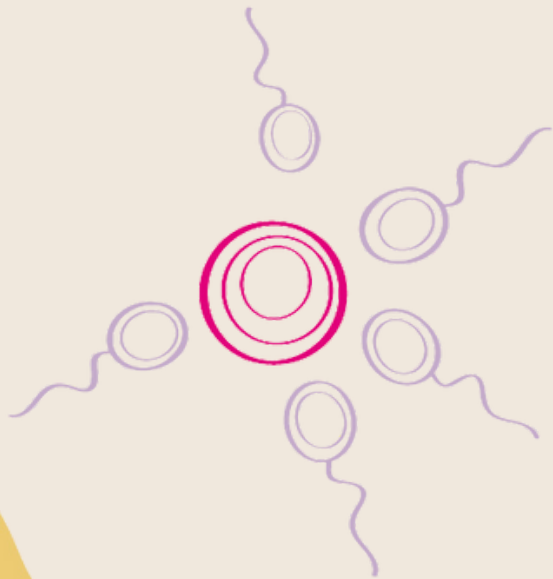
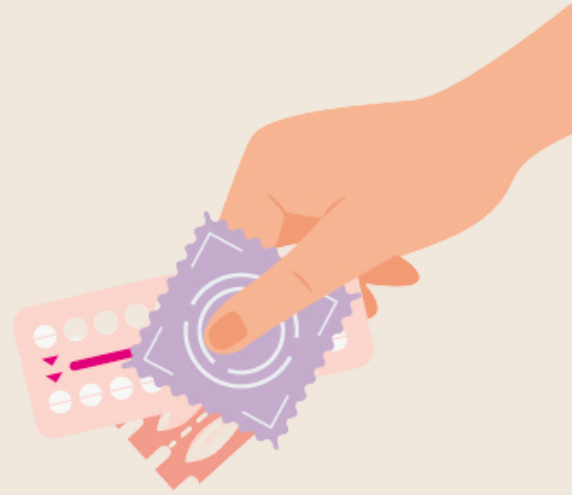


Culture & Language Inclusive Practice Studio

Co-creating language resources with migrant and refugee communities



WorkUP
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Acknowledgement of country

Children by Choice acknowledge and honour the traditional owners of the land on which we meet today as well as across Queensland where we do our work, and their continued connection to land and community. We recognise the three separate cultures of Aboriginal, Torres Strait Islander and South Sea Islander people. We recognise that we are working today on the Turrbal and Yuggera people.

We would like to pay our respects to elders past present and emerging, as well as to any First Nations people joining us in the room today. Always was, always will be Aboriginal land.

Acknowledgement of co- creators and collaborators

Children by choice acknowledges the women who participated and collaborated with us on this Practice Studio. They provided invaluable insights into their cultural sensitivities, the gaps in knowledge regarding sexual and reproductive health available to their community and were vital to the co-creation process of the resources. Without the participants this project could not have been completed.

Culture and Language Inclusive Practice Studio (CLIPS)

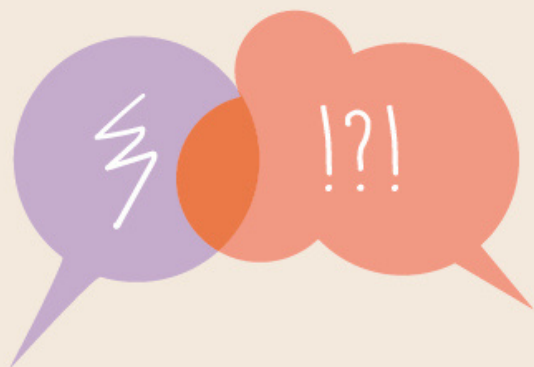
Children by Choice

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Introduction

The Culture and Language Inclusive Practice Studio (CLIPS) is a practical implementation of the ANROWS research on Multicultural and Settlement Services Supporting Women Experiencing Violence (MuSeS) with funding provided by WorkUP. Through this research, it was found that migrant and refugee women who have resettled in Australia face a range of challenges and barriers to access reproductive health and domestic violence services. In the literature on this topic two things are clear, firstly the importance of supporting migrant and refugee women to have access to information about reproductive health and how this correlates to greater quality of life for migrant and refugee women. Ussher et al (2017) explain that it improves their “physical, emotional, mental and social well-being”. Secondly, a study led by the Translational Health Research Institute and Western Sydney university investigating migrant and refugee women’s preferences for the delivery of sexual and reproductive healthcare information (Hawkey et al, 2021) confirms that; It is essential for healthcare providers and educators to be aware of women’s preferences for sexual and reproductive health (SRH) information and service delivery, to provide culturally responsive care. Hawkey et al (2021), explains that there is an increasing body of literature that identifies barriers to migrant and refugee women’s SRH. However, the area that has been missing is an in-depth understanding of how women from migrant and refugee backgrounds would like to receive information and care when it comes to sexual and reproductive healthcare.

