



Pulse of South West Sydney CALD communities

Amplifying voices during COVID-19

SEPTEMBER 2021

MESSAGE FROM THE CHAIR



Introduction from Chair Nathan Hagarty

There will be plenty of lessons learnt from the COVID-19 pandemic, especially this latest delta outbreak. To ensure we learn from these lessons, we must not only recognise the failings, but understand what worked and why and start the process of planning for the future. This report begins that important process. It has asked some vital questions to our most important stakeholders, the community, and makes some necessary and valuable recommendations. It also dispels some alarming myths that have emerged about our diverse communities in Western Sydney.

This pandemic has exposed some significant issues for our region. As the report outlines, these issues existed long before COVID-19 arrived on our shores and go well beyond physical health and wellbeing. After the testing clinics and vaccination hubs have packed up and moved on, there will still be a need to address some considerable economic and social disparities in Western Sydney.

I hope this report starts more than a conversation. It should act as a catalyst for substantial and sustained investment in Western and South Western Sydney. Each of us has a role to play in the recovery, all levels of Government, the private and community sectors, and the community itself.

I would like to sincerely thank and congratulate everyone involved in the production of this report. Western Sydney MRC prides itself on being 'powered by community.' This report is a timely illustration of that motto.

Nathan Hagarty
Chair, Western Sydney mRC

MESSAGE FROM THE CEO



Introduction from CEO Kamalle Dabboussy

Western Sydney Migrant Resource Centre (Western Sydney MRC) is an organisation that works primarily with culturally and linguistically diverse people and communities in service provision and aims to reflect their experiences and realities to policymakers and influencers in the community. With that, we embarked on closely listening to our communities during the current COVID-19 Delta outbreak and documenting its impact.

In this Pulse report, we have sought to highlight the lessons from those communities we currently work with, have built trust with over 40 years and strive to ensure their voice and reality is not ignored. This is in keeping with our mission to empower, inform and connect the diverse communities in Liverpool and surrounding areas.

This report provides key insights into the impact of casualised employment, the essential nature of their employment, family and kinship ties (amongst others) and provides a basis for discussion for recovery.

Western Sydney MRC has developed data and recommendations to support decision making – it is by no means a complete research piece. Its main contribution is the bringing of nuanced voices to the table that are often ignored and siloed. Primarily undertaken in the early days of the outbreak and the stay-at-home orders for 'LGAs of concern', it picks up on the important current and emerging issues such the suffocating nature the enforcement.

Insights from the report have been informally provided to key stakeholders and we hope that these helped influence some of the changes that took place. For instance, the change of messaging in language on a range of issues such as testing, need to isolate; and increased resources for those having to stay in isolation. Here we present the insights in its complete form.

Kamalle Dabboussy
CEO, Western Sydney MRC

ACKNOWLEDGEMENTS

Acknowledgement of Country

We would like to acknowledge the traditional owners of the land on which Western Sydney Migrant Resource Centre operates, the Cabrogal Clan of the Darug Nation and pay our respects to their ancestors past, present and emerging. We also pay respect to all our Community elders past, present and emerging.

General acknowledgments

We are grateful to the Culturally and Linguistically Diverse (CALD) community members of SWS that came forward to engage in the Pulse Survey. Capturing the experiences of 155 participants within 5 working days was possible because of the deep trust and extensive networks nurtured by the staff of Western Sydney MRC. We thank all staff of the Western Sydney MRC for volunteering their time to supporting community members to complete the surveys that was the basis of this report.

Western Sydney Migrant Resource Centre

About us

The company is a community-based non-profit organisation established to actively and directly relieve the situation of people and communities from diverse backgrounds whose social condition finds them disadvantaged. We aim to promote the principles of access and equity for diverse communities and identify and promote particular disadvantaged groups' needs to ensure that no one is left behind. Underpinning our principles are the core values for Human Rights. We all have our thoughts and ideas, should all be treated in the same way, and given the same opportunities, living in freedom and safety.

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CONTENTS

| | |
|---|----|
| Message From The Chair | 2 |
| Message From The CEO | 3 |
| Acknowledgement Of Country | 4 |
| General Acknowledgments | 4 |
| About Us | 4 |
| Executive Summary | 6 |
| Recommendations | 9 |
| Mental Health Recommendations | 10 |
| Employment Recommendations | 11 |
| Family Recommendations | 12 |
| Aged Care Recommendations | 13 |
| Social Cohesion Recommendations | 14 |
| Introduction | 16 |
| Methodology | 16 |
| Assumptions and Limitations | 16 |
| Contextual Background | 16 |
| Findings and Insights | 20 |
| Conflicting Norms Of 'Family' And 'Household Groups' | 21 |
| Vaccination Is Driven By Access, Messaging And Digital Literacy | 22 |
| Trust And Social Cohesion In A Crisis | 23 |
| Co-Designing CALD Community Connections | 24 |
| Conclusion | 28 |
| Attachment A | 30 |
| Families Profile – Ethic/Cultural Identity | 30 |
| Attachment B | 31 |
| Pulse Survey Questionnaire | 31 |
| Covid-19 Related Questions | 31 |
| Attachment C | 32 |
| List Of Current Initiatives Based On Recommendations | 32 |
| References | 33 |

EXECUTIVE SUMMARY

This research was conducted by Western Sydney MRC based on the rapidly evolving COVID-19 Delta outbreak in Sydney, specifically South West Sydney (SWS). To develop rapid responses, Western Sydney MRC conducted a survey-based study to hear directly from the Culturally and Linguistically Diverse (CALD) communities living in the area.

The purpose of the research is to provide a platform for the voices of the SWS CALD communities in lockdown to be heard, recorded and amplified. Insights garnered from the

report are drawn on to develop actionable recommendations that are fit for purpose, both in the immediate and long term. The data for this survey is represented by 155 respondents from the SWS region who participated in the study to provide their experience of the July 2021 stay-at-home orders (currently on-going).

CALD community members' experiences of the lockdown revealed that

01 Staying at home versus having a home

Staying at home versus having a home is a false choice that communities must make to follow the stay-at-home order.

Without wage subsidies that maintain connection between employees and employers during and post-lockdowns, 23% of responses noted.



as a significant reason for not being able to remain at home. Another strong reason for movements outside home was poor health. With limited health infrastructure in the region, inadequate CALD appropriate telehealth and a gaping digital divide, about



02 Conflicting norms of 'family' and 'household groups'

Conflicting norms of 'family' and 'household groups' are placing immense strain on immigrant and refugee communities with large multigenerational extended families. Responsibilities of care and connection are bounded by policy prescriptions that consider only those living within a physical house as family.

