

Improving crisis communications to culturally and linguistically diverse communities

NCOSS Submission to Legislative Assembly
on Community Services

1 July 2022

About NCOSS

The NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage to see positive change in our communities.

When rates of poverty and inequality are low, everyone in NSW benefits. With over 85 years of knowledge and experience informing our vision, NCOSS is uniquely placed to bring together civil society to work with government and business to ensure communities in NSW are strong for everyone.

As the peak body for health and community services in NSW we support the sector to deliver innovative services that grow and evolve as needs and circumstances evolve.

About Muslim Women Australia

Muslim Women Australia (MWA) is a representative body for Muslim women working to enrich humanity, advocating for the rights of all women, through authentic leadership based on our Islamic principles.

Established in 1983 as Muslim Women Association, to allow for the full participation of Muslim women in Australian society, MWA delivers an array of holistic, integrated, culturally and religiously appropriate intervention and support services while providing community development and capacity building initiatives.

Nationally, MWA plays an active representative and advocacy role for Muslim women and CALD communities working towards inclusive policies and social cohesion. Australian Muslims come from 183 countries, making them one of the most ethnically and nationally heterogeneous communities in Australia.

Published July 2022.

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Contributing Organisations

This submission has been compiled with the input and advice of these multicultural community organisations:

Muslim Women Australia

Accessible Diversity Services Initiative Limited

Mt Druitt Ethnic Communities Agency Inc (MECA)

Nepean Multicultural Access

SydWest Multicultural Services

Western Sydney MRC

Community Multicultural Resource Centre

4Cs - Canterbury City Community Centre

Blacktown Women's and Girls' Health Centre

CORE Community Services Ltd

Community Multicultural Community Services

1. Introduction

The Committee on Community Services is inquiring into and reporting on improving crisis communications to culturally and linguistically diverse (CALD) communities, with particular reference to:

- a) use of multicultural and CALD community groups and networks to distribute in-language information
- b) ways to improve channels of communication with CALD communities
- c) addressing racism and discrimination related to crisis communications.

This is an important and timely inquiry to gather lessons from the COVID-19 pandemic about how crisis communications to CALD communities worked and how these communications can be improved for the next crisis.

NCOSS is pleased to present this submission, prepared jointly with our multicultural member organisations. We call for clear acknowledgement and recognition of the expertise of the social service sector as evidenced by its performance during the pandemic. We encourage government to acknowledge and embrace the advantages that flow from strong, ongoing relationships with the sector. We believe disaster risks can be best addressed when these relationships already exist, well before any future disaster occurs. This holds true in relation to all disadvantaged groups in our community but none more so than those who face the additional challenges associated with cultural and linguistic differences. As our submission demonstrates, there is a strong and effective multicultural service network that is active across NSW's communities and ready to connect with government.

What was evident in recent crises, including the COVID-19 pandemic, was an ad hoc scramble to build cross-cultural connections, and missteps because of a lack of timely access to relevant expertise concerning culturally and linguistically diverse communities, through community leaders and support organisations. This meant valuable know-how, preventative measures, and tailored opportunities and solutions were lost.

We believe that effective engagement with NGOs and community groups at the local level should 'cascade up', to include representation on regional and statewide emergency management, planning and related committees. This should incorporate, as a priority, linkages to, and input from, CALD communities.

When a crisis has national impact, such as COVID-19, these linkages are particularly crucial to ensure consistent messaging between states and the national level. Coupled with language barriers, inconsistent and constantly changing public health messages were a major challenge for CALD communities in NSW, fuelling doubt and distrust regarding the government's approach to the rollout of COVID vaccination.

NCOSS commissioned researchⁱ prior to the Delta outbreak in June 2021, specifically to explore issues, barriers and perceptions about the COVID-19 vaccine among culturally and linguistically diverse communities in NSW. This confirmed the importance of long-standing trust and relationships between local place-based social services and the communities they work in facilitating clear communication and ensuring 'cut-through' of key crisis messages. The research report made five recommendations to advance public health outcomes with CALD communities and these are included in our list of recommendations in Section 4.

