VICTORIAN COUNCIL OF CHURCHES

GROWING A MULTIFAITH MULTICULTURAL CAPABILITY AND CAPACITY
Suffering is not what destroys people, rather “suffering without meaning”

Victor Frankl

The focus of VCC Emergencies Ministry’s work is always the people impacted by emergencies; never the religious beliefs of the volunteer. VCC EM always accepts religious diversity among its volunteers so long as they are compassionate, mindful, and non-judgemental.

Our experience is that the general public is not concerned about VCC EM’s presence and support in emergencies. Our experience is that people are in fact relieved by our presence.
1. VISION

To be the sector leader in the provision of a sustainable, efficient and effective psychological first aid and emotional spiritual care program.

2. MISSION

To provide compassion in times of crisis with people affected by emergencies and disasters.

3. VALUES

Compassion
Care
Community
Dignity
Hope

4. BACKGROUND

The VCC Emergencies Ministry program was established in 1977 as a result of a hail storm in the North West Victorian town of Redcliffs. The local Uniting Church Minister, the Rev. John Hill was given permission by local government to conduct outreach to his congregational members. The learnings from this led to the Rev. Hill travelling the country training other ministers in how to respond to local emergencies.

In 1993, the Department of Human Services (DHS) approached the Uniting Church to reestablish a full time program to support disaster affected individuals and communities, to provide Chaplaincy and Pastoral Care services.

The Uniting Church negotiated with the Victorian Council of Churches (VCC) to manage the program and foster an ecumenical response rather than a denominationally based one. A contract between DHS and VCC was established at this time and continues to the present day. The VCC auspices the Emergencies Ministry program (VCC EM).
The kind of events the VCC attended between 1977 and 1993 included:

- Floods in Gippsland
- Anthrax outbreak – Shepparton
- Sieges in Doncaster and Mitcham
- Port Arthur Massacre
- Ash Wednesday Bushfires

The then Central Coordinator, the Rev. Sydney Smale provided lectures at the Australian Emergency Management Institute and at DHS workshops.

The Rev. Smale also Chaired the then State Community Recovery Committee.

During the 2009 Black Saturday Fires, the VCC EM supported community recovery activities through the provision of Chaplains and Personal Support lay teams. Like many other agencies and organisations, the response was neither well coordinated nor integrated with State arrangements.

The VCC EM has grown in capability, capacity and profile over the last five years and works collaboratively with Local and State Government and other non government organisations.

In 2009 the VCC EM had 280 Chaplains across the State, and today the program has grown to almost 1800 Chaplains and Personal Support volunteers. These volunteers are supported by 3 full time equivalent office staff.
The Emergency Management Manual of Victoria
Pt 7 describes the function of VCC as:

**Relief / Recovery Activities**

- Provide personal support, psychological first aid and emotional spiritual care with individuals and communities, through the deployment of Chaplains and Personal Support volunteers
- Provide personal support in a variety of settings including relief and recovery centres, outreach activities, community meetings, mid range events, single incident events and direct referral by local government
- Coordinate a multi – faith response to emergencies
- Provide an advisory and training resource for community recovery and development for faith based organisations and Local Government Authorities,
- Train and approve Chaplains and Personal Support Workers for deployment with VCC
- Assist the Department of Premier and Cabinet in the coordination of State services of worship and assist in the organisation of public memorials and gatherings to support the recovery of affected communities

**The State Health Emergency Response Plan states:**

A key focus of psychosocial support in the early stages of an emergency is providing personal support to affected individuals. Personal support is the provision of information, practical assistance, emotional support, assessment of immediate needs and referral to other support agencies and services as required. Relief agencies such as Red Cross and non-government organisations including the Victorian Council of Churches (VCC) have volunteers trained in psychological support who can be activated through municipal emergency management plans. Red Cross and the VCC can be deployed at short notice to relief centres or incident sites where it is safe to do so. Agency personnel undertake roles as defined in the municipal emergency management plan, which include providing psychological support and other emergency relief services.

