



STARTTS NSW COVID-Outreach Support Program Evaluation



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and Rehabilitation of Torture
and Trauma Survivors**

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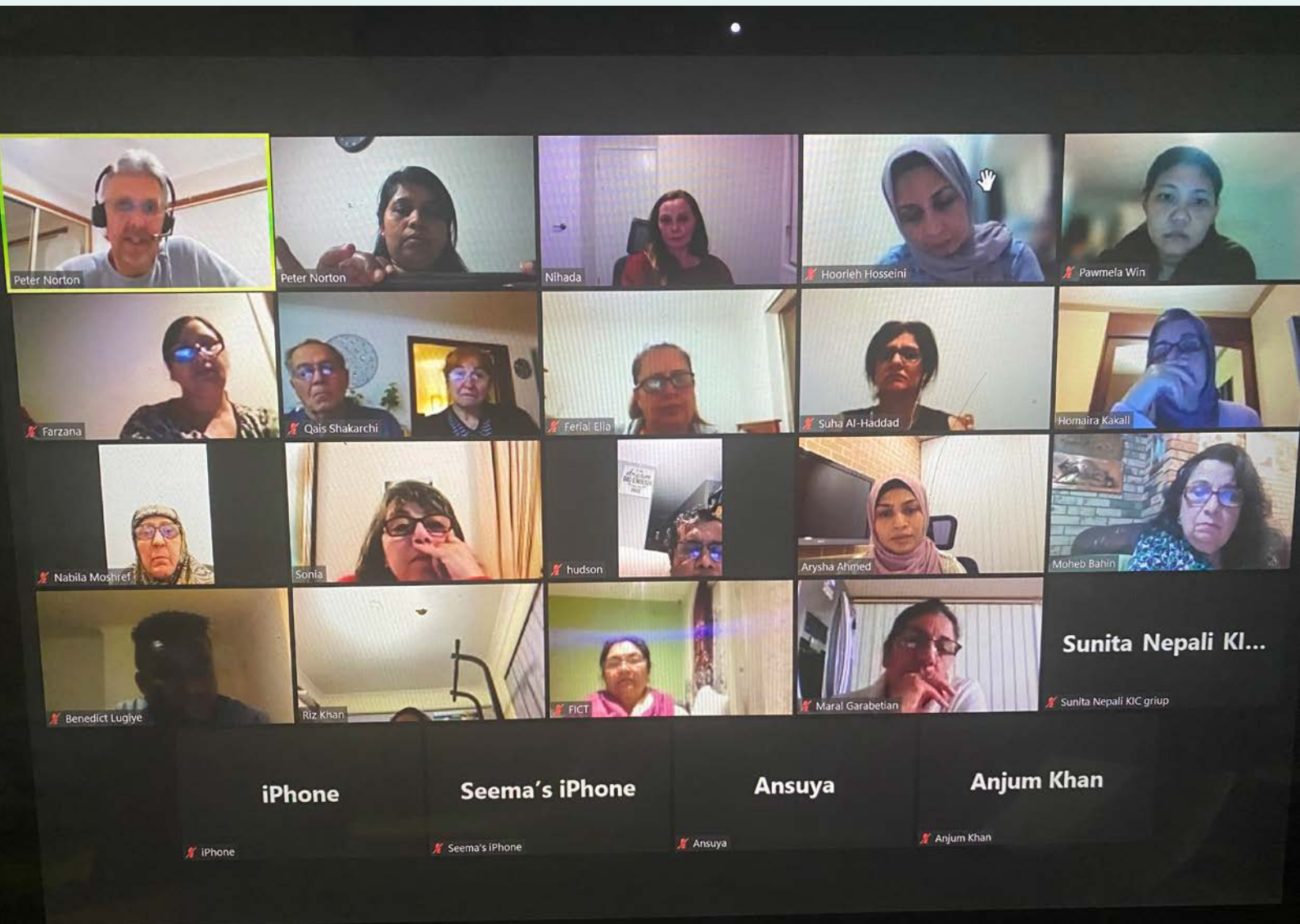
Introduction

The NSW COVID-Outreach Support program was an initiative run by the STARTTS Families in Cultural Transition (FiCT) Team and funded by The Settlement Council of Australia (SCoA) in order to reach out to members of various refugee communities NSW who are mentally, emotionally and physically vulnerable as a result of the COVID-19 pandemic. As an extension of the Keeping in Contact (KIC) Program under the FiCT team, the NSW COVID-Outreach Support program initially targeted individuals that former was unable to support. However, during the course of the program, the target demographic expanded to include other LGAs as the need became evident. The program ran from 21 July 2021 to 20 August 2021 for a total of 340 hours. 11 bi-cultural workers/community leaders were employed many of whom were already associated with the KIC program to reach out to members in their communities who were in need of support. Prior to the commencement of their role, they were given the necessary training by the FiCT team in order to converse with the community members, listen and address their concerns.

