



WESTERN SYDNEY  
MRC

## Improving crisis communications to CALD communities

Date: 17 June 2022

The Hon Melinda Pavey MP,  
Committee Chair  
Committee on Community Services  
Legislative Assembly

Email: [communityservices@parliament.nsw.gov.au](mailto:communityservices@parliament.nsw.gov.au)

Subject: Western Sydney MRC's Submission to **Improving crisis communications to CALD communities.**

### Introduction

Western Sydney Migrant Resource Centre (Western Sydney MRC) 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 of Human Rights.



#### HEAD OFFICE

108 Moore Street  
Liverpool  
NSW 2170

ABN: 24 881 173 229  
ACN: 619 937 227



02 8778 1200



02 9601 1398



[info@wsnrc.org.au](mailto:info@wsnrc.org.au)  
[www.wsnrc.org.au](http://www.wsnrc.org.au)

The organisation has been at the centre of diverse communities in the Liverpool and surrounding LGAs for the past 42 years. Employing trust building strategies with localised place-based supports, we have become an integral community asset for over 44 cultural associations, such as African, Iraqi, Italian, Syrian, Iranian, Indian, Vietnamese, Chaldean Catholic, Assyrian Orthodox, Mandaean, Muslims, Pacific Islander, Spanish, and Aboriginal and Torres Strait Islander communities, to name a few.

Working on the ground providing a key liaison role between city, state and federal government during the COVID-19 Delta outbreak in July – December 2021, we have first-hand **knowledge** and **experience** of the crisis communications (or lack thereof) in culturally and linguistically diverse communities (CALD). Working with our team of bi-cultural staff, who work and live in the area, we were able to navigate the challenges of the 'infodemic' (mis-information and disinformation surrounding COVID-19 vaccines) and collaborate with community cultural/faith leaders to rapidly respond to evolving situation whilst disseminating public health guidelines.

Western Sydney MRC welcomes the opportunity to provide a submission into the inquiry by the New South Wales Legislative Assembly's Committee on Community Services on 'How to improve crisis communications to culturally and linguistically diverse (CALD) communities'. We recognise the importance and urgency of this inquiry and support the government's efforts to develop a multicultural

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engagement strategy informed by lived experiences. We hope our direct feedback on the issues of crisis communications will add robustness and authenticity to the engagement strategies.

### Key Issues

Communications with CALD communities have been fragmented and inaccessible for people who speak a language other than English at home. The Southwest Sydney area specifically Liverpool LGA, where Western Sydney MRC is located and operates, has 49% of the population or 32,511 residents who speak a language other than English<sup>i</sup>. The key issues we have identified around crisis communications are

1. Insufficient (and in some cases inaccurate) translation services or translated materials
2. Fractured trust in government institutions affecting how public health communication is received
3. Lack of diversity and inclusion in public health policies and crisis communications from government
4. Negative representations of CALD groups in health communications and general media reporting, especially from lower socio-economic geographies
5. Retrofitting community/faith leaders' engagement in Crisis Communication implementation



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### Evidence

Communication during crisis situations can save lives. We have experienced this first hand, working on the ground in some of the most vulnerable 'hotspots' of New South Wales during the July 2021 COVID-19 Delta outbreak. Below are some of the challenges we have identified, supported by relevant research:

#### **1. Insufficient (and in some cases inaccurate) translation services or translated materials**

At the beginning of the COVID-19 pandemic, information about the virus and related public health measures were changing daily. The mis/disinformation circulated by social media further perpetuated the challenges of rapidly evolving/changing information. For those not equipped with English language skills, the lack of translated communications resulted in public health non-compliance fines at best, and sickness and death at worst. During the period of July 2020 – October 2021 the government sought \$1.1 million<sup>ii</sup> from 'offenders' in Liverpool for failing to wear or carry a mask to failing to self-isolate if directed, lying to contact tracers, and so on. In terms of COVID-19 mortality for those with a country of birth overseas was three times that of people born in Australia. That is, 6.8 deaths per 100,000 people versus 2.3 deaths<sup>iii</sup>

Working with over 44+ cultural and faith groups in South West Sydney, Western Sydney MRC was made aware of the gaps in translation services<sup>iv</sup> and resources. While NSW health and Multicultural NSW were doing a commendable job in quickly

publishing translations of the constantly changing public health information, some communities/language group felt left out. For instance, the Fijian community noted lack of resources in Fijian. The representative from Fiji Diaspora Women's Alliance Inc noted that while a majority of the community has some knowledge of English, their comprehension/language fluency is low. The outcome of limited translation services or translated resources is that the community avoids any type of engagement, leaving them vulnerable in crises.