At 53%, more than half of the responses stated they could not cope with such restrictions causing stress, anxiety, depression and sadness. The sudden shift to online learning and having all family members in the home at the same time exacerbated stress for CALD families with limited digital access and literacy.

Respondents articulated 5 categories of stress:

- i) Family Disconnection Stress
- ii) Isolation stress
- iii) Lockdown stress
- iv) Online Teaching Stress
- v) Balancing Work/Life Stress.

03 Vaccination is driven by access, messaging and digital literacy

Vaccination is driven by access, messaging and digital literacy as opposed to just hesitancy.

The primary barriers noted by the communities were Access (20%), Lack of multilingual messaging (20%), Age group appropriateness (19%) and Lack of digital literacy (18%). Clarity on medical facts conveyed through trusted sources and in languages that were familiar to the communities is the need of the hour to increase uptake.



Providing vaccinations in locations with geographic proximity as well as offered in partnership with local CALD specific organisations can address some of these barriers faced by the communities.

04

Trust and social cohesion in a crisis

Trust and social cohesion in a crisis are fragile. For instance, while 68% of responses agreed to work with contract tracing officials, 12% said they would not and 20% were undecided.

Policy measures are unlikely to be successful if they don't have the trust of the communities they seek to impact. The targeted and compliance-oriented nature of the stay-at-home order, including visible policing, has created gaps in trust.

Communities noted that they are likely to engage with health policies if the communications were filtered through local community organisations (24%), local GPs (23%) and other categories of community leaders (18%), rather than through NSW Health Website (16%), social media apps (9%), news and media (6%) and other charities and supporting organisations (4%).

05

Co-designing CALD community connections

Co-designing CALD community connections can counter the sudden and severe disruption to everyday life caused by the lockdown.

When asked how best to engage with SWS CALD communities, the key words that emerged were community, language and information. Interestingly, jobs and good jobs also appeared to be a common response to five of the six questions on how to best to engage with SWS communities. Any meaningful engagement requires co-design that is inclusive, personable and focussed on community needs.

Over 53% of responses want their COVID-19 related health communications to be made available in formats that are one-on-one rather than through mass/social media channels. Specifically, they are willing to accept and implement health related information if received via telephone, texting, or in-person.

Summary

These deep insights have been drawn on to develop recommendations that can be practically actioned now and more strategically applied in the long term. By using a framework of five priority service areas, the recommendations provide nuance and opportunities for replication and scale. The recommendations have been listed as 'Practical Initiatives' and 'Strategy' so that multiple stakeholders can engage with them.

The practical initiatives are specific and focussed allowing for rapid adoption by practitioners (such as health professionals, social workers, police) serving at the front line in the SWS communities, especially with vulnerable cohorts. The strategies, on the other hand, are boarder in remit to be employed by policymakers, politicians and think tanks planning future recovery and repair post lockdowns and during a transition from pandemic toward normalcy.





Recommendations

The recommendations presented here are crafted using a two-prong approach.

First, a broad set of recommendations were drawn on from the analysis and insights of the Pulse Survey conducted amongst CALD communities of SWS.

Second, the recommendations were finetuned and categorised based on a brainstorming session with the operational staff of Western Sydney MRC working on the ground within the at-risk LGAs.

Given the rapidly evolving situation of the outbreak and the responses, during the development of this report some of the suggested recommendations are already being implemented (See Attachment C).

RECOMMENDATIONS



Mental Health and Wellbeing

Strategy

Develop public health campaigns and wellbeing infrastructure in partnership with trusted local community-based organisations

Practical Initiatives

1. Bring vaccines and messaging around vaccines to the local community versus community seeking them out (e.g. Mobile/Outreach vaccination drives for CALD elderly, LGA based Youth vaccination workshops).
2. Set up specialised services for vulnerable CALD communities with shorter waiting periods (e.g. psychiatrists' appointments for refugees).
3. Fund trauma informed and culturally competent telehealth so that refugee and migrant communities can manage their wellbeing whilst navigating public health orders.
4. Invest in capacity building of frontline staff in non-clinical mental health support (e.g. managing mental health hotlines, stress and anxiety support groups).
5. Popup supports for clinical and non-clinical mental health services at no cost to vulnerable CALD community groups (e.g. children, youth, families and sole parents and singles).

Balancing cultural values of interdependence with mainstream values of independence can lead to deteriorating mental health and stress⁶.



RECOMMENDATIONS



Employment

Strategy

Balance employment pathways with improved social safety nets delivered through local place-based community organisations

Practical Initiatives

1. Provision of in-language support to access welfare payments such as COVID-19 disaster payment to maintain costs of living, COVID-19 test/Isolate payments, The Pandemic Leave Disaster Payment.
2. Reinstatement of wage subsidies such as Job Keeper and Coronavirus Supplement, rent moratoriums for 6 months, and special assistance for informal care arrangements.
3. Develop and expand CALD specific employment services/job networks linked to place-based community organisations.
4. Fund English language training with built-in work experience/placements for refugees and migrants.
5. Specialised focus on CALD women with limited/no work experience and competing priorities of carework, via intensive employment support (e.g. Microenterprises for women)*.

With the lack of welfare safeguards such as wage subsidies³ to ensure job security during lockdowns, the onus has fallen on individuals to fend for themselves.



*This recommendation is based on the unstructured discussion between staff and clients during guided survey completions.

RECOMMENDATIONS



Families

Strategy

Sustainable funding models for multicultural family-based programs and projects delivered by trusted community-based organisations

Practical Initiatives

1. Fund bilingual casework dedicated to COVID-19 messaging and support (e.g. booking vaccinations, running forums/information sessions, delivering emergency relief).
2. Develop and expand programs that train CALD communities in digital literacy particularly focusing on parents with young children.

Build partnerships (schools, local councils, universities, community-based organisations) to support families with online learning via access to digital devices, data plans, online homework support.
3. Fund service delivery roles such as digital inclusion officers to support refugee and migrant families.
4. Recognise and nurture family parenting and care through intergenerational parenting programs and multicultural family play groups offered in hybrid formats (online and face2face).
- 5.

Multigenerational living is common among CALD communities in SWS for cultural and/or economic reasons. While the government and medical norms regarding family and household groups are clear and separate, within CALD families, such boundaries are porous.