The primary objectives of the program are:

- 1. To empower vulnerable members of different refugee communities with reliable and up to date information regarding the COVID-19 vaccination.**
- 2. To identify the main barriers to vulnerable members of different refugee communities getting a COVID vaccination**
- 3. To identify main COVID related mental/emotion/physical issues people are facing.**

Approximately 702 participants were identified from different refugee backgrounds. Majority of this group were senior citizens who were isolated and in need of support.



02 Methodology

This is a qualitative evaluation conducted using a focus group discussion. A total of 10 questions were drafted. However, given the time constraint and the fact that participants had provided answers for several questions when addressing the first few questions, the project officers focused on questions 1 to 3 and 8 to 10.

The questions were as follows:

1. What was something you learned about your community and their response to the pandemic, as a result of making these calls? Did anything surprise you?
2. How do you feel the people you called benefitted most from this project?
3. What are the main COVID related mental/emotion/physical issues people are facing?
4. How well do you feel members of your community understand the key messages around staying safe and COVID-19 related restrictions?
5. Where are people mostly turning for COVID-related information and assistance?
6. What appear to be the main barriers to members of your community getting a COVID vaccination?
7. What do you feel would help increase people's confidence to seek a vaccination?
8. Did anyone use WhatsApp or other online groups to communicate with community members during this project? Tell us how useful you think that was.
9. What do you think STARTTS could be doing to better support vulnerable members of your community?
10. Is there anything you would do differently if asked to do this kind of outreach again?

In addition to these questions, the project officers also asked two questions namely:

11. How did you feel after participating in the program? Do you require any counseling or other forms of support?
12. Have you completed your allotted hours?

Prior to obtaining consent for recording their responses, the community leaders were informed of the structure of the discussion, confidentiality and the purpose of conducting the evaluation. The discussions were recorded using a voice recorder, transcribed and thematically analysed. The findings of the evaluation are presented below.

03 Findings

For the purpose of this evaluation, the 11 bi-cultural workers/community leaders will be referred to as community leaders henceforth. Similarly, the target demographic will be referred to as participants from hereon. The thematic analysis of focus group discussion produced findings that can be categorised into five broad categories namely challenges faced by the participants, challenges faced by community leaders, findings regarding COVID vaccination, findings regarding participants' mental health and suggestions for improvement.



Anjum Khan

Riz

Seema Syed

Anjum Khan

Riz

Seema Syed

I. Challenges faced by clients

Misinformation

While talking to members in their community it soon became evident to the community leaders that participants were apprehensive about signing up for the vaccine due to the misinformation they had gathered. As a result, participants expressed their fear of taking the AstraZeneca which is more commonly available than the Pfizer. Despite being false, the participants believed the different narratives around the vaccine and its side effects as it came from trusted sources such as their loved ones and other community leaders.



Interviewer

I have to ask do you think that they were getting any wrong or unhelpful information from any community leader?

Community leader

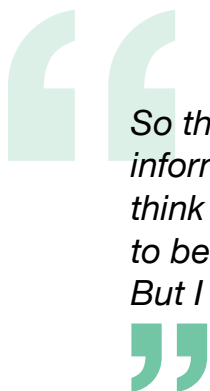
I believe so. Yes, they heard the side effects, which some of them that said to me, I could not believe and I asked him where do you get this information? they would say, Oh from the person next door or across the road or my neighbour or my daughter or my son. So they they're not getting the information, the right information.

Yes, I would like to say something as well, please. 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 the COVID. So they're very confused because they, they hear different opinions. So, they most of them cannot form their own opinion. So the people themselves- so, they base their opinion of what other people face. And what I realized 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.



Lack of trust of the media

During the evaluation a community leader pointed out that there existed a portion of her community who did not trust the mainstream media based on their experiences in the past in their home countries. While this is not the case for all participants, it is still a valid concern as it prevents them from obtaining information on updates regarding the virus.