If strong relationships, coupled with multiple, appropriate communication channels and mechanisms are already in place, government and the social service sector will be able to jointly develop and distribute, timely and effective crisis information that addresses people's concerns and needs. This is our hope for the future.

2. Context

NSW has a high proportion of residents from culturally and linguistically diverse communities

NSW has more than one in three of its population born overseas (34.5%) and more than one in four households where a non-English language is spoken at home. This underscores the importance of developing crisis communication materials and channels which reach and resonate with our culturally and linguistically diverse citizens. This is even more critical when it is recognised that the distribution of those from culturally and linguistically diverse communities is not uniform across the state.

Data from 15 DCJ District profiles developed in 2020, and set out in Attachment A, shows the clear differences in the proportion of households from CALD backgrounds between districts. (Data was not available from the Far West District - LGAs Balranald, Broken Hill, Central Darling, Wentworth).

As set out in the table at attachment A, in some metropolitan LGAs (Western Sydney District, South West Sydney and Sydney) more than half of households speak a non-English language at home. During the COVID-19 outbreak from July 2021, there were 12 LGAs of concern (highlighted in yellow) subject to tighter restrictions. With the exception of Penrith, these are all locations in districts with a high proportion of people from CALD backgrounds.

3. Key issues and concerns

NCOSS has sourced information for this submission from its existing consultative forums, member feedback, recently commissioned research *The issues, barriers and perceptions about the COVID-19 vaccine among culturally and linguistically diverse communities in NSW*¹ (conducted before the Delta outbreak) and member discussions during the Delta outbreak as part of our project Building Resilience for Emergency Responses funded by the NSW Government. We also reference submissions to this inquiry by individual NCOSS members.

3.1 People from disadvantaged communities and those born overseas were disproportionately affected by COVID-19

As of May 2022, over 6 million cases of COVID have been confirmed in Australia, with nearly 2.4 million of those in NSWⁱⁱ. As of 23 March 2022, there were 2,044 deaths in NSW from COVID, with more deaths among older age groups (e.g. 34% of NSW deaths were among people aged 85-94 years) and men (61% of deaths).

¹ NCOSS, Social Equity Works, 'The issues, barriers and perceptions about the COVID-19 vaccine among culturally and linguistically diverse communities in NSW', <https://www.ncoss.org.au/wp-content/uploads/2021/07/CALD-document-design-FINAL.pdf>

The risk of infection and death is linked to socioeconomic disadvantage, with a quarter of deaths occurring among people from South-West Sydney.ⁱⁱⁱ Western and South-West Sydney Local Government Areas such as Canterbury Bankstown, Cumberland, Liverpool and Blacktown have been consistently among areas with the highest case numbers and deaths through Delta and Omicron.

Within Sydney, increased rates of economic disadvantage are prevalent in Western and South Western suburbs, where in some locations close to 30% of the population can be living below the poverty line, compared to 12.6% for the Sydney population overall.^{iv}

The Australian Bureau of Statistics has reported that people born overseas were disproportionately affected by COVID, comprising 66% of deaths compared to only 26% of the population to January 2022. Overall, the death rate was 2.3 per 100,000 people but rose to 29.3 among people born in the Middle East, 14.5 among those born in South Eastern Europe and 13.4 among those from North Africa.^{v2}

3.2 Government responses to manage the pandemic in the 12 LGAs of concern failed to appreciate and respond to the reasons for non-compliance across diverse and vulnerable communities

Organisations attending the NCOSS Multicultural Services CEOs forum³ during this period reported that communities felt they were being unfairly blamed for the spread of COVID, and disproportionately targeted by police. They expressed frustration that a heavy-handed compliance approach was being adopted in the 12 LGAs of concern, rather than working collaboratively with community leaders and their organisations to explain and promote the rules. NCOSS and members of the forum have met with NSW Deputy Police Commissioner Mal Lanyon to discuss these issues. These discussions have provided an opportunity to discuss how police and local social service organisations could work more effectively to support the community through crisis. It has highlighted that dialogue needs to be ongoing to build relationships and ensure meaningful and sustainable outcomes for the community.