RECOMMENDATIONS



Aged Care

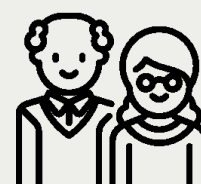
Strategy

Support and extend multigenerational care and respite services in place-based community organisations

Practical Initiatives

1. Invest in aged care infrastructure of local community-based organisations that provide services in the context of whole of family. (e.g. Specialized transport, CALD representation in service provision agencies and inter-agencies).
2. Support research and delivery of innovative programs which are life cycle focused.
3. Train and recruit culturally competent / sensitive positions to deliver CALD aged care.
4. Provide resources and respite for family members who provide CALD specific aged care on a volunteer basis*.
5. Develop and scale targeted awareness programs for refugees and migrant families regarding mainstream aged care supports**

A big concern was for families who live outside the 'household' such as the elderly. Statements such as "very hard and stressful trying to cope, not being able to care for families not in household" were repeated multiple times.



*This recommendation is based on the unstructured discussion between staff and clients during guided survey completions

**Currently being piloted by Federation of Ethnic Communities' Council of Australia through Encompass grants. See Attachment B for more information.

RECOMMENDATIONS



Social Cohesion

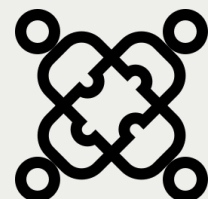
Strategy

Invest in infrastructure and services that are intergenerational, multipurpose and co-located at the heart of CALD communities

Practical Initiatives

1. Support local place-based community organisations to build capacity of CALD community leaders for increased engagement and participation in mainstream society.
2. Co-design delivery of programs based on emerging community needs (e.g. COVID-19 focused Mental health workshops).
3. Nurture social cohesion post lockdown through inter-agency partnerships (schools, local councils, Universities, community-based organisations) to reduce stigmatization and support needs of vulnerable CALD families
4. Direct resources to place based local community organisations to leverage pre-existing community connections for enhanced social cohesion.
5. Dedicate media infrastructure for South/ Western Sydney, subsidised by government (newspapers, radio, social media and TV) to enable tailored and trusted messaging to CALD communities.

The survey was conducted in extenuating circumstances for the respondents as they were dealing with the sudden loss of income, service support and family connection brought about by the stay-at-home orders.





Introduction

INTRODUCTION

The Pulse Survey was conducted immediately after the 'COVID-19 Community Leaders Rapid Response' meeting organised by Western Sydney Migrant Resource Centre (Western Sydney MRC) on July 8th, 2021, in the wake of the second COVID-19 outbreak in South West Sydney (SWS).

It was conducted by the staff members of Western Sydney MRC over one week from July 14, 2021 to 21 July, 2021. The staff members have been working with local communities for an average of 7-8 years and provide unique insights, cultural competencies and bridge building between communities and governments.

This survey covers the CALD participants of various programs offered by the organisation, including newly arrived migrants, refugees, and diverse communities. Additionally, local community members who engage with the centre more generally also participated in this study.

The purpose of this survey was to get a snapshot view of how the clients and community members are experiencing the stay-at-home orders, what gaps exist and what further supports are needed to assist them. The analysis and insights from the survey data have been drawn on to develop recommendations which are classified into five specific service areas:



Mental Health & Wellbeing



Families



Employment



Aged Care



Social Cohesion

These can inform i) practical initiatives to manage outbreaks and their social, economic, cultural impacts and ii) strategies to plan for future recovery and growth in the SWS region.

Methodology

The research design employs qualitative surveys with a mix of closed and open-ended questions to gauge large-scale behaviour, preferences, and prioritization on the topic at hand. The Pulse survey drew on expertise of program staff who engage with clients and community members on a regular basis and were able to provide cultural advice on survey

design and delivery. This anonymous survey consisted of 22 easy to ready questions, using simple English. The total sample size for this survey was 155 representing the diverse CALD communities of SWS. Research participants were informed of the voluntary and anonymous nature of the survey before gaining their consent for participation.

Assumptions and Limitations

The survey was conducted in extenuating circumstances for the respondents as they were dealing with the sudden loss of income, service support and family connection brought about by the stay-at-home orders.

While most of the client groups and community members who participated in the survey understood or spoke English, there were some participants that required an adjustment. That is, they needed support from staff of Western Sydney MRC to guide survey completion.

It should be noted that low literacy in their own language as well as limited familiarity with Australian health system presented challenges in understanding certain questions. For instance, the questions about contract tracers proved challenging as they did not know who contract tracers were. Therefore, it was the staff who had to not only translate but explain some unfamiliar concepts and terms to the participants.

Contextual background

Policies to manage the Delta variant of COVID-19 in NSW, specifically in SWS, appeared to be developed in real-time. There were rapid changes on the health front, alongside compliance, economy and social cohesion. Latest reports and studies on the rising number of cases based on socio-economics status found that Local Government Areas (LGAs) with the highest concentration of disadvantage were experiencing the strictest lockdown as well as rising cases¹.