## 2. Fractured trust in government institutions affecting how public health communication is received

Several studies examining the impacts of COVID-19 related lockdown and compliance measures have identified a fracture in communities' trust in government institutions. Especially with the 'hotspots' identified in lower socio-economic areas receiving more punitive measures compared to those in higher socio-economic areas. This had immediate impacts on the financial situation of residents living in these areas. The Australian Bureau of Statistics reported that in October 2021 Inner South West Sydney had an unemployment rate of 8.8% relative to Sydney city which was 5.7%. Residents of South West Sydney felt othered and overlooked, fracturing their trust in government's ability to care for them.

Western Sydney MRC conducted a survey of 155 families in South West Sydney during the initial days of lockdown to understand where CALD communities would like to get their health communications from. About 24% of responses referred to local community organisations as the best place to receive pandemic related health communications from. The second choice was local GPs at 23%. The reason being, the authentic and ongoing engagement local place-based organisations provide to CALD communities are agile enough to respond immediately and relevantly to the evolving nature of crises. Research studies also note that CALD communities, specifically refugees and migrants are strongly collectivistic and therefore, they trust and rely on similar collectivistic communities rather than the State<sup>v</sup>.



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## 3. Lack of diversity and inclusion in public health policies and crisis communications from government

The public health policies and related communications are often framed using mainstream cultural values as their reference point with unintended consequences of inequity and exclusion for certain groups. Research identifies the ineffectiveness of COVID-19 health policies that do not include lived experience of historically oppressed groups (refugees and asylum seekers) in policy advisory teams<sup>vi</sup>. When the COVID-19 daily briefings were announced every morning on national TV by the Chief Medical Officer the information was not being received by some CALD groups. This is because the policy and health planning processes lacked community inclusive consultations, CALD champions and community leaders.

As the case managers and social workers at Western Sydney MRC were having one-on-one check ins with their clients in South West Sydney during the pandemic, the misalignment between mainstream values of independence and the CALD

communities' values of interdependence became obvious. For instance, under the COVID-19 related stay-at-home rules families could not visit anyone outside their physical home. But multigenerational living is common among CALD communities and even when extended family members do not live in the same house, they are still considered family with specific responsibilities for care and connection. The lack of CALD values representations in the policies and communications led to deteriorating mental health and stress for these families<sup>vii</sup>.

#### **4. Negative representations of CALD groups in health communications and general media reporting, especially from lower socio-economic geographies.**

Experiences of racism and discrimination are an underlining theme across the life journey of most CALD groups, especially those from refugee and asylum seeker backgrounds. During COVID-19 this became intensified creating clear lines of distinction between those who 'disobeyed the rules/CALD groups' and those who 'followed the rules/non-CALD groups'. Studies have noted the stigmatising rhetoric in relation to the origins of the virus on Asian Australians leading to a "racialisation of public health crises"<sup>viii</sup>. This othering and visible policing of CALD groups in some of the hotspots especially in NSW caused miscommunication and mistrust amongst residents<sup>ix</sup>.

Western Sydney MRC conducted several CALD community consultations in various Southwest Sydney Local Government Areas such as Liverpool, Fairfield, Canterbury-Bankstown and found mental health and wellbeing as a key community concern<sup>x</sup>. Further discussions revealed the interplay between racial discrimination and housing, education, employment, and social cohesion. While mainstream discourses and popular media represented CALD groups as vaccine-hesitant, our internal research with 155 families found that lack of access and lack of multi-lingual messaging were primary reasons for low vaccine uptake<sup>vi</sup>. As soon as vaccines were readily available in Australia, South West Sydney had the fastest growth in vaccination coverage in the entire nation<sup>xi</sup>.



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#### **5. Retrofitting community/faith leaders' engagement in Crisis Communication implementation**

The one thing that crisis management in CALD contexts has revealed is the pivotal role played by informal community cultural/faith leaders and representatives. The expectation of most Australians is that local governments, that is City councils, will be the first port of refuge for information, communication, rescue, and respite. Nevertheless, it has become abundantly clear that in crisis situations, local governments do not have the capacity to navigate the challenges at hand. The experiences from the COVID-19 pandemic also showcased a gap in communications between governments, at all levels – City, State and Federal. This led to ad hoc measures of retrofitting community/faith leader engagement in crisis communications and engagement.