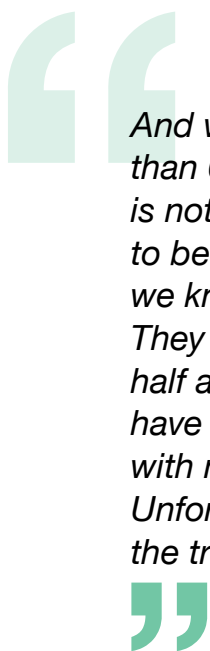


So they they're not getting the information, the right information. They do watch I asked about media what they think about that. They say they don't trust media too much to be honest. And there's communication there (inaudible). But I don't think they trust media very much.

Language barrier

Another significant challenge is the language barrier. Community leaders pointed out that there was a significant number of members from their respective communities who did not know how to read or write in their own language much less be proficient in English. The language barrier coupled with the misinformation produced fear and

confusion with respect to the vaccine. Hence due to the lack of translated material and information sessions in their vernacular languages, community leaders reported that the allotted time schedule for each participant was not enough as they had a lot of questions from the participants that needed to be answered in a simplified manner.

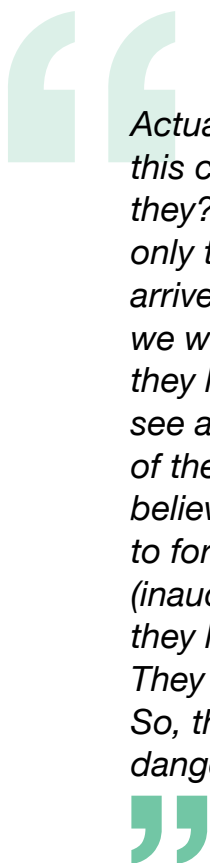


And when I talk with more than a lot of people in the phone, maybe more than 60 people or 70 people in the phone, and after I'd like say, half an hour is not not enough, because they have a lot of lot of questions and you have to be really clever to answer the question by the way they know because we know the big problem is language. And a lot of people is uneducated. They even don't can't read and write in our own language. Why this reason half an hour is not to keep but it is no problem. It may be 45 however, I just have an hour but I answer every every single question until they are agree with me. Yes, I want to do and there is a lot of a lot of false information. Unfortunately, there is a language barrier they couldn't read and write, and the translation is very less and the information session is really less.

Growing suspicion about the government's concern towards them

During the focus group discussion, participants cited their growing suspicions about the way in which government treats them as a reason for their vulnerability and reluctance to get the vaccine. It was pointed out that since coming to this country they have struggled with resettlement and felt as though the government did not care for them. Participants also stated that they believed that the

policies in place were making them more vulnerable as it limited them to a specific stratum of handy jobs and nothing else that they were qualified for leaving them feeling used and with a host of bills to pay. As a result, participants grew anxious of the vaccines in place and the government's encouragement to get vaccinated.



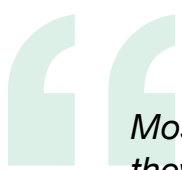
Actually one of their questions was is this Government and this community are really concerned about our health? Are they? So, if they are concerning about our health is not the only thing that we have impacted in Australia. Since we are arrived in Australia, our life was right with this government, we were not able to actually find ourselves or that things that they have experienced during these years. And they couldn't see any mercy and any, you know, special yes special caring of the government about them. So, the only thing that they believe that this government want them to do is to actually, to force them to make them more vulnerable to actually (inaudible) them of what they have. Okay, the only thing that they have is just very, you know, handy jobs and nothing else. They just provide their brains and the bills as I mentioned, So, they are not believing this government. That is the most dangerous thing okay?

II. Challenges faced by community leaders

Building trust with the participants

While discussing their experiences of being a part of the outreach program, majority of the community leaders found a challenge they shared in common. Building trust. Participants explicitly stated that they were willing to wait a few months to get the Pfizer or Novavax as opposed to the AstraZeneca which was readily available. This was due to the lack of trust they had in the latter fuelled by misinformation and suspicions regarding the government's intentions toward them. Those who

wanted Novavax opted for it as they heard that it was plant based. In light of this, community leaders found it challenging to scientifically deconstruct the narratives that participants had formed around the vaccine. However, community leaders were able to overcome this challenge and build trust between them and the participants by addressing their concerns one by one and by providing reliable and factual information from sources such as medical professionals and websites such as NSW health.