The Victorian Council of Churches Emergencies Ministry participated in a Melbourne University study into Mental Health Capacity in Victoria. The study demonstrated that VCC EM was well placed to provide the necessary support to affected individuals and communities.
“Key predictors of provider capacity to deliver interventions included previous disaster work experience and direct service roles. Victorian Council of Churches volunteers were significantly more likely to have PFA capacity, reflective of recent concerted efforts to up-skill this provider group, while psychologists and counselors were more likely to have SPR and/or MHT capacity”. Lennart Reifels 2014
5. VCC EM VOLUNTEER ANALYSIS

The Emergencies Ministry program has been growing steadily since 2009. More importantly, there has been a greater retention of volunteers who have been trained in recent years. This retention is due to:

- Improvement in the quality of training
- Increased usage of the VCC EM, which means that new volunteers are more likely to be deployed soon after training cementing their learning with practice.
- Leadership pathways for volunteers
- Leadership training

Throughout the course of the last five years there has been a steady growth in the number of deployments, meaning activations by local government and the Department of Human Services.

In 2014, VCC EM was called out on 28 occasions as well as participating in 19 emergency exercises.
Our volunteers are drawn from those faith communities who are members of, or eligible for membership from the following communities, and are actively involved in ecumenical or multifaith works:

- Victorian Council of Churches
- Multifaith Advisory Group
- Jewish Christian Muslim Association of Australia
- Faith Communities Council of Victoria
- Islamic Council of Victoria
- Buddhist Council of Victoria
- Hindu Community Council of Victoria
- Sikh Interfaith Council of Victoria

6. NATIONAL INFLUENCE

The State Manager is working with the National Council of Churches in Australia and his New South Wales counterpart to develop a set of National Guidelines for Disaster Chaplaincy services nationwide. This would include a set of standard operating guidelines, a standard code of conduct and basic training modules that could be run anywhere.

There are discussions with the Federal Attorney General’s Department in Canberra to support this venture.

7. MULTIFAITH/ MULTICULTURAL CAPACITY AND CAPABILITY

The Victorian Council of Churches Emergencies Ministry program (VCC EM) has always been an ecumenical program, and significantly has actively included volunteers from churches that have chosen not to join the VCC as a peak body.

The focus of VCC EM’s work is always the people impacted by emergencies; never the religious beliefs of the VCC EM volunteer. VCC EM has always accepted religious diversity among its volunteers so long as they are compassionate, mindful, and non-judgemental. Most people affected by emergencies have very practical concerns: Where will I sleep tonight? How will I get to work? What support is available?

VCC EM is PRESENT for the WHOLE community – those of faith and those who do not hold to a religious belief.

Our experience is that the general public is not concerned about VCC EM presence and support in emergencies. Our experience is that people are in fact relieved by our presence.
Perhaps for this reason, it was a natural progression that in 2007 VCC EM approached Buddhist and Muslim communities to invite their participation in the program. One Muslim Imam and fifty Chinese Buddhist volunteers were trained as a result. However limited staff resources meant this development was not followed up.

In 2011 VCC EM applied for, and was granted, funding by the Department of Justice NDRGS for a multifaith project officer (MPO) for twelve months.

The goal of the project was to “recruit, train, develop and retain an effective and available faith community volunteer resource for personal support, psychological first aid and emotional spiritual care during emergencies in Victoria” with a particular focus on volunteers from culturally, religiously and linguistically diverse backgrounds.

The importance of having a multifaith response to emergencies in Victoria cannot be understated.

Victoria is one of the most culturally, religiously, and linguistically diverse states in Australia. What is more, census figures tell us it is becoming more diverse. The 2011 Census data states:

- 26.2% of Victorians were born overseas in more than 200 countries (an increase from 23.8% in 2006)
- 46.8% of Victorians were either born overseas or have at least one parent born overseas (an increase from 43.6% in 2006)
• 23.1% of Victorians spoke a language other than English at home (an increase from 20.4% in 2006)

• 67.7% of Victorians followed 135 faiths - compared to 68.7% following 130 faiths in 2006

Religious diversity in Victoria is particularly striking:

• The number of Victorians with a religion increased by 249,091 persons (7.4%), although there was a slight decrease in terms of the proportion of Victorians with a religion (from 68.7% in 2006 to 67.7% in 2011)

• The three dominant religions – Western Catholic, Anglican Church and Uniting Church - have not changed significantly (5.3%, -2.2% and -8.4% respectively)

• However, the other top ranking religions, while not as numerous as the Christian faiths, have experienced significant growth rates, for example: Buddhism (27.1%); Islam (39.7%); Hinduism (96.5%); and Sikhism (224.6%)^2

The cultural and religious diversity is most obvious in Melbourne. However there is also growing cultural and rural diversity in regional Victoria:

• Regional Victoria is now highly dependent on overseas-trained healthcare workers, including many Hindus, Sikhs and Muslims from South Asia

• There has been a push to resettle refugees in regional areas. There is now an Iraqi, Afghan and African communities in Shepparton, African communities in Warrnambool and the Latrobe Valley, and Burmese Karen communities in Geelong, Wonthaggi, Bendigo and Nhill.