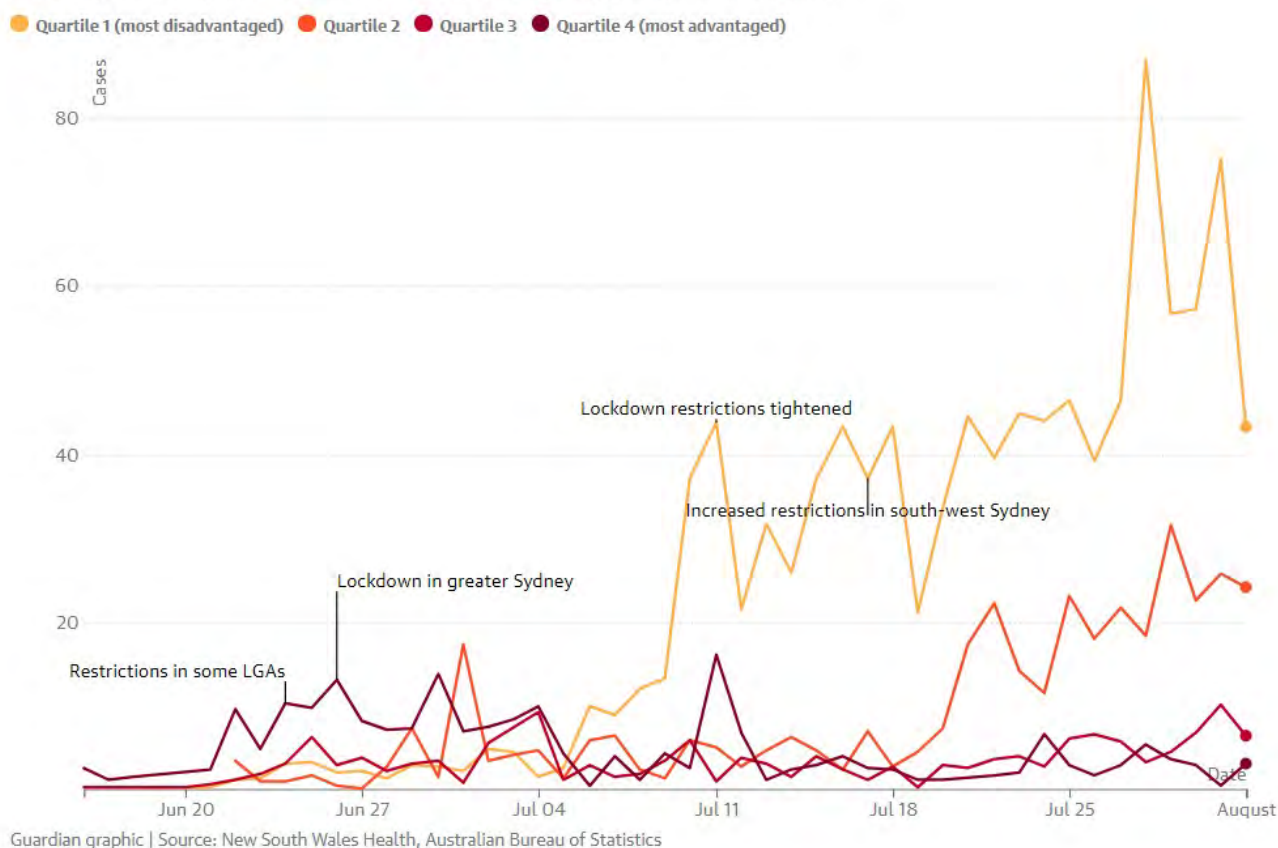
At the time of writing this report (September 7, 2021), NSW had cumulative COVID-19 positive cases of 37,535, with SWS and Western Sydney Local Health Districts managing the bulk of these². This policy context highlights the urgency and relevance of the current report to examine the details of the differential impacts of the pandemic and the policy responses on some of the most vulnerable CALD communities in the state.

The sample families and individuals surveyed for this research represent recent arrivals into Australia at varying stages of resettlement. The largest ethnic/cultural group within this cohort identify as Arabic, 51%. This large group represents a mix of Muslims, Iraqis, Syrians, Lebanese Christian, Lebanese Muslims and Mandeian. Unfortunately, due to limitations of the survey, in-depth breakdown of these ethnic/cultural groups could not be captured.

The second largest group fell into the category 'other', which showcases a diversity of cultural identities that were not listed in the survey questionnaire. These range from Ghanian, Pakistani, Ethiopian, Maltese and others (see Attachment A for a complete breakdown). The remaining groups are Assyrian (9%), Vietnamese (6%), Pacific Islander (4%), Italian (2%), Cantonese (2%) and Spanish (2%).

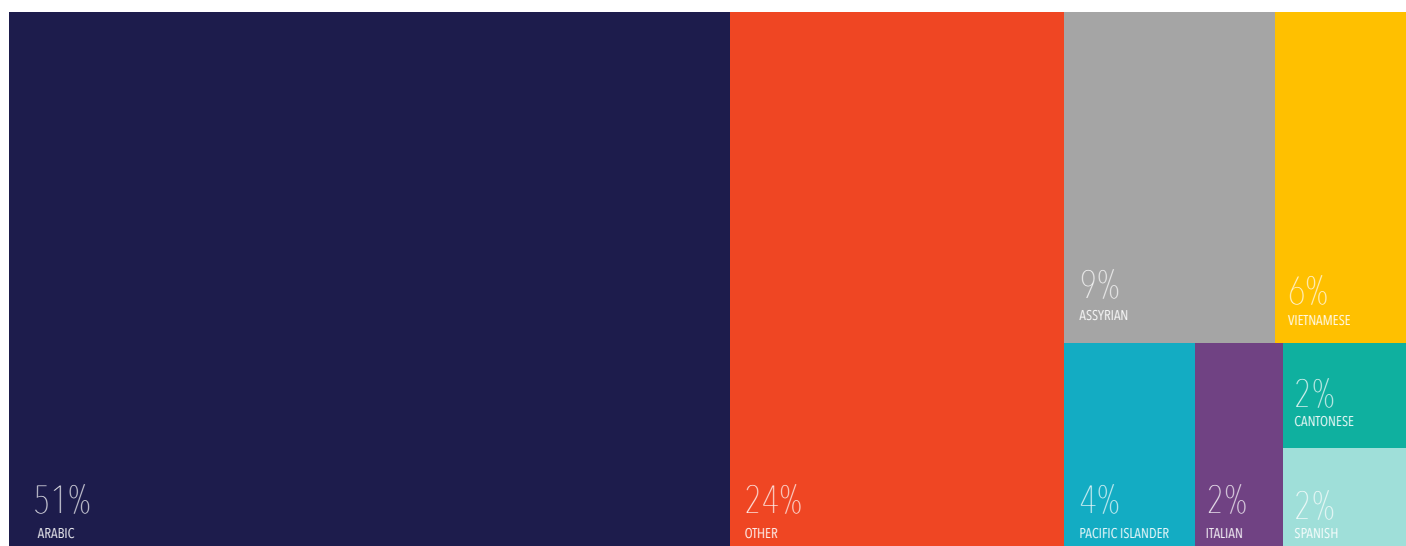
New Covid cases per 100k residents by socioeconomic status of LGA

Showing new locally infected Covid cases in greater Sydney local government areas.



Ethnic Cultural Identity

They were also asked "What language do you speak at home?" and the responses reflected the larger Arabic cohort in the survey sample. That is, 40% of those surveyed spoke Arabic at home.



Nevertheless, a significant proportion of responses (32%) listed English as the language spoken at home. While this indicates a prevalence of English language within communities, it does not provide details on levels of fluency.

The survey respondents' primary purposes for engaging with Western Sydney MRC were for social connection, learning parenting skills and seeking support for their children transitioning into school.