With over half of the population in Australia identifying as culturally and linguistically diverse, Children by Choice through this Practice Studio recognises that supporting the wider community means providing resources that are culturally appropriate and available in their own language. This is one of the ways in which organisations can begin to remove systemic barriers that migrant and refugee communities face when accessing services. In doing so, directly responds to the challenges and barriers faced in gaining access to resources that are culturally safe and in language.

Through this Practice Studio, Children by Choice utilised a feminist, intersectional and anthropological framework to ensure that the women in the communities that we worked with, are held as the experts of their bodies, knowledge and experience regarding topics of reproductive health, reproductive coercion and abuse (RCA) and abortion.

The Project

The Cultural and Language Inclusive Practice Studio (CLIPS) was a collaborative work led by the Multicultural Project Officer and social work placement student from Children by Choice in collaboration with resettlement organisations, interpreters and health providers with a large focus on working directly with the community to co-create culturally appropriate and in-language resources on topics of reproductive health, understanding access to abortion in Queensland and recognising the signs of reproductive coercion and abuse.

When we talk about the participants in these groups, we mention women because everyone in the groups that we worked with identified as a woman. Children by Choice is committed to inclusive language. Through the process of creating resources for the Practice Studio, we have ensured where possible and where it makes sense culturally, to use non-gendered language.

This project consisted of a three-step collaborative process. The first step was with resettlement and healthcare organisations. The second step consisted of collaborating with community members who work in areas of reproductive health and resettlement and were from the particular language groups and the third step was working directly with the community groups from migrant and refugee backgrounds.

Below is a detailed explanation of the three-step method;

Step 1:

Delivery of a collaborative workshop with 10 members of health care and resettlement organisations. Through this collaborative process, we worked together to determine the four language groups that the project would focus on in making the translated resources. The languages were selected by level of need and vulnerability of clients in the community, especially when considering topics of reproductive health and reproductive coercion and abuse. While four languages was a small number in the scale of language groups in the community, when we combined both levels of need and vulnerability, Kurdish Kurmanji, Swahili, Spanish and Arabic were the languages that most stood out.

Step 2:

This step was about identifying health and resettlement professionals who were also part of each of the language groups. We then held another collaborative workshop with each of these key professionals to further understand the communities we would focus on. This step helped to obtain valuable information regarding cultural sensitivities and insights on each of the communities which further assisted in identifying which community we would further collaborate with for the co-creation of resources. Through this process, we were able to understand the cultural nuances and sensitivities prior to directly consulting with community members. The process also allowed us to identify the systemic barriers that each of the communities faced. Seven professionals attended these sessions and gave their insights into their community and what they found in their work environment to be important topics to consider. Through continually applying the level of need and vulnerability approach to selecting or further honing in on community groups, we were then able to determine which communities would be part of the consultation and co-creation process of the language resources. Through this step, we were able to further hone in on the region/ community we would focus on for each of the language groups. Below are the findings from those meetings:

• For Swahili speakers, we focused on the Congolese community who are from a refugee background and located in the Redbank Plains area.

- For Kurdish Kurmanji, we focused on the Ezidi community who are from a refugee background and resettled in Toowoomba.
- For the Arabic community, we focused on the recent arrivals from Syria who are also from a refugee background, and finally
- For the Spanish group, we focused on a wider community, those who speak Spanish from any country in Latin American country but who have arrived in Australia on a student visa.

Step 3:

Step three focused on the collaborative process with the community. We organised collaborative workshops with each of the four language groups. This helped us learn and gather information directly from the community about the relevant topics that were most needed when considering SRH as well as abortion and reproductive coercion and abuse. Language support was used as part of this process for each of the workshops to ensure the women could express themselves comfortably and navigate through the various topics discussed.

This allowed for a natural and organic flow of conversation, it allowed for an in-depth understanding of the barriers and information gaps for each of the communities. Each workshop had between 6 to 13 women attending. Each participated in rich conversations and insights into the language resources they most wanted and that they found to be of most importance to them, this also included their preference on the aesthetics, colours, images and what made sense to them culturally. One topic that was a highlight for all of the groups was reproductive coercion and abuse and how this could show up/ sound like in their community. Field notes were gathered from written notes, recordings, and activities run with the women. These were then analysed to determine which resources would be created for each of the community groups.