Due to Western Sydney MRCs historical connections and collaborations, we were able to quickly assemble the very first community care online forum in the South West Sydney region where Delta outbreak was fast emerging<sup>xii</sup>. Having identified gaps in the relationship of most governments (City, State, Federal) with local CALD communities, we quickly deployed our multicultural engagement strategy which gave voice to community leaders and provided a platform for direct connection between them and government entities such as NSW government, Liverpool City Council, NSW Health, and NSW Police. Evolving impacts of the virus and lockdown measures were directly and quickly disseminated to the authorities who were then able to adapt their plans accordingly.

### Recommendations

1. Expand the range of languages in which crisis communications are disseminated. Tailor messages in simple ways using a combination of images, text, audio and video.
2. 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.
3. Develop public health campaigns and wellbeing infrastructure in partnership with trusted local community-based organisations to ensure visibility of CALD communities in communication planning and delivery.
4. Employ strength based and empowering strategies when addressing CALD groups especially from vulnerable backgrounds normalising their diverse CALD family structures, living arrangements and cultural values
5. Proactively include CALD communities in crisis communications, planning and integrate them with emergency management systems for tailored response and recovery.



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Yours sincerely,



#### **Kamalle Dabboussy**

Chief Executive Officer

Western Sydney Migrant Resource Centre

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<sup>i</sup> Australian Bureau of Statistics (2016) Liverpool (C) 2016 Census All persons QuickStats: <https://www.abs.gov.au/census/find-census-data/quickstats/2016/LGA14900>

<sup>ii</sup> Wakatama, G. (2022). NSW COVID fine data reveals hotspots in Mount Druitt, Liverpool, Dubbo. ABC news: <https://www.abc.net.au/news/2022-02-24/nsw-covid-fine-penalty-notice-hotspots-revealed/100855472>

<sup>iii</sup> Australian Bureau of Statistics (2022). COVID-19 Mortality in Australia, Deaths registered to 31 January 2022: <https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-31-january-2022>

<sup>iv</sup> Mostafa Rachwani (2022). Patients left without crucial information as Covid puts pressure on NSW interpreting services. The Guardian: <https://www.theguardian.com/world/2022/jan/23/patients-left-without-crucial-information-as-covid-puts-pressure-on-nsw-interpreting-services>

<sup>v</sup> Sawrikar, P., & Hunt, C. (2005). The relationship between mental health, cultural identity and cultural values in non-English speaking background (NESB) Australian adolescents. *Behaviour Change*, 22(2), 97- 113. Accessed September 2021.

<sup>vi</sup> Skouteris, H. (n.d.). Covid-19 and Culturally and Linguistically Diverse communities: Lessons learned and recommendations for action. *Health Voices: Journal of the consumers health forum of Australia*.

<sup>vii</sup> Voola, A. P. (2021). Pulse of South West Sydney CALD communities: Amplifying voices during COVID-19. Research Report, Western Sydney Migrant Resource Centre, Liverpool, NSW, Australia.

<sup>viii</sup> Migration Council of Australia (2021). Integrating culturally, ethnically and linguistically diverse communities in rapid responses to public health crises. Policy Brief March 2021: <https://migrationcouncil.org.au/wp-content/uploads/2022/02/Policy-brief-CALD-communities-in-public-health-crises.pdf>

<sup>ix</sup> Amin, M. (2021). Why Sydney's COVID-19 response could be a tale of two cities. ABC news : <https://www.abc.net.au/news/2021-07-10/nsw-covid-19-response-is-a-tale-of-two-cities/100281710>

<sup>x</sup> Western Sydney Migrant Resource Centre (2022). Inclusive Governance: A policy platform to respond to the emerging and enduring needs of CALD communities in Western Sydney. Position Paper, Liverpool, NSW, Australia.

<sup>xi</sup> Biggs, C. (2021). The NSW COVID outbreak is spurring a vaccination blitz in some of Sydney's hardest hit areas. ABC news: <https://www.abc.net.au/news/2021-08-17/nsw-covid-outbreak-vaccination-blitz-sydney-hard-hit-lgas/100383568>

<sup>xii</sup> Western Sydney MRC and CORE community services (2021). Media Release: <https://corecs.org.au/wp-content/uploads/2020/09/WSMRC-CORE-Media-release.pdf>