Some clients also sought support from Western Sydney MRC for education pathways, employment/work experience, mental health, aged care and domestic violence issues.



A photograph of a woman in a dark room, sitting and resting her head on her hand, looking down. The image is partially obscured by a large, dark blue, curved graphic element that sweeps across the upper and middle portions of the page. The woman is wearing a light-colored t-shirt and dark pants, and a red and white patterned blanket is visible at the bottom.

Finding and Insights

STAY AT HOME VS. HAVING A HOME

To better understand SWS CALD communities' experiences of the lockdown, questions were asked concerning key barriers to following the NSW stay-at-home orders.

Survey responses make it abundantly clear that one cannot stay home if there is no home to stay in.

This is supported by 23% of survey respondents who noted 'Low income and cannot afford to not go to work'.

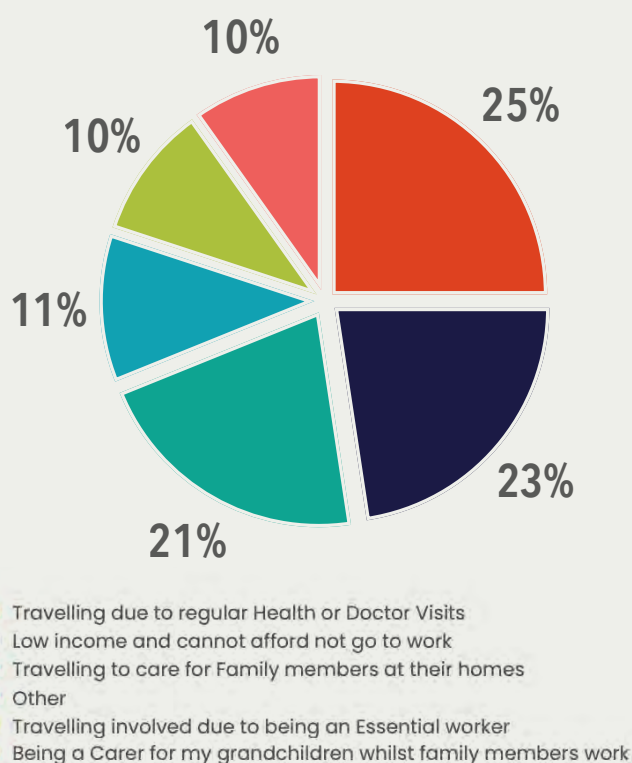
With the lack of welfare safeguards such as wage subsidies³ to ensure job security during lockdowns, the onus has fallen on individuals to fend for themselves. Similarly, 10% noted 'Travelling involved due to being an essential worker'.

The SWS communities are primarily employed in industries such as construction, manufacturing and retail trade⁴, all of which involve contract-based, casualised work and cannot be performed at home.

Therefore, cumulatively at 33%, precarious employment is the major barrier to stay-at-home orders. The second major barrier to staying home is care responsibilities. For instance, 21% of responses noted difficulty staying within their house during this lockdown as there is a need for 'Travelling to care for family members at their home' and 10% of responses noted 'Being a carer for my grandchildren whilst family members work'.

Taken together at 31%, refugee and migrant communities' notions of family and care are based on collectivistic values which do not translate easily into mainstream notions of individualistic nuclear families.

Barriers to staying at home



Other reasons that constitute 11% of responses that conflict with stay-at-home orders are social isolation, mental health, parental pressure, and non-medical needs.

Another barrier to staying home for the CALD communities in SWS was travelling for health or doctor visits. Majority of survey respondents are clients from parenting/family support groups as well as aged care programs.

These households have a higher proportion of young children and aged family members who frequently seek medical assistance relative to other age cohorts.

As such, ill health appears to be a major reason for movements outside home at 25% of the overall responses. While telehealth minimises movements within these areas, due to the digital divide experienced by CALD communities in SWS comparable to rest of the State, the uptake for telehealth has been limited.

Other reasons (11%) cited as barriers to stay-at-home orders are social isolation, mental health, parental pressure, and non-medical needs.

CONFLICTING NORMS OF 'FAMILY' AND 'HOUSEHOLD GROUPS'

Multigenerational living is common among CALD communities in SWS for cultural and/or economic reasons. While the government and medical norms regarding family and household groups are clear and separate, within CALD families, such boundaries are porous.

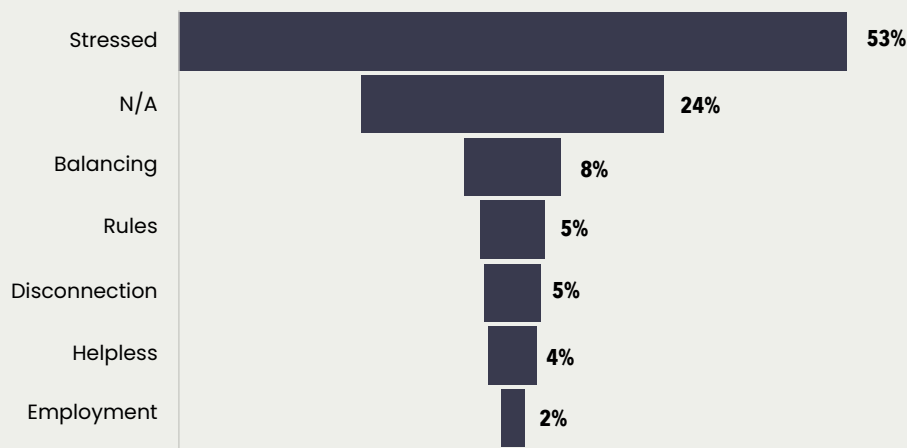
Furthermore, even when extended family members do not live in the same house, they are still considered family with specific responsibilities for care and connection.

Under the COVID-19 related stay-at-home rules, families cannot visit anyone outside their physical home meaning "you cannot visit your family at their home and they cannot visit you at your home"⁵.