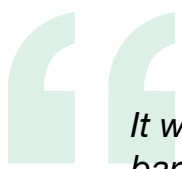
Most of them they said they're going to wait another month or two because they want Pfizer and they want to Novavax, some of them they want to Novavax because it's plant based. We're waiting for that. And they were saying we're not going out. We're at home. It's not gonna happen. And then I- when I talked to them About the vaccine, this is it was two or three weeks ago. This week when I contacted few of them already they change their mind and they haven't. You know how we have the say they trusted? Because I told them all with the science based and I did research from the NSW health department. I Show them some graphs and It -They trust they started Trust.



Building trust with the participants

Another challenge that some of the community leaders faced was the language barrier. In some cases, the participants that the leaders contacted spoke different languages and dialects despite belonging to the same broader refugee community.

Also, given the lack of proficiency in English, community leaders found it challenging in the beginning to communicate in these different languages and dialects and also find information that was translated to suit the participant's understanding.



It was difficult to talk with them, because the big problem is a language barrier, and we break the language barrier, with the people, talk with them by their own languages, and put a lot of information. Like, for our community in Pashto and Dari, because most of them don't complete, English, and also there is a lot of lot of groups.



III. Findings regarding COVID Vaccination

Identification of growing fear about the vaccine

During the evaluation community leaders cited fear as a barrier and the reason for why participants' reluctance to take the vaccine. Participants reported being afraid of taking the AstraZeneca due to the reports of blood clots they have come across. In light of this community leaders mentioned that should Pfizer be available; participants will be willing to take it.

“
They ask to have the Pfizer. They don't- they refuse to have the AstraZeneca. This is the biggest issue they face it and not all the clinics that it gives Pfizer. Of course, there is several reasons but one of them that they are afraid from the blood clots you know, when they are talking about the AstraZeneca. Yeah, that's the biggest issue. So, it's the Pfizer is available? For all the (inaudible), I think most of the people they will accept. Yeah. Thank you.

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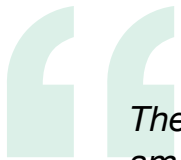
“
At the same time but you know a lot 90% of my community, they don't have it, they haven't had it either didn't even plan it. And yet, they had afraid or something.

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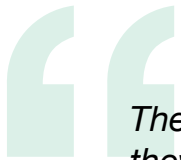
Importance of community leaders in disseminating information

During the discussion, one community leader pointed out the importance of the role they play in their community with regards to the dissemination of information on COVID. It was observed that members of the community listened to what she had to say because of their trust in her. This enabled her to encourage participants to sign up

for their first shot of the vaccine. Drawing on this experience, the community leader emphasised the importance they had in their community and reiterated the need to have them trained and equipped with accurate information in order to prevent the spread of misinformation.



They all asked me when I call them because most of them know me, and I am one of the community leaders, so they listened when I was, you know, the information that I was giving to them and this is what they said to me. If, if we want to learn something, we should have somebody who we can trust in order to you know to listen to and make out when it comes to Covid. So, I believe community leaders play a wider role when it comes to something like this. important. It's really important to talk to the community leaders to pass information so they can pass this information to their community.



There is a group of people who I was really attracted to them, especially they all knew me personally. And they trust me because I have a medical background. So, the way they were expecting me to give them some technical, some technical facts, social parts and political parts. I would say they benefited, and some of them.



Need to provide reliable information

After conversing with the participants, community leaders unanimously agreed that there was a very real need for them to provide opportunities to their respective communities to access information on COVID and the vaccination that was accurate, reliable and up to date. To that end, community leaders resorted to a number of official channels that provided reliable information in order to prepare themselves before addressing the concerns of the participants. One participant spoke about a focus group discussion they attended from NSW Health. The discussion proved to be useful

as it offered information and guidance on how to encourage others to take the vaccine. Another leader spoke about the training they received through the KIC program. The information she gained from that session not only empowered her to talk to the participants about their concerns regarding possible side effects but it also helped her to be accurate and deliver information in a personal manner. As a result, the community leader proudly observed that majority of the participants she spoke to were already planning to receive the vaccine.

Yeah, the first thing I learned (inaudible) with NSW Health, there was a focus group about the vaccine. What's your idea about the vaccine. Do you want it why you don't want it? Why you want it? And from the group I learned a lot. In this group, we was not allowed to give them any idea or to say that your idea is correct or not. But we just need the idea what is the vaccine and why you needed to take it, why you take it, and why you don't take it, give me the reason. We just we just information. From that group. I learned a lot because all of them suggest we need some accurate information some for someone we are believing like adults, health worker or something.