With feedback directly gathered from the women, we were able to co-create resources that were important and relevant, specific to each of the groups with culturally appropriate examples that were useful and in a language they could understand (not translated informal language).

Findings from CLIPS

Through this Practice Studio, we were also able to discover where there were gaps of information in the language and look at ways in which this Practice Studio could work towards filling some of those gaps. We co-created resources that were relevant and culturally appropriate for each of the community groups we worked with. As a result, we co-created resources that the women are proud of and that they feel confident to openly discuss and share with other members of their community.

We found that each language group was different and unique in their understanding and need for information on topics of reproductive health and RCA, however, even with the differences, we could find some commonalities within the groups.

We found that all groups expressed a need to have more workshops where they can openly and comfortably discuss topics of contraception, sexual and reproductive health and abortion. We also found that stigma about abortion did not come from women accessing abortion, but that stigma came from pregnancy which occurred outside of marriage and therefore access and understanding the pathways to abortion was important to these communities, this is in line with the literature in Botfield et. al. (2020). We also found that the women did not know what reproductive coercion and abuse (RCA) was until we were able to talk about what it could look like in their relationships. Once the women understood RCA, they could then identify it in their community.

Finally, we found that all of the women in the community groups that we worked with needed to know how they can request an interpreter to be able to speak with services in their own language. The women expressed the language barrier was the main reason why they were not confident in contacting sexual and reproductive health services or domestic violence services.

Providing information about how to contact services using interpreters, a simple and quick solution, instantly removed this barrier for them, we found that women had already tried to contact our services by asking for an interpreter in their language first.

Further findings regarding the needs of each language group are listed below;

Arabic

Abortion

For this group, abortion is considered taboo for some communities – for the Syrian community for example the women spoke openly about this – and were more concerned with people having sex before marriage rather than abortion. However, the term used for abortion is ‘miscarriage’ there is no word in Arabic for abortion.

Reproductive coercion and abuse

Other topics discussed in detail were coercion to continue pregnancies when married, this came from both partners and medical practitioners. Reproductive coercive and abuse – can be seen where the couple feels the need to have children until they have a son.

Other

The women in this group mentioned that the conversations in their community are only just beginning – where women can say they choose if they have children or not.

Spanish

Abortion

For this Latin American group, we found that families can be conservative when it comes to sexual and reproductive health and abortion. Women who have their families back home and are learning that they have more autonomy over their body and reproductive health while here in Australia, still feel pressure from their families back home.

This group didn't realise that abortion was considered health care in Australia and they wanted the message that there would not be any legal ramifications if women access abortions. However, they spoke about the barriers they faced in accessing abortion care saying 'Women sometimes don't access abortion because of the length of time away from work and the costs involved, "how you explain taking days off work for an abortion". Working conditions for women on student visas are precarious, usually working on a casual basis without holiday pay or sick leave.

Reproductive coercion and abuse

Recognising reproductive coercion and abuse was really important for this group. This was present through families, mothers of the partner (mother-in-law) – family traditions put pressure on women to become pregnant. Guilt and shame are associated with women who do not start to have children straight after marriage. Many women discussed being pressured due to the 'biological clock' by the community for women to search for a partner, get married and have children. "Women are supposed to have babies" is pressure from men, they want to be fathers and they think "it's easy".

Other

This group needed information about where to access reproductive health care that was free or affordable as this group had no access to Medicare and it was important to understand what their medical insurance would cover when it came to accessing reproductive healthcare.

Swahili

Abortion

"Young women become pregnant and many times want to keep the child due to family or religious reasons and the men force them to have an abortion, many times this is done in an unsafe way. Deaths have occurred when women do not have access to safe abortions." While this was one of the messages shared in conversation, women from this group did not want any information about abortion. This group were of the belief that if you talk about it, then it will lead to it happening.

Reproductive coercion

In this group we found that women once married are expected to have children and continue to have children until they can no longer have children. The women felt pressure from the community, their families and their husbands.

Other

There were many health concerns discussed in this group about women having multiple births and being too close together, expressing concerns for the health of the mother as well as to their babies. The women were happy with the message of "choice".

Kurdish Kurmanji

Abortion

The women from this group are heavily reliant on receiving information that is translated via voice recordings or by translators/ interpreters. They have no written language so written information was not useful for this community. We found that the women do talk about abortion however in their community it is the men who make this decision. This community feel that abortion is only for married couples.