Crisis communications to CALD communities should be central to disaster recovery, not an afterthought. This includes a nuanced understanding of a diversity of factors within CALD communities - such as the preponderance of sole traders, a more casualised workforce, higher residential densities, caring responsibilities for children, older people and extended family members, funeral processes and experiences of past trauma - which did not appear to have been considered in decision making and policy responses during the pandemic. In highlighting the different factors and needs of cohorts across CALD communities, Muslim Women Australia has noted the importance of communications which provided communities with practical strategies, alongside gaps in strengths-based disaggregated data collection and analysis.

² Melissa Davey and Josh Nicholas, 'COVID death rate three times higher among migrants than those born in Australia', The Guardian, 17 February 2022, accessed 11 May 2022 and <https://www.abs.gov.au/articles/covid-19-mortality-australia-deaths-registered-31-january-2022> accessed 26 June 22

³ The Multicultural Services CEOs Forum was convened by NCOSS in response to issues raised by our member organisations in the 12 LGAs of concern during the Delta lockdown.

Community-based multicultural services and their staff are known and trusted by their clients. They have the necessary rapport, connection and linguistic and cultural understanding to appropriately convey crisis information. Staff are routinely in contact with their clients and are frequently bilingual. In their submission to this inquiry, CORE Community Services noted that their established relationship with CALD communities and ethno-specific and faith-based organisations were instrumental in identifying and addressing gaps in health communications and messaging from the NSW and Federal governments.

Multicultural Services CEOs forum members have suggested that strengthening partnerships with local government can be a valuable way to advocate, inform and influence NSW Government from a local level. Many services connect with local councils on the development of their Multicultural Policy. This connection could be deepened to develop place and community specific crisis communications.

CORE Community Services also highlighted in their submission that, *‘despite the numerous challenges caused by COVID-19, the pandemic created an opportunity for CALD communities to work together with government and non-government organisations to amplify their voices about challenges to the health and wellbeing of their respective communities’*.

In crisis situations, local community sector organisations are relied upon by the community, government and other non-government agencies involved in emergency management for local information and expertise when responding to, and recovering from, crises. The experience of the social service sector through recent crises highlights the need for the sector to be formally recognised in emergency responses, including crisis communication arrangements.

3.3 Communicating to CALD communities requires a nuanced understanding of how people receive and understand information in their own language

CALD communities are not homogenous. To reach as many individuals as possible, it is important to consider how different community groups will receive and process information, especially information from government departments. People who have experienced repressive regimes in other countries, for example, may be wary of government information. Messaging must therefore be framed appropriately, as well as provided in the appropriate language. It is also important for communication materials to reflect that some disadvantaged groups, for example newly arrived refugees, may have poor literacy in their own language. (For example, NCOSS’ CALD perceptions of COVID vaccines research highlighted this was a particular issue for Dari language speakers from Afghanistan, Tigrinya language speakers from Eritrea and northern Ethiopia and Oromo language speakers from Ethiopia). SydWest Multicultural Services suggests that their and similar organisations can play a valuable intermediary role in tailoring information and facilitating engagement in relation to the information CALD communities receive. Their services cover a population which contains 188 nationalities and 182 languages.