And the other way every good thing was my KIC group. In the KIC both group lady to come and give them a lot of information about the vaccination, what is the vaccination, what is the side effects, how do you book it and things like that. At that moment, I want to sit down to form a (inaudible). So that give me accurate information. I translate that in two language- Pashto and Dari. This helps me to talk with them with a reason not like talk 'Blah blah' but a reason and explain for them, what is the benefit? What is the complication? And how is the complication. The good part was they thinking AstraZeneca has a blood clot or the blood thinning problem, you think everyone will take their AstraZeneca? Everyone will make the problem. And then I say no. There is the problem. But not everyone, maybe in 10,000 people, one people come with that thing. And how should you prevent that? I tell them go to a GP discuss your all condition with the GP. Get their opinion and go. And in this two part, believe me, at the end, I'm connected with the 35 to 40 people every week, because I have five groups. And every time I was talking with them, I encourage with them. At the end, all of them, most of them took the vaccine ad all of them planning the vaccine.

Identification of the need to produce translated information

Provision of accurate information on COVID is not enough with respect to removing the barriers that prevent participants from accessing the vaccine. A significant number of participants from different refugee communities are not only not proficient in English but also do not possess the ability to read and write in their own languages. Hence community leaders identified the need to have the information translated. By translating the information, they obtained during a training session in to Pashto and Dari, one community leader reported that it helped

them organise their information better so as to offer concise and accurate explanations to participants. Another reported of instanced where they sent information from a website that had everything translated in Arabic. As a result of these efforts, community leaders observed that they were able to reach participants on a more personal level which facilitated the desired outcome of empowering them with the knowledge to make an informed decision regarding the vaccine.

“
I translate that in two language- Pashto and Dari. This helps me to talk with them with a reason not like talk ‘Blah blah’ but a reason and explain for them, what is the benefit? What is the complication? And how is the complication.

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“
Thank you. So the benefits that the people get from this project for me. So they get the correct information about what’s the COVID What’s the vaccine, and also some people after I calling them and provide them with some website, there’s a website in Arabic. And I went to New South Wales health and actually I get some copy and I send it to them as a message. So they have the beginning there used to get any, any kind of vaccine either Astrazeneca or Pfizer. But after that, they plan, they plan to get the vaccine, which is was a positive outcome for me.

”

Increased access to information on financial aid

In addition to the benefit of receiving reliable information on the vaccine, participants also benefitted from this program by being informed of the different resources that were available to them in order to help during this time of crisis. During the calls, community leaders responded to several questions regarding disaster payments, census and other amenities that were available to the participants. Given the lack of knowledge regarding these resources, several community leaders spoke about how they spent time with the participants

on the application process for financial aid from sources such as Centrelink. However, participants were reportedly concerned about the possibility of being fined for not taking the vaccine. When the topic was broached to the community leader, their concerns were addressed, and participants were advised to apply for ABS. In addition to financial aid, community leaders also referred participants to food banks and other services that would offer whatever support they needed.

“*And I helped them to how to get the disaster payments from the Centrelink. Some of them doesn't know how to apply. And then I have to help for a few of them. And then they get the benefits from me that it's very helpful I think and some of them they lost their job from this lockdown time and only getting the disaster payment. It's not enough you know, just okay for their likes and then they get in the they get when they get electricity bill and other bills they're frustrated from the bills. I help them to how to apply for the HIPAA which are from the New South Wales service page. I know that one actually I send them that link. They are very happy and then apply for that.*”

“*Thank you. Yeah, what I called everyone, maybe only four or 5% of them have got the vaccine, or maybe they were planning to get that only four or 5%. By you would see that they don't think seriously about the vaccination, the only thing that they want during that course, was to prevent it of any fines or any thing that they may get. They were asking me Is there any policies now or any things we should do to so we can prevent getting any fines from the government. So I needed to tell them about the ABS? (Inaudible) And I told them, if you're not going to fill that forms, you're going to get fined for everyday \$222. So, they wanted me to explain for them how they can get some assist of some centres or organizations. So, I have referred, many of them to JRS and House of food comm and a SRC, so they can get some food banks and some funds assistance. So, it was beneficial for them and 30 minutes wasn't enough for everyone that I called. It wasn't at all enough. And because they had a lot of things that they need to do they have, they are missing the informations. So yeah, I could see that I solved many of their, you know, problems as I could. And especially, it was a good chance for me to teach them or do their censuses. That's, that was very beneficial for them.*”