Other

The women from this community really wanted information on where to get any and all information accessible in their own language and either by speaking with someone or via recorded messages. Knowing that they could access an interpreter when calling services and how to access interpreters was the most important topic for this group.

The Resources

The practice studio had three key deliverables.

1. Written resources (brochures and posters)
2. Video resources
3. Three knowledge-sharing workshops with professionals from settlement, healthcare and interpreting services.

What we did;

1. Four pocket-size brochures explaining and identifying reproductive coercion in plain English, Spanish, Swahili and Arabic
2. Four PDF versions of this brochure can be used as posters as well as uploaded to the Children by Choice website and accessible to people who are visually impaired.
3. Four A3 posters in Plain English, Spanish, Swahili and Arabic with information about reproductive coercion.
4. Two films between 1 – 2 minutes long for Spanish and Arabic speakers explaining that abortion is legal and can be accessed via our public health care system here in Australia.
5. One film between 1-2 minutes for Swahili speakers explaining the health care benefits of child spacing.
6. One film adaptation 1-2 minutes long for Kurdish Kurmanji speakers, with the message to explain how to access contraception, sexual health and domestic violence support and services and explaining how they can request an interpreter.
7. Four audio messages for the Kurdish Kurmanji community explaining the film, providing phone numbers for each of the services and explaining they can ask for a Kurdish Kurmanji interpreter.

Through this project, we listened to what the women needed and wanted information about through a person-centred approach. We supported building the capacity for women from migrant and refugee backgrounds in Queensland to identify and respond to reproductive coercion.

We have since shared our learnings from the delivery of this project with professionals from resettlement organisations, health care providers and translation services so that other organisations can have access to the resources we have created through two in-person Knowledge sharing workshops as well as an online knowledge-sharing workshop.

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This aspect of the project supports sharing the learnings obtained throughout the project to continue to improve access to important services and information for migrant and refugee women across Queensland on topics of reproductive health, abortion and reproductive coercion and abuse. We also learned that there are many things the communities need outside of the scope of this Practice Studio.

Challenges and Learnings

Through this Practice Studio, we learned some valuable skills that could be useful to others working in this space. These are outlined below;

Using interpreters

When working with communities from various language groups it is important to use language support and have these organised well in advance prior to any session with the community. Things to consider regarding languages such as Arabic, Swahili, Spanish and Kurdish Kurmanji are as follows. These languages are spoken in many countries, 25 countries speak Arabic as their official language, more than 14 countries speak Swahili and Kurdish Kurmanji is spoken across ethnic groups over 6 countries. Getting the correct language support and translations from the country, ethnicity or region is incredibly important. Using female/women language support/ interpreter for women's business is a top priority to ensure the people you work with feel comfortable and safe, this also supports building trust with the community members.

Language resources and translations

When working with translation services, often these need further community checks, the way things are written can sound different when spoken. There is also formal versus commonly spoken language. When creating language resources we need to ensure that these are used correctly and appropriately. The best way to ensure this is done correctly is through continuous checks with the community. Providing language resources goes beyond translating from one language to another, using the correct language tone and messaging and getting the right balance with this is important, the community will get a sense that you have done background checks and applied language that is common and useful for them rather than reading something that does not make sense and is not culturally appropriate or written in a tone that is too formal.

Translating language resources can take a lot of back and forth not just with community members. For example, for our video resource, we needed to have scripts translated for the women to learn and read out as part of the film. The women then used the translations as a basis for their communication however were given the freedom to use the correct wording, phrases and language that would be most suitable for their community. The next step was to support the production company to understand where to add subtitles in each frame, with time stamps. We needed to go back to the translation services to then translate the films back to English to understand where to add the subtitles.

This needed positive collaboration between the community members, the film/ Production Company and translating services to ensure the work was done correctly with the correct language translations.

Perceptions and prior expectations

We all have our own unconscious perceptions and we bring them with us without meaning to into everything that we do. Consciously leaving these behind when working with the community is important, allowing the conversations to flow without driving the topics was key, it is where the “magic” occurred and we were able to get a deep sense of the concerns each language group had. Sometimes what the women don’t say is just as important as what they do say. Paying attention to the silences as well as the conversation and reflecting on both was really important to know what was culturally appropriate to further discuss and also helped understand how to readjust our communication with the women.

Reflections, field notes and voice recordings were useful to later analyse the conversations, this allowed us to be present in the workshops with the women and participate and build trust within each of the groups. This also helped the power dynamics to shift to a more collaborative process by being and actively listening to the community rather than driving the conversation.