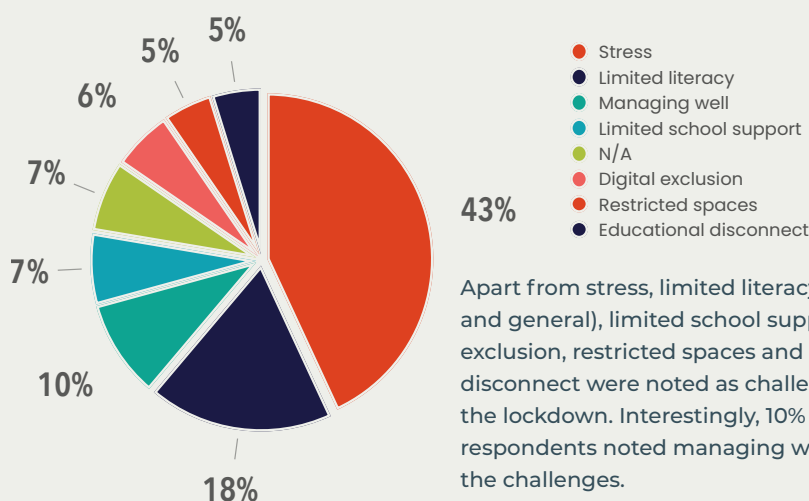
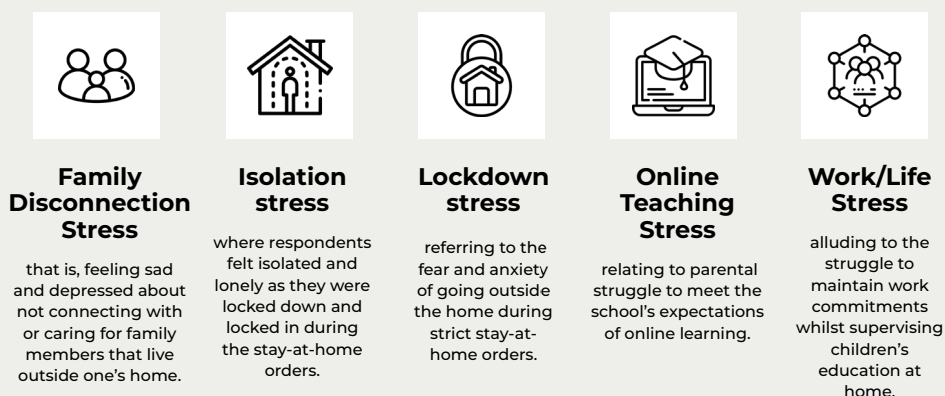
Balancing cultural values of interdependence with mainstream values of independence can lead to deteriorating mental health and stress⁶. When asked how families manage family care and work responsibilities during stay-at-home rules, the responses highlighted the mental strain everyone is under.

Over half of responses, 53%, reported families were unable to cope with the stress, pressure and burnout of juggling care and work. A big concern was for families who live outside the 'household' such as the elderly. Statements such as "very hard and stressful trying to cope, not being able to care for families not in household" were repeated multiple times.

Managing family care & work during stay-at-home rules



This juggle was made more complicated with the closure of schools and the shift to remote learning. When asked "What challenges are you facing with stay-at-home orders and online schooling?" once again stress was the most repeated response. Further analysis of this response revealed five specific categories of stress.

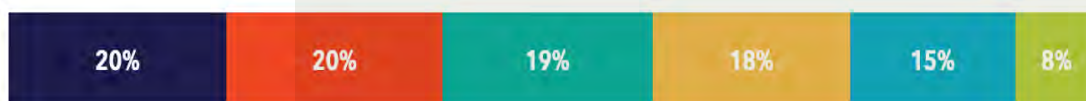


Apart from stress, limited literacy (both digital and general), limited school support, digital exclusion, restricted spaces and educational disconnect were noted as challenges during the lockdown. Interestingly, 10% of the respondents noted managing well despite the challenges.

VACCINATION IS DRIVEN BY ACCESS, MESSAGING AND DIGITAL LITERACY

A key area of concern within SWS communities is vaccines and the barriers to getting 'jabs in arms'.

Are you having trouble getting the vaccine?



A key area of concern within SWS communities is vaccines and the barriers to getting 'jabs in arms'. Contrary to popular opinion that CALD communities are vaccine-hesitant, clients surveyed with the question 'Are you having trouble getting the vaccine?' responded that a lack of access to vaccines (20%) and a lack of multilingual messaging' (20%) was to blame. In other words, a combination of easy access to vaccines and accessible information regarding the vaccines is missing. This is supported by the current evidence on vaccination rates.

The latest data from the federal government identified that Western and South West Sydney have the fastest growth in vaccination coverage in the nation⁷.

In other words, as vaccines are becoming more accessible, communities are coming forward to receive them.

Insufficient vaccines, debate surrounding its efficacy, and confusion surrounding COVID19 itself are challenges experienced across the nation. Nevertheless, the specific issue of accessible information that can translate complex medical facts and decision making to non-medical and non-English speaking residents is a unique one for SWS communities. Over the course of this second outbreak in Sydney, especially in regions of SWS, there has been a proliferation of multilingual messages from various government, non-government, and civil society entities.

- Access
- Lack of multi-lingual messaging
- Age group appropriateness
- Lack of digital literacy
- Other
- Misinformation



Nevertheless, due to the rapidly changing information of age-based vaccination role out, there is confusion regarding the appropriateness of vaccines.

Confusion is further magnified for large families with grandparents, parents and children and cousin all living in close quarters and a general worry about how best to secure the family wellbeing.

Age group appropriateness (19%) for vaccinations and lack of Digital literacy (18%) were the next significant barriers faced by the communities.

There is an inherent assumption that everyone has equal access to devices and data but within the responses for this survey, the digital divide⁸ has become apparent.

The least common barrier was misinformation. A possible explanation for this could be that misinformation is often circulated via social media apps such as Twitter and Facebook.

Since the client group is not seeking information via these channels, it appears to have limited impact on them. An array of barriers was captured within the category 'other' (15%) which ranged from worry and fear to having no barriers and being vaccine positive.