IV. Findings on mental health: Causes for mental health problems

Isolation due to Covid-19

The NSW Covid-Outreach Support targeted refugees in South Western Sydney who were unable to receive support through the KIC program. During their conversations with participants community leaders identified several factors that caused and exacerbated mental health problems among them during the lockdown. One of the main contributors was isolation. Majority of the participants who were targeted for this outreach program were confined to their housing units which did not have open spaces like a balcony. Being confined to a small space with no one to keep in touch with or have any activity to do resulted in

stress and boredom. When suggested to go for a walk one participant remarked that the walk was not the desired solution as it still left them feeling isolated after the walk has concluded. One community leader pointed out that even young people chose to confine themselves out of fear and anxiety resulting from a tragic accident of a young person in the area. Coupled with the Covid- 19 restrictions in place the participants they spoke to exhibited signs of loneliness, stress and depression. Hence community leaders requested STARTTS to come up with activities that can engage participants during this trying time.

“ So that was that was I found that I found that people feel isolated. Some people sitting in their bedrooms, they don't want to go anywhere. Can't even go out of their room you know? And young people that I contacted, used to go outside every single day to have fun to go to the gym to go to the club. And now they don't want even to go to do any exercise even physical activity. They don't know what to do especially after the tragic incident. If you heard about the young man in his 20s he's died is Last week 10 days ago yeah. So, they don't want to go anywhere. They feel scared, anxious, they don't want to be in that same situation.

”
“ I'm gonna say another issue that mentally it's affecting to them in western suburbs or that area Sydney West most of them they living in a unit. My clients, they told me they got bored from looking just a window because they didn't have a balcony or something. I said oh go for a walk, she said, if I go for a walk-for her, she can do half hour, and 24 hours she's going to be at home. And that's I think adding another mental stress because the space is really small. If you're living by yourself or with someone in a one tiny bedroom. It's really hard. If you don't have a big space balcony. That's another adding up I believe.

”

Isolation due to Covid-19

“
At the most the people I found them they are boring. They are looking for us to deliver then something to reduce their stress through the pandemic you know? They asked us Do you have a new Project are a new program that it reduced The stress through this Pandemic period?
”

Increased stress regarding the safety of their family

Another significant contributor to participants levels of stress and anxiety was the helplessness and worry they felt for their family’s safety. During the evaluation community leaders explained that participants were worried because of the possible ways in which members of their family who worked could be exposed to the virus. Additionally, they were also concerned about members of their family

at home who were at risk of contracting the virus. Participants were also concerned for the safety of family members back in their home countries. Given the global pandemic situation and lack of resources in many of these home countries to tackle the situation effectively, participants experienced great levels of anxiety resulting from their helplessness.

“
Participants or clients, they were really stressed because they were first level they got exposed. Family this their husbands will be working, they had exposure exposed and they will really see because they have mother-in-law at home. and they will enter high stress and all of them they are complaining that they can’t handle anymore so I think yeah.
”

“
Yeah and actually I can see that all the people that I talked to are very down mentally. Many of them are worried Concerns about their families overseas. Many of them here from Iran and there is a lot of you know pressure on that people and the people who are here are very worried about their families overseas. And they don’t know how to support them actually and they don’t to know how to support themselves during this global lockdown. So I don’t know actually how we can help them and how can we treat them I think STARTTS needs to focus and we need big help and assistance from STARTTS and other mental organizations to work on that.
”

Mental health problems associated with age

Age is another factor that has been identified. One community leader explained that with age comes the risk of suffering from mental health conditions. Notwithstanding their experiences as a refugee, participants showed signs of anxiety and depression owing to the struggles they faced with old age such as isolation, loss of income and fear.

“*As you're older people are more at risk when it comes to suffering from mental health or mental health. It comes with aging, and also it comes with potential underlying conditions, and also refugee background they've been through a lot in life before as well. I'm talking here about the person in community. Well, I found out that the main one is isolation, loss of income, and fear. These basic mental health in the Bosnian community that are contacted.*

”

Other miscellaneous factors

Several other contributors were also identified as causes of mental health conditions. These stemmed from the anxiety they faced regarding family members who were subjected to drug use, consumption of alcohol and insomnia.