• Religious diversity is becoming more visible. There are now mosques in most regional cities (three in Shepparton), two Buddhist monasteries in Bendigo, and Shepparton is home to Victoria’s oldest Sikh gurdwara.

• In Mildura 10% of the community speak a language other than English at home^3.

While many people think of emergencies as floods and bushfires that happen in rural areas, communities in both Melbourne and regional Victoria may be affected by emergencies.

To be able to fully support the Victorian community in emergencies, VCC EM needed a volunteer base that reflects this cultural, linguistic and religious diversity.

VCC EM’s move to become a multifaith program has come at a time when it was undergoing other significant changes. In 2007, VCC EM had one part-time paid staff. At the end of 2012 VCC EM had two full-time paid staff and over 1400 volunteers.

In addition, VCC EM has worked to build its volunteer middle management. Two full time staff based in an office in Melbourne cannot realistically develop and maintain a program and coordinate response to emergencies across Victoria. VCC EM relies on volunteers to coordinate its response to emergencies as well as maintaining a volunteer base. In addition to

^2 Ibid
having volunteer area coordinators and regional coordinators who match local government areas and DHS areas, VCC EM has trained incident activity coordinators (IACs) who can coordinate the response to specific emergencies.

Prior to 2007, VCC EM prioritised recruiting faith leaders as chaplains. This was based on an assumption that faith leaders would have greater availability to respond to emergencies than laypeople. Since 2007 VCC EM has continued to recruit and train faith leaders, but has greatly expanded the number of laypeople who are volunteers.

The program focusses on the larger more mainstream faith communities to engage in recruitment, training and promotion.
This includes the Muslim Emergency Management Organisation (MEMO). Unlike VCC EM, which is not a response agency, MEMO do respond to emergencies where they affect Muslim communities. VCC EM has developed a close relationship with MEMO. While MEMO will continue its particular role in emergencies, MEMO volunteers will be deployed through VCC EM during the relief and recovery phases of emergencies. Muslim volunteers who complete VCC EM training are also accredited as MEMO volunteers. VCC EM believes it is very beneficial that Muslims can volunteer with VCC EM while maintaining a uniquely Muslim identity.

**TRAINING**

![Number of people trained per year](chart)

**Training VCC EM Volunteers**

VCC EM training covers a variety of needs within the program. Volunteer training begins with basic training, which is two days in length. VCC EM is the only program training people in psychological first aid and emergency management arrangements over a 2 day period.

For volunteers who wish to go on and become a leader in the program, there are numerous additional internal training programs available, including:

- Team Leader training
- Coordinator Training for regional and area coordinators
- Emergency Operations Centre training
- Incident Activity Coordinator training
All of these training programs enable the volunteer to move throughout the program in different capacities as required and as desired.

Additionally, as part of the recruitment process and strategy, we find that volunteers often come to the program with skills, experience and formal qualifications in other relevant fields.

Some of the other training that VCC EM volunteers bring to the program include:

- Mental Health (Social Work, Psychology, Youth Work, Drug & Alcohol)
- Grief & Loss
- AIIMS
- Emergency Management Liaison Officer (EMLO)
- Pastoral Care
- Nursing
- Engineering

**Training Local Government**

In 2014, the North West Metropolitan Collaboration requested that VCC EM adapt the Psychological First Aid training from 2 days to a more generic Personal Support overview. The purpose of this was to train Local Government emergency management staff, both experienced and new in the arrangements for the provision of these services during emergencies.