TRUST AND SOCIAL COHESION IN A CRISIS

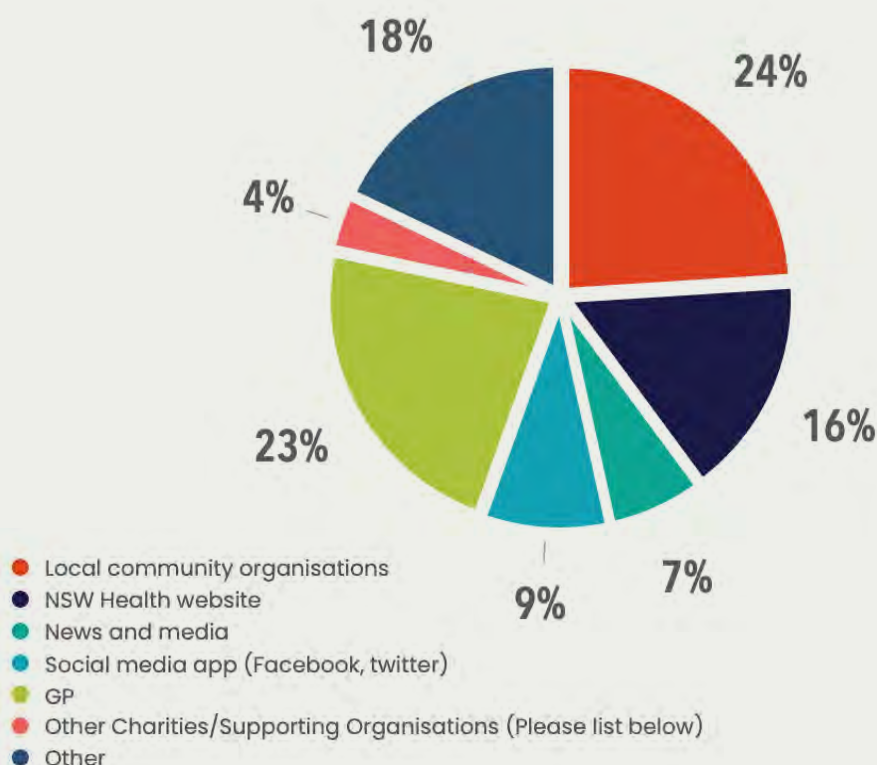
The stay-at-home orders, especially in the early days of lockdown and increased police visibility in the SWS LGAs, significantly impacted CALD community member's trust in government and affiliated institutions.

To gauge community member's trust in government policies within the context of stay-at-home orders, they were asked, 'Would you be happy to work with contract tracing officials?'. While most respondents said 'yes' (68%) and a minority said 'no' (12%), a surprisingly large number said 'maybe' (20%). The significant number of responses noting 'maybe' could be attributed to a lack of knowledge of health tracers or a lack of trust in government.

Research studies show that CALD communities, specifically refugees and migrants are strongly collectivistic. Therefore, they trust and rely on similar collectivistic communities rather than the State.

But in a crisis, such as the current Delta COVID-19 outbreak, it is of paramount importance that all community members can trust and work with the State (public health professionals). While a significant number of respondents are on the fence or unwilling to work with health professionals, an overwhelming number (98%) are willing to complying with the current stay-at-home orders. In other words, at a broader level, communities in SWS are complying with health instructions relating to getting tested, vaccinated, isolating at home etc. However, there are gaps in trusting relationships between communities and institutions at a deeper level, which can have ongoing deleterious effects on community social cohesion.

Where would your community like to get the health communications from?



Sitting within these gaps are trusted place-based community organisations and community leaders who are local and well known. Despite the potential for a biased response, the survey asked 'Where would your community like to get the health communications from?'

About 24% of responses referred to local community organisations and 23% alluded to their General Practitioners. Interestingly, other charities/supporting organisations were at the bottom of the preference list at 4%.

A possible explanation for this could be that place-based local community organisations can respond immediately and relevantly to the evolving situation at hand compared with other charities and supporting organisations. This is supported by the specific responses within the category 'other' (18%) with over half the responses within that category expressing trust in their local community organisation, Western Sydney MRC.

And nearly a quarter of the responses mentioned their local community leaders (such as church ministers, youth leaders, case workers) as reliable sources to receive health communications from. On the contrary, low trust and less preference was demonstrated for social media apps (9%), NSW Health Website (9%) and news and media (6%).

CO-DESIGNING CALD COMMUNITY CONNECTIONS

The disconnections arising from the stay-at-home orders have been sudden and severe. In addition to the physical disconnection from extended family members, regular service providers and everyday activities, there has also been a simultaneous mental disconnection leading to social isolation, burnout and stress.

In response to a series of open-ended questions on how best to engage with SWS CALD communities from the perspective of the Government, its agencies (health, police), health professionals (GPs, contract tracers) and Western Sydney MRC, we found the following key words.

What can the NSW Police do to engage with South West Sydney community better?



What can the Contract tracers do to engage with South West Sydney community better?



What can Western Sydney MRC do to engage with South West Sydney community better?



CO-DESIGNING CALD COMMUNITY CONNECTIONS CONTINUED

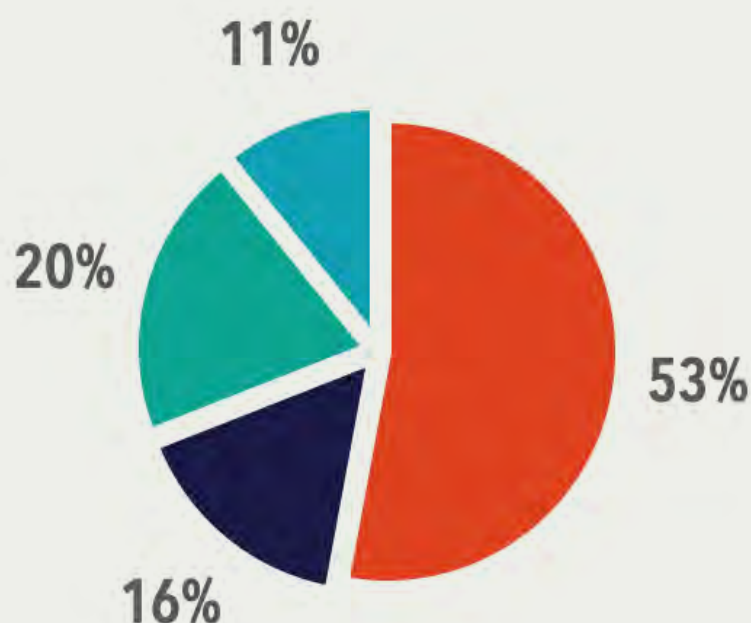
The keywords repeated across these questions are community, language and information. Interestingly, jobs and good jobs also appeared to be a common response to five of the six questions on how to best to engage with SWS communities.

For meaningful connections with the CALD communities, all the stakeholders need to engage in tailored ways.

For example, when questioned 'How can health communication messages be better delivered to your community members?', over half of the responses (53%) stated a preference for health communications that are one-on-one rather than through mass/ social media channels.

Specifically, they are willing to accept and implement health-related information if received via telephone, texting, or in-person. Therefore, connecting with CALD communities, especially regarding COVID-19 health messaging, requires multilingual information via trusted community-based sources in personable formats.