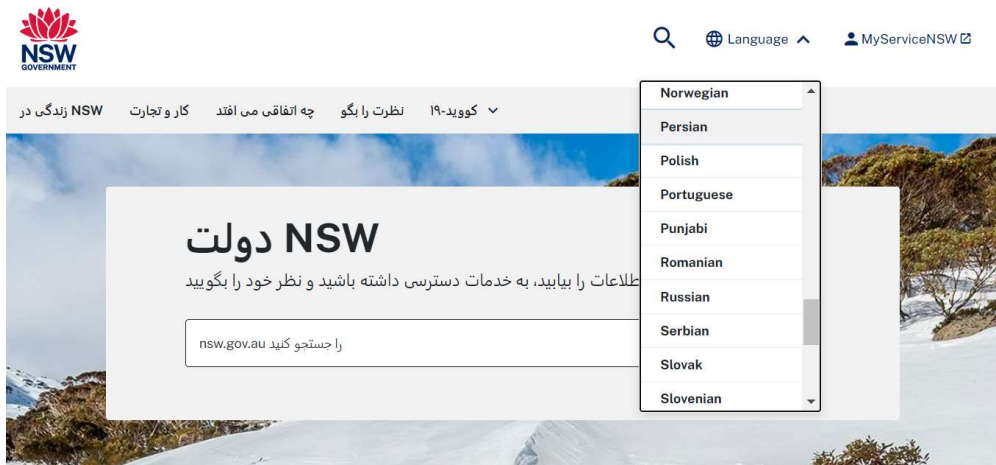
A good approach is exemplified in the work of the Western Sydney Local Health District Health Literacy Hub. McCaffery et al (2020)^{vi} reports: *“The Hub has ‘been working in partnership with key stakeholder groups to guide communications to meet the health literacy, and culturally and linguistically diverse (CALD) needs of its population. Structured working groups have been created to prioritise communications to vulnerable youth, CALD groups, the elderly, itinerant workers, asylum seekers and refugees. The aims are*

to test messaging and build trust with priority populations, to ensure effective communication of the need to sustain physical distancing measures in the absence of a vaccine. Similar efforts are now needed nationally and should start at the time of disease outbreaks in the future, alongside planned mass media and health communication campaigns.”

3.4 Digital literacy and access to digital devices is often an issue for CALD communities

Muslim Women Australia notes it can be difficult to access online communications when households require, but have limited access to, technology to engage with education and employment, particularly relating to entry pathways. This can also be challenging for families with multiple school aged children who require technology for educational learning opportunities. For example, MWA noted, centralised booking systems for testing and vaccination appointments created an access and equity issue which, when not properly understood, created a misunderstanding about CALD communities' willingness to be vaccinated. Local GPs in South-West Sydney had their booking systems inundated with bookings from outside the area, making them inaccessible to their existing patients from CALD backgrounds who were not as familiar with these websites. This access and equity issue and on the ground logistical strategies is not identifiable in data analysis. This led to misleading ‘facts’ around CALD communities in reporting and policy making.

ASDI (Accessible Diversity Services Initiative) suggest that when someone opens a government website, a popup box appear for the web user to select a preferred language for reviewing the content of that website. An excellent example exists in MyService NSW. See image below:



3.5 The best way to communicate with people from a broad array of language groups is through community leaders who are known and trusted, such as doctors, priests, or sheikhs and ethno-specific organisations

SydWest Multicultural Services advises that cultural and religious facilities are an effective and important communication channel for reaching CALD communities quickly. Through its existing community leaders' forum, SydWest was able to empower and support community leaders to connect, engage and refine messaging to their respective communities about COVID requirements.

Similarly, MECA (Mt Druitt Ethnic Communities Agency), through their 'Ask the Expert' sessions, found that Urdu and Arabic-speaking communities relied on trusted community leaders, doctors and family, who were able to encourage people to receive the vaccine by dismantling the misconceptions about the vaccines.

CORE reports that it played a pivotal role in facilitating interactions and bridging communications between CALD communities, government agencies (NSW Health and Multicultural NSW) and non-government services in the Fairfield LGA. This helped prevent the circulation of misinformation. This was particularly significant in supporting CALD communities to be vaccinated, with CORE working with government and local service providers to advocate for materials in suitable languages and formats and to ensure that vaccinations were provided for CALD communities in local, accessible and familiar environments.