**The VCC EM program trained 157 Local Government staff across 11 Municipalities in 2014.**

**Training in a Multifaith context – a unique perspective**

While endorsement and support from peak bodies was critical, it was only the first step. The reach and capacity of peak faith bodies varies. The connection faith organisations have with peak faith bodies also varies. Some faith organisations will have an active involvement with their respective peak faith body others will pay their annual membership fee and have no further involvement. Based on experience with Christian faith communities, it was known that endorsement from the peak faith body could remove potential obstacles, but we could not rely solely on peak faith bodies being able to promote VCC EM effectively. In 2012 the Islamic Council of Victoria (ICV) was the only peak faith body other than Christian that had paid staff. A part-time administration worker commenced with the Buddhist Council of Victoria in February 2013. All other peak faith bodies rely on volunteer staff.
It was also known that many faith organisations would not respond to a letter or email alone. VCC EM’s approach has been to send a letter or email, followed up where possible by a face to face meeting. Following experience from early meetings, when a letter about VCC EM was sent out, a copy of the training manual was also mailed out. There were two reasons for this. Firstly, the role of VCC EM and personal support in emergencies was normally unknown. The manual provided additional information. Second, many faith organisations were unsure of VCC EM’s agenda. The training manual provided in-depth information about the role of VCC EM and personal support in emergencies.

Initially an approach to a faith community might only result in one or two people attending training. However this was expected and understood that recruiting volunteers would be a long term process. It was known that momentum would build as members of faith communities attended our training and then returned to speak about their experience in their community.

Different faith communities also have different cultural expectations about what involvement in their faith community means. In some Buddhist communities, for example, monks will traditionally only carry out hospital visits if someone is dying; other pastoral care visits to hospitals are carried out by laypeople. A person in hospital with what they believed was a non life-threatening illness would be quite alarmed if a monk was to visit them. In such communities there was an expectation that laypeople would become volunteers.
In other Buddhist communities, normally only a monk or a nun can give blessings and so all pastoral care work (including all hospital visits) must be carried out by monks and nuns. In these communities, it was expected monks and nuns would become VCC EM chaplains.

Some faith communities have a strong tradition of social welfare work and community involvement. Other faith communities do not have this tradition and their members see their faith community as a place for worship only. Engaging faith communities that do not have a tradition of social welfare or community involvement can be difficult. The Multifaith Project Officer (MPO) visited one mosque at Friday prayers. After prayers finished the MPO met with a community leader and gave him an invitation to about upcoming VCC EM training. During the same visit, the MPO noticed a number of young Muslim volunteers (who appeared to be visitors to the mosque) handing out flyers for a forthcoming Islamic conference. Most people who accepted the flyers glanced at them and handed them back to the volunteers. It appeared this particular mosque community had little interest in wider community involvement, even within the wider Muslim community. Not surprisingly no one from this mosque attended VCC EM training.

A number of steps were taken to make the training more suitable for new multifaith and multicultural volunteers:

- **New training materials** - A new training manual was developed with clearer language, additional diagrams, photographs that reflected the diversity of training participants, and additional group and learning activities. The training manual also included a section “Why we do it – spiritual reasons”. Christian, Buddhist, Muslim, Hindu and Sikh volunteers were each invited to write a page explaining why their faith traditions motivated them to volunteer.

These training manuals were printed and bound as required, and could be updated between training sessions.
Training sessions in faith community centres – In 2012/13 training sessions were held at Medicine Buddha Centre in Frankston South; Quang Minh Temple in Braybrook; Hoa Nghiem Temple in Springvale South; the Virgin Mary Mosque (Werribee Islamic Centre) in Hoppers Crossing; and Tzu Chi Buddhist Compassion Foundation in Box Hill. There were a number of reasons for holding training sessions in faith community centres. One reason is accessibility: participants are more likely to arrive for training if it is at a location they know and go to regularly. Another reason is that it does not require them to leave their comfort zone in the way that attending training in a Christian location might. Finally, we believe that holding training in temples and mosques demonstrates a commitment to becoming a genuinely multifaith program. If VCC EM had a secret agenda of imposing Christian faith practises on non-Christians, it would hardly be likely to give implicit affirmation to other religions by holding training in their places of worship. In 2012 we had discussions with a Hindu temple and a Sikh gurdwara about holding training with them, but this has not eventuated yet. In 2013 we made a commitment to hold a training program in a Hindu temple, and at least one mosque.

Discussion of trauma and psychological impact of emergencies. The concept of psychological trauma in Western cultures is less than one hundred years old, and psychological trauma is unknown in the cultures of many training participants. A Hindu
participant said that the concept of trauma has no equivalent in Hindu culture, and it required some explanation. Volunteers from Vietnamese background were also unaware of the term “trauma”, but understood it as “shock”. Many volunteers were initially dubious about the value of psychological first aid.