How can health communication messages be better delivered to your community members?



- One on One with Western Sydney MRC Staff (Telephone, in person, texting)
- Western Sydney MRC website
- Language specific video/audio messaging
- Other



Conclusion

CONCLUSION

The Pulse report sought to amplify the voices of SWS CALD communities during the COVID-19 pandemic. Based on a survey of 155 research participants who engaged with Western Sydney MRC and analysis of their responses, this report presents specific insights and actionable recommendations. It is important to note that the survey is not comprehensive in its remit, nonetheless it provides a snapshot of the rapidly evolving situation in SWS. The CALD community members' experiences of the lockdown revealed important insights of

- 01 Staying at home versus having a home
- 02 Conflicting norms of 'family' and 'household groups'
- 03 Vaccination is driven by access, messaging and digital literacy
- 04 Trust and social cohesion in a crisis
- 05 Co-designing CALD community connections

Recommendations drawn from these insights highlight five specific service areas informing:

- i) practical interventions to manage outbreaks and their social, economic, cultural impacts and
- ii) strategies to plan for future recovery and growth in the SWS region.

5 service areas



**Mental Health
& Wellbeing**



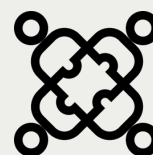
Families



Employment



Aged Care



Social Cohesion



Appendices

ATTACHMENT A

Respondents Ethic/Cultural/ religious self reported

| |
|------------|
| Ethiopian |
| Pakistani |
| Indian |
| Australian |
| Maltese |
| Thai |
| Sri Lanka |
| Samoaan |
| Nigeria |
| Nepal |
| Mandaeen |
| Macedonian |
| Indonesian |
| Ghana |
| Fillipino |
| Fijian |
| English |
| Egyptian |
| Chinese |
| Burmese |
| Afghan |

ATTACHMENT B

Pulse Survey Questionnaire

COVID-19 related questions

1. Are you able to follow stay at home orders?
 - ☐ Yes
 - ☐ No
2. Do you think more community members are following stay-at-home orders this week compared to last week?
 - ☐ Yes
 - ☐ No
3. What are some of the barriers do you believe people are facing during the stay-at-home orders?
 - Travelling involved due to being an Essential worker
 - Travelling to care for Family members at their homes
 - Being a Carer for my grandchildren whilst family members work
 - Low income and cannot afford not go to work
 - Travelling due to regular Health or Doctor Visits
 - Other
4. For people who provide care to others that are outside their household; how do you think they're managing their workload during stay-at-home orders?
5. What challenges are you facing with stay-at-home orders and online schooling?
6. Are you having trouble getting the vaccine? Please explain.
 - Access
 - Misinformation
 - Age groups appropriateness
 - Lack of multi-lingual messaging
 - Lack of digital literacy
 - Other
7. Is health communication about COVID-19 (either TV news, Websites, Radio)
 - Too much
 - Too little
 - Confusing
 - Straightforward
 - Require in my first language
 - Other
8. Where would your community like to get the health communications from?
 - Local community organisations
 - NSW Health website
 - News and media
 - Social media app (Facebook, twitter)

- GP
- Other Charities/Supporting Organisations (Please list below)
- Other

9. How can health communication messages be better delivered to your community members?
 - One on One with Western Sydney MRC Staff (Telephone, in person, texting)
 - Western Sydney MRC website
 - Language specific video/audio messaging
 - Other
10. Would you be happy to work with contract tracing officials?
 - ☐ Maybe
 - ☐ Yes
 - ☐ No
11. What can the Contract tracers do to engage with South West Sydney community better?
12. What can the NSW Police do to engage with South West Sydney community better?
13. What can the NSW Health do to engage with South West Sydney community better?
14. What can the GP's do to engage with South West Sydney community better?
15. What can NSW Government do to engage with South West Sydney community better?
16. What can Western Sydney MRC do to engage with South West Sydney community better?
17. Anything else you want to us to know about current lockdown experience?

Demographic questions

18. Which Western Sydney MRC program did you attend?
 - Aged Care – CHSP
 - Aged Care – CVS
 - Casework Support
 - Citizenship Form Support
 - Community Support
 - Disability Services - Peer Link
 - Emergency Relief
 - Employment Support
 - English Language support
 - Executive Management support
 - Facility Support -Photocopy; Room-hire
 - Legal Support
 - Playgroups / parenting / family support
 - Stakeholder Partnership

- Social Group
- Volunteer
- Youth Work
- Other

19. What was your main purpose in attending the program?
 - Affordability of other childcare options
 - Childs development
 - Counselling
 - English language
 - Education Pathways
 - Employment/work experience placement
 - Leadership skills
 - Parenting skills
 - Support my child to transition to school
 - Social connection
 - Volunteer
 - Carer break
 - Centre based Respite Care
 - Mental Health Support
 - Support for Domestic Violence Case
 - Other
20. What ethnic/cultural groups do you belong to?
 - Aboriginal and Torres Strait Islander
 - Arabic
 - Assyrian
 - Cantonese
 - Vietnamese
 - Italian
 - Greek
 - Spanish
 - Pacific Islander
 - Other

21. What year did you attend the program?
22. What language do you speak at home?
 - English
 - Arabic
 - Assyrian
 - Cantonese
 - Greek
 - Italian
 - Mandarin
 - Spanish
 - Samoan
 - Tongan
 - Vietnamese
 - Other

ATTACHMENT C

List of current initiatives based on recommendations (as at 12th September 2021)

1. African Australian Community Information Forum
2. Youth COVID19 Vaccination Information Webinar (August 2021)
3. Community Mental Wellbeing Information Session and co-design of non-clinical community lead mental health supports.
4. Rapid Response COVID-19 Community Leaders Meeting, July 8, 2021
5. Arabic vaccination information session
6. Community leaders' capacity building workshops (media/webinar skills)
7. Weekly kindness calls across the family's, aged care and mental health programs to ensure clients have up to date information and supported from a wellbeing perspective
8. Weekly youth well-being session in Partnership with local high schools
9. One on one support with booking vaccinations (and support to attend with high needs clients)
10. Emergency relief to help with food packages and brokerage. This has particularly supported families who have had positive COVID-19 cases and whole families have been in isolation and unable to work.
11. Advocacy and working development orders with young people who have had a COVID-19 related fine
12. ENCOMPASS



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