Again, this points to a two-way, iterative dialogue between authorities and communities, using community sector organisations as an integral link, to understand diverse communities and ensure the effectiveness of communications and messaging.

3.6 Translating information is only one part of crisis communication

Source documents for translation need to be written in clear simple English. Literacy levels in the target community are also relevant. Poor primary language literacy might suggest the need for alternative formats and/or the use of visual or oral mediums. MECA's 'Ask the Expert' sessions also revealed that Urdu and Arabic-speaking communities preferred receiving information in spoken formats.

It is good practice to have a native speaker check the accuracy of a translation.

For communication to be effective, Muslim Women Australia recommends understanding the spectrum of needs across multicultural communities, not only linguistically, but in terms of access, equity and economic circumstances. This includes people on temporary visas, newly arrived communities, older migrants who are aging, and second and third-generation Australians across this continuum. Consideration must also be given to these communities' trauma and experiences of 'othering' that many CALD population groups have endured.

Again, this points to a two-way, iterative dialogue between authorities and communities, using community sector organisations as an integral link and intermediary, to understand diverse communities and ensure the benefit of crisis communication.

3.7 Channels of communication with CALD communities are best decided with those communities

Muslim Women Australia advises crisis communications should be multi-tiered in supporting multicultural communities, i.e. broad-based national campaigns, alongside specialist messaging to cater to cohorts within communities. This includes but is not limited to policy and communications that keep within view a gendered lens targeting impacts to women; messaging to support CALD families living in overcrowded settings; messaging for families who provide caring for elder persons; and messages for small business owners and shift workers. Additionally, Muslim Women Australia recommends messaging that gives people hope and confidence to engage with health systems by conveying that their personal circumstances will be assessed and that professional care is not diluted amidst critical mass solutions. SydWest Multicultural Services advises that cultural and religious facilities are an effective and important communication channel for reaching CALD communities quickly.

The role of CALD children and young people needs to be considered when creating crisis communication campaigns. Muslim Women Australia highlights that children and young people from CALD communities in South-West Sydney shouldered added burdens and responsibilities during COVID. These included not only managing their own schooling but supporting the learning of younger siblings, additional caring and home duties while at home and navigating online literacy and shopping for multicultural and intergenerational families.

CORE reports that the absence of an inclusive, NSW state-wide CALD engagement peak body for multicultural health and communication issues, significantly limited the ability of CALD communities to work together in cooperative partnerships to represent the communication needs and challenges of their communities.

3.8 Staff in community programs delivered by and to CALD communities have great potential to be a crisis communication channel

Multicultural services staff are known and trusted by their clients. They have the necessary rapport, connection and linguistic and cultural understanding to appropriately convey crisis information. They are routinely in contact with their clients and are frequently bilingual. In their response to the pandemic, Muslim Women Australia often advocated that staff live and work in the communities they support. As part of the broader community response as well as service delivery response, frontline workers have daily engagement with clients and communities and were an effective source of information for others, data source on trends at the micro level and implemented effective individual and collective communications strategies aimed to create a sense of calm and certainty, which has been documented in the Muslim Women Australia 'Serving with Purpose' and 'Hope over Fear' reports. In their submission to this inquiry, CORE Community Services noted that their established relationship with CALD communities and ethno-specific and faith-based organisations were instrumental in identifying and addressing gaps in health communications and messages from the NSW and Federal governments.