“*Also increased level of alcohol and drug use, which is not necessarily the people I call but they did say to me about their families- their sons, but their children's increase, alcohol and drug drug use, unfortunately. Another one, insomnia, they couldn't sleep is another one that I got down, anxiety, and also some also show signs of depression as well which is some people that I knew personally. So that's what I think while I was talking to them, I could feel it when they were saying, These are the treatments. These are the things that I came up with, unfortunately did it.*

”

Effect of the NSW Covid-Outreach Support program

According to community leaders the NSW Covid-Outreach Support proved to be beneficial for the mental health of the participants they called. As mentioned previously, the participants exhibited signs of stress, anxiety and depression due to a cohort of reasons including isolation and concerns about their family's safety. By reaching out to them and enquiring about them on a personal level allowed participants to feel important and cared

for. Additionally, making telephone calls as opposed to dropping a text on WhatsApp added a personal touch which really helped participants feel the care and concern of the community leaders. As a result of the outreach program community leaders observed a visible increase in participants level of happiness and emphasized the importance of continuing this initiative.

“

This is a very good opportunity to call by most of the people from my community in this time. And I think my people is like, very happy, like, psychologically very happy from my call. Because nowadays, everyone is like sending message doing WhatsApp, something like that. Some of them are a little bit surprised when I call them to ask them what will happen are the up to date from these days information, something like that they're very happy.

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“

Also, also the many people that I contacted, they are living by themselves, they are alone. I've contacted about three or four women they are over 70 they live alone. So, when I contacted them, they were very happy. So, I feel happy to know, they feel there's someone asking about their health, what they are doing, they feel they're not like they feel isolated at the beginning. But they thank me a lot because I'm cared about them. Which is good, you know.

”

Increased sense of achievement among community leaders

Findings of the evaluation indicate an increase in a sense of achievement, pride and happiness among community leaders. Through their efforts they were able to observe the positive impact they had on the participants from a psychological perspective. Each call they made helped participants feel like they were cared for. Additionally, community leaders also reported of the large number of participants whose minds they were able to sway

in favour of getting the vaccine. Coming with a lot of predisposed ideas about the vaccine, community leaders found it challenging at first to encourage them. However, by the end of the program they were able to convince their community members through their dedication and patience. One leader stated that around 60 to 80 people were planning to take the vaccine or have already booked a slot as a result of talking to her.

“

I just want to say, I actually felt really good. After the project because I could just feel that I could be a benefit to them. I felt like that by sharing my knowledge. I felt like they actually understood what I was there for, and what I want them to understand from my calls. So I really felt good that I could actually share everything with. So and reach out to my community because we don't have a lot of gatherings and things like that at the moment so it was meaning to that.

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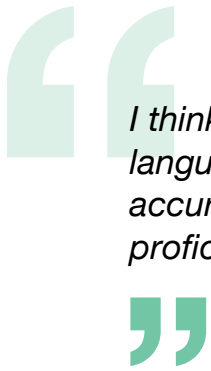
And also, I am very happy for myself, to donate appropriately and also the outcome is very good for me, for example, more than 60 to 80 people -planning the vaccination or booked the vaccination. it's, for me it is a big big outcome.

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V. Suggestions

Invite reliable professionals to provide information on COVID vaccination

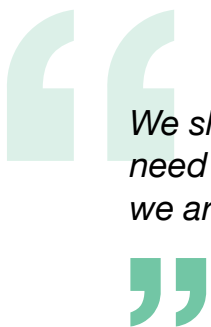
The evaluation found that in order to get through to the participants, the information needed to be provided from a source that the participants could trust and understand. To that end it was suggested that information sessions should be held online wherein a health professional well versed in the vernacular language of the respective communities would be hired in order to not only provide information but also to listen and address the concerns of the participants.



I think it's better to hire a professional who speak the language, to provide the people with information with accurate information so they can trust what's, what's the best proficient option. That's my opinion. Thank you.

Re-adjustment of hours

During the course of the focus group discussion community leaders explicitly raised the matter of the time allotted to each participant. Given the confusion and apprehension they face not to mention their poor state of mental health, community leaders felt it was necessary to not stick to a rigid time schedule as it was not enough to address concerns.

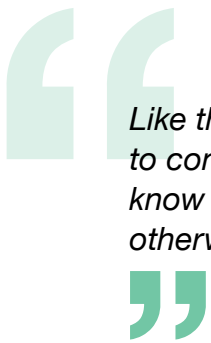


We shouldn't stick too much to the strict time. Often they need 45 minutes, they have to say no, they miss talking, and we are there to listen to them.

Requirement of mandatory training for community leaders from health professionals

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. During the discussion few community leaders spoke positively of their experiences of attending focus group discussions from NSW health and surfing through websites

prior to talking to their people. Coincidentally, several community leaders also faced several challenges with respect to their lack of a medical background to tackle the misinformation regarding the vaccine and concerns that arose from it. Hence a suggestion was made to have a health professional conduct a training session that covers what and how to disseminate any vaccine related information to their communities.

