported by STARTTS. The Song of Peace Project has brought together over 2,000 interfaith Iraqi and broader Australian community members - through the healing capacity and beauty of song and creative arts. The project used the following social cohesion principles as a guide:

1. Focusing upon and strengthening empowerment of all project participants (designing projects that are 'participatory' in nature) - enabling, engaging and empowering all participants across all stages of artistic activities, to instil a sense of belonging and ownership of projects.
2. Maximising multiple opportunities for the participants to connect and establish new and/or longer-term linkages with each other, including with diverse community stakeholders and networks to strengthen participants' social inclusion and cohesive capacities, and nurture vital social capital - utilising the beauty and healing capacity of song and art.
3. Increasing access to creative arts initiatives/project-making opportunities to foster a strong sense of civic participation and connection with diverse communities, including other ethnic and broader Australian communities. In addition, to strengthen awareness of and capacity to embrace social action to tackle prevalent social challenges within communities - particularly building the social action capacities of our younger generations.

In addition, there are significant barriers to accessing to mental health services from cultures not familiar with mental health treatment. This is predominately due to a lack of awareness and high stigma associated with accessing mental health services. Often the country of origin has no mental health support and there is little awareness around the effectiveness and importance of treatment. It is essential that messaging is culturally

tailored and suitable for those with low literacy. STARTTS has developed a number of projects to address the issue of mental health literacy in refugee communities including the Hazara Mental Health Literacy and Suicide Prevention Project and the African Mental Health Learning Circle. Both projects are in their final stages and evaluation will be made available upon request. Further, STARTTS Families in Cultural Transition (FICT) Program incorporates elements of mental health literacy and activities fostering psychosocial health and wellbeing. Further information is also available.

STARTTS counsellors have reported instances where newly arrived refugees are not matched appropriately with disability support services (see case study below).

Case Study

A STARTTS client arrived in Sydney with a diagnosed disability (known about prior to arrival), yet they waited five months until they could access appropriate services. During this time, the client only her pension to live on for three adults, one whom is an adult son at home with quadriplegia and the other is an adult daughter with intellectual delay. There were no disability pensions for either the son or daughter until five months after arrival when they came to STARTTS, and no carer support pension for the mother. The mother attended all appointments and had done everything within her power to support her family. In addition, the Case Manager was unaware of the intellectual delay in the daughter, meaning Centrelink was arranging for her to attend Navitas and expecting her to attend job interviews, despite the fact that her functioning was equivalent to a six year old.

It is clear from this example that this is not an acceptable waiting time for clients to access settlement services. It is recommended that pathways of refugees with disabilities be tracked through the service provision system. Also, perhaps further training is needed for case managers to assist them in identifying disabilities and making necessary referrals.

The impact of discrimination, vilification and other forms of exclusion and bigotry on the basis of 'race', colour, national or ethnic origin, culture or religious belief

STARTTS frequently observes the serious impact of discrimination, vilification and other forms of exclusion and bigotry has on the lives of refugee clients. The negative impact of discrimination on health and well-being, especially mental health, is well documented. Research exploring the impact of discrimination on people from migrant and refugee backgrounds¹ finds discrimination contributes to:

¹ Refugee Health Research Centre, 2007; Major et al 2002; Silove et al 1997; Sundararajan, Reidpath & Allotey, 2007

- Depression,
- Poor quality of life,
- Psychological distress, and
- Substance misuse

Young people are particularly sensitive to the effects of discrimination². These findings highlight the importance of providing adequate social inclusion services discussed above.

² Sanders-Phillips 2009; Williams & Mohammed 2009