The community sector often has greater reach and connection with communities than government and are therefore an essential partner and safety net. Crisis communications is not only about information dissemination; it includes effective referral pathways and capacity building. For example, Muslim Women Australia was sought out by Pacific and Oceanic communities who were struggling to coordinate efforts while complex cases emerged in their communities. Muslim Women Australia was able to provide complex case management support from a safety and health perspective by leveraging on existing homelessness services while building capacity for wraparound supports from various community leaders. Case management and coordination informed advocacy efforts to various government agencies such as Multicultural NSW, Department for Communities and Justice and NSW Police, to ensure policies, grants and communications were improved as the crisis continued to unfold.

4. Recommendations

Immediate

1. Ensure immediate and effective representation of NGOs and community groups including specialist local multicultural and state-wide ethno-specific community organisations at local, regional and state-wide emergency management and related committees
 - a. Resource and task the specialist local multicultural and state-wide ethno-specific community organisations with:
 - i. Mapping and validating the cultural and religious assets (including local community leaders and peer champions, specific places and facilities) which can be used as connection points for the distribution of crisis information to CALD communities across all key CALD communities across NSW, ensuring they are well-connected with their respective communities
 - ii. Researching and recommending the channels and linkages which can most effectively engage young people from CALD communities, including a possible young CALD persons advisory body
2. Support community sector organisations and health care professionals in their role as educators and leverage successful local programs that increase understanding of crises and informed decision making
3. Undertake further research to understand concerns, misconceptions and motivations of priority groups from culturally and linguistically diverse communities in relation to health and environmental crises.

In response to an emerging crisis need

4. Include direct and early engagement with specialist local multicultural and state-wide ethno-specific community organisations and CALD community groups and networks in the development and rollout of any public health campaigns and other crisis messaging. Crisis communications should include co-design processes to identify practical strategies aligned with collectivist values harnessed by CALD communities, inclusive of individual, family based and inter-generational responses.
5. Ensure that public health information, including translated materials, during crisis situations becomes available immediately in audio and video formats in addition to written formats. Ensure translations are accurate, updated and consistent with the original English resources.

Use tailored, targeted messaging across multiple platforms and channels, available in easy-to-read format for English and translated versions.

6. Ensure that all communication departments in all tiers of government, and in the media, recruit staff from CALD communities so they have a better understanding of the communication needs and concerns of multicultural communities during crisis situations.
7. Ensure multicultural awareness and cultural literacy training programs for employees of the NSW Government are widely available so they have a better understanding of the nature of the multicultural identity of Australia and the important role CALD communities play in the Australian society.

Tone of crisis messaging

8. Crisis communications should aim to create a sense of calm and hope ensuring consistency wherever possible across Federal and State jurisdictions. Crisis communications should not be 'othering' and reinforce polarising rhetoric that triggers racialised discrimination of CALD communities. Employing a language of trust is crucial in engaging CALD communities.
9. Messages to CALD communities should come from a strength-based framework, recognising the social capital they bring and the value they add to the economy.

End Notes

ⁱ NSW Social Equity Works (16 July 2021) Issues, barriers and perceptions about the COVID-19 vaccine amongst culturally and linguistically diverse communities in NSW

ⁱⁱ Australian Government - Department of Health, Coronavirus (COVID) case numbers and statistics, www.health.gov.au/health-alerts/COVID/case-numbers-and-statistics, accessed 11 May 2022

ⁱⁱⁱ NSW Health (31 March 2022), NSW COVID Related Deaths, www.health.nsw.gov.au/Infectious/COVID/Documents/nsw-COVID-related-deaths-march-2022.pdf accessed 11 May 2022, p.5.

^{iv} Vidyattama Y, Tanton R, and NSW Council of Social Service (October 2019) *Mapping Economic Disadvantage in NSW*

^{vi} McCaffery KJ, Dodd RH, Cvejic E, Ayre J, Batcup C, Isautier JMJ, Copp T, Bonner C, Pickles K, Nickel B, Dakin T, Cornell S, Wolf MS. *Health literacy and disparities in COVID-19-related knowledge, attitudes, beliefs and behaviours in Australia*. *Public Health Res Pract.*2020;30(4): e30342012. December