In training the MPO found it useful to explain the biology of trauma. In a life-threatening situation the amygdala takes control of the brain. It shuts down other parts of the brain that are not necessary for survival. In particular the hippocampus, the part of the brain that processes memories, is shut down. This is the reason that survivors often hold traumatic images after an incident: with their hippocampus shut down, the mind does not have the ability to process memories of the incident. When trained volunteers provide psychological first aid and encourage people to speak about the incident, they are “kick starting” the hippocampus and restoring the mind’s ability to process traumatic memories⁴.

It was clearly explained that most people affected by emergencies do not require counselling, and VCC EM volunteers do not provide counselling. Most affected people require a lower level of support, and VCC EM volunteers are qualified to provide this. Analogies between medical first aid and psychological first aid were useful.

Most community organisations regard their volunteers’ faith as being incidental to their volunteering. VCC EM regards our volunteers’ faith as being absolutely central to their volunteering. For Christians volunteering is an expression of God's love in the world. For Buddhists, volunteering is a compassionate practice. For Muslim volunteers, midday prayers (for example) are not a diversion from training, but an expression of the reason they are there. For this reason VCC EM supports and honours appropriate religious practice.

**Recruitment – Promoting Volunteering**

In addition to direct contacts with faith communities, VCC EM tried other ways of reaching communities.

An article promoting volunteering with VCC EM was sent to several Indian community newspapers, with one newspaper running the article. Several people made contact with VCC EM after seeing the article.

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Faith community-specific promotional posters (Muslim, Buddhist, Anglican and Baptist) were printed and mailed to temples, mosques and churches. A Hindu-specific poster was translated into Hindi distributed in early 2013.

Several new volunteers mentioned they had become aware of VCC EM after seeing these posters.

A generic poster and brochure which emphasizes that VCC EM is a multifaith program were created and mailed to several local governments. The brochure and poster includes images of Sikh, Buddhist and Christian volunteers.

Significantly, the brochure is now being used as a major tool for recruiting new volunteers from Christian churches. VCC EM does not have the capacity to evaluate the impact of these promotional materials to determine if images of non-Christian volunteers has deterred Christians from volunteering. However several new Christian volunteers became aware of VCC EM and registered for training after seeing the generic multicultural poster (which features images of a Sikh volunteer and an endorsement by a Buddhist monk). Interestingly
these new volunteers came from a church which is very conservative. Some Christians are willing to join a program knowing it is a multifaith program.

**Recruiting and Training of Younger Volunteers**

Like many volunteer organisations, VCC EM has an ageing volunteer base. In October 2013 VCC EM held a youth-specific training. There were three reasons for holding this training:

- To lower the average age of volunteers and include younger people.

While our experience is that our older volunteers work well with younger people, having younger volunteers increases our ability to work with young people in emergencies.

- In some migrant communities, there are fewer older people who have sufficient English-language or cultural skills to volunteer. Potential volunteers who have both the English-language skills and community language skills will be younger people who have been born in Australia or spent their formative years here.

- VCC EM was advised it would be much easier to recruit young people for training if they knew they were training with other young people.

VCC EM partnered with two other organisations for the youth training:

- **InterAction** – InterAction is an interfaith youth network that trains young people from different faith backgrounds to work together⁵.

- **Praxis Australia** – Praxis is a network of Christian youth workers that runs an accredited youth work course⁶.

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⁵ [www.interaction.org.au](http://www.interaction.org.au)
⁶ [www.praxis.org.au](http://www.praxis.org.au)
The VCC Emergencies Ministry is a genuine growing entity, specifically designed to support affected individuals and communities affected by emergencies in Victoria.

The program is designed to reflect the communities it supports.

The Emergencies Ministry program is diverse in culture, gender, race and religion. Something that is unique in the emergency management sector.

The Emergencies Ministry program contributes to the wellbeing of those directly and indirectly affected by emergencies in Victoria.

A Melbourne University study “Examining Disaster Mental Health Workforce Capacity” states the “Victorian Council of Churches volunteers were significantly more likely to have PFA capacity, reflective of recent concerted efforts to up skill this provider group.” (Reifels 2012)

There are a number of risks to the program, specifically ongoing sufficient funding to ensure capability and capacity.

We want to work closely with government and communities to ensure people are adequately prepared for an emergency event, and to effectively support those who are directly impacted by such situations.

Stuart Stuart
State Manager