Paying consumer participation – honoraria payments

When working collaboratively with the community we wanted to make sure to pay participants an honorarium payment for their time and for contributing their expertise to the practice studio. However we needed to adapt the way in which we paid the women, this required us to be creative to provide a payment that was easy to access and use without needing to activate gift cards or access them online. A physical gift card that acted as a credit card was the most useful in this practice studio and we recommend this for any future honorarium payments. Ensuring the card fee is included in the total is important to ensure the women are paid correctly and the correct payment type is used.

CLIPS in the Future 2022

Following on from the project Children by Choice have a number of exciting ways in which we plan on disseminating the learnings and the findings from the project. This includes;

- Hosting several showcase events with the participants who co-designed the resources. These will be held in Brisbane, Toowoomba and in Redbank Plains.
- We will be hosting a panel discussion at our Reproductive Rights and Abortion Conference on the 4 & 5th of August. This will be facilitated by the Project Officer who project managed CLIPS and participants of the project speaking to the experience, learnings and challenges encountered in the project.
- Children by Choice has also launched a new website, which has a section dedicated to the CLIPs project with the resources downloadable.
- We also plan on integrating the learnings from the project into our fee for service training and to continue distributing the resources to health care professionals and consumers directly.

Recommendations

If you would like to host your own Practice Studio below are important aspects to consider.

Regardless of the methods used to select the communities to involve in the Practice Studio, once you have decided on the specific communities it is important to find ways in which you can support the community to feel safe and to build trust. Building trust and providing a safe space will support positive relationships with the community and build lasting relationships. Through CLIPS we built trust through;

- Delivering workshops and focus groups in locations where the community were already familiar, or where they would already regularly meet. These were venues where the women had a good understanding of how to get there, navigating public transport or other modes of travel.
- When thinking about catering for the community, find out what foods they connect with. For CLIPS we went to their local grocer/bakery/ caterer/ food store and made sure to purchase things that were culturally appropriate and that the women would enjoy.
- When providing language support, think about the region/ country and ethnicity of the group you will be working with to ensure you use the correct language support. This should go without saying however it is important to consider the gender of the interpreter and how this may cause additional barriers if not considered and selected appropriately (do not use men for women's groups for example).
- When creating language resources you will need to establish good communication with the community, translating services and the graphic designer as you will need to communicate and collaborate with all of them simultaneously to ensure the resources are typeset in other languages and are suitable for printing. Printers who do not understand the language will need very clear guidelines and margins to work with so that they understand the order for printing.
- Plan for things to not go according to plan. Be creative, expect challenges and be willing to adapt.

Working with the community, providing language support and working with stakeholders takes time. This area, if done well will take up most of the project time. Ensuring you are connected with the community and keep collaborating with them is really important.

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The women were very eager to have spaces where these topics can be discussed on a regular basis. Below are some of the additional gaps that the women would like to see filled in their communities;

- Workshops about women's reproductive health
- More information about sexually transmitted infections such as HIV/AIDs
- Young people also need the correct information. "On the internet, there is incorrect information and it would be great if professionals can talk with young people"
- Sex education classes for men (separate); women (separate) and then a class all together
- Workshops that build confidence to talk about women's health
- Health practitioners who speak their language
- Counsellors that speak the language
- Workshops aimed at teaching adults communication skills around speaking to teenagers about sexual health.

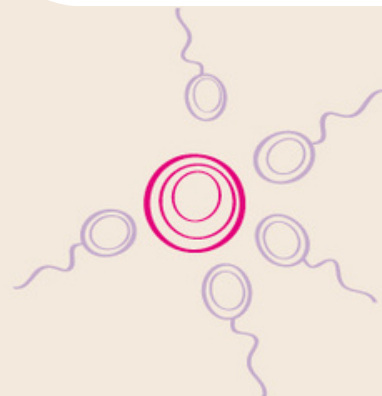
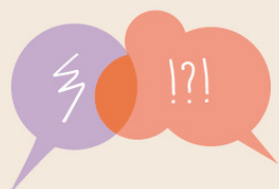
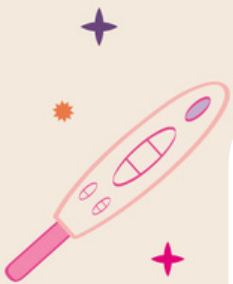
Viewing the women as experts of their culture and community and allowing open space to feel safe about topics of concern for their community created really positive experiences throughout this Practice studio for everyone involved, this is a practice we hope to always incorporate throughout our work at Children by Choice.

Resources Linked

Click [HERE](#) for – Printable Resources

Click [HERE](#) for – Videos about Reproductive Health

Click [HERE](#) for – How to ask for an interpreter video



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