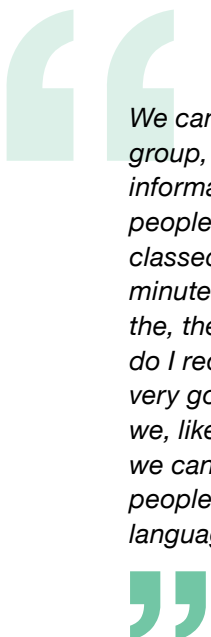


Like this again, I would like to like you know maybe a professional health person to come and take like, you know, three hours before we got on the call so that we know exactly what we're going to, like, you know what is wrong, what's the right or otherwise we just go general. That is all I was positivity a group. Yeah, next time.

Need for multiple forms of dissemination of information

Earlier on in the focus group discussion community leaders had reported that one of the barriers that prevented participants from getting the vaccine was the misinformation they obtained from trusted sources. After observing the impact, they had on the participants with regards to signing up for the vaccine, community leaders had also realised their own importance in the community. Through these lessons the community leaders realised that

it would be beneficial for the participants if their trusted sources were equipped with the proper knowledge of the virus and the vaccine. In addition, it was also suggested that the program should reach out to other equally trusted sources such as religious leaders and community radio stations who can be used as gateway for participants to access trustworthy and up to date information.



We can talk like a group like in the school, there is among parents. parents group or mother group, we can talk in this pool, and also we can talk a lot of social groups, and also give information through some ceremony for example for Muslim community, hundreds how these people come together and pray for the good opportunity to the leader, or someone they are classed like a doctor, a leader or somebody they can talk in the people trust them, just for a few minutes for five minutes give them that essential information about the vaccination and give them the, the example for example I said to a report when I took the vaccine. I'm okay. And I said just do I recommend it for you. And it is the good things, and the second problem is still the people is very good around did not know how to take the vaccination. The process is very complicated. If we, like, like today there is more that the proof says, If from the beginning, it was good. And also we can use radio, television community radio that you communicate the reason they like for our people for African people, everyone have the community. If we have someone to talk, their own language and the radio or television, more people will be covered with the information.

04 Conclusion

The NSW Covid-Outreach Support program was set up as an initiative with a two-pronged purpose. The first prong is related to ensuring that vulnerable members of various refugee communities in the South West Sydney region had access to all the accurate information they required on the vaccine. The second prong is related to ensuring their wellbeing from a psychological and emotional perspective. The evaluation has found that the program was effective in achieving these goals. Findings from the evaluation indicated a significant increase in community members either planning to or have already signed up to receive the vaccine. The thematic analysis also identified the challenges faced by both participants and community leaders such as the language barrier. Findings regarding information on COVID vaccination not only identified the various barriers that prevent access to reliable information but have also identified the areas of information dissemination that need to be targeted in order to ensure maximum access for participants. Findings on mental health recorded the causes of distress among participants, the effect of the program on participants' mental health and the impact of the program on community leaders. As a result of the information and support provided through the outreach program, participants were empowered with the knowledge they needed to make an accurately informed decision regarding their health. As one community leader puts it, their goal was to:

“*My aim was to make sure that clients that I call, they're sufficiently capable and motivate to get the vaccine. So, what I mean by that I wanted them to have the knowledge and skills to take up the vaccine. For example, some people might not have had enough information to convince them that the vaccine is safe. They might not know where and when and how to get the vaccine. And they might not be make plans to do it. So, what I want them to get out of this project, the most that I feel like that they got the most is that they were capable, and they had the knowledge and skills to go and take this vaccine.*”

Several suggestions for improvement were given such as inviting reliable professionals to give information sessions on COVID vaccination, re-adjust the number of hours allotted for each conversation, administer mandatory training for community leaders on COVID from health professionals and focus on multiple modes of information dissemination.

The program has produced overall positive results with respect to identifying the challenges and fears that participants experienced, provision of up to date and accurate information, improvement in participants mental health and increase in community leaders' sense of achievement. Yet, several areas that required professional attention was also identified which included the lack of information in participants' vernacular languages and the spread of misinformation. Towards the end of the evaluation community leaders unanimously agreed that this was a project with great potential and expressed their appreciation for being a part of the program and interest in being a part of its future iterations.



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