Submission No 5

# IMPROVING CRISIS COMMUNICATIONS TO CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Organisation: ACON

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Legislative Assembly Committee on Community Services Parliament House Macquarie St Sydney NSW 2000



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**Dear Committee** 

#### Re: Improving crisis communications to culturally and linguistically diverse communities

Thank you for the opportunity to provide a submission to the Inquiry into improving crisis communications to culturally and linguistically diverse communities.

ACON is NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. ACON was established at the height of the HIV epidemic in NSW. Our organisation was founded in the midst of a health crisis for our communities, which gives us unique insight into crisis communication.

Recent studies have shown that HIV community organisations, such as ACON, have been critical to the success of Australia's HIV response.<sup>1</sup> Through a strong partnership network with researchers, government, health professionals and HIV-affected communities, community organisations such as ACON were – and continue to be – uniquely placed to communicate important health messages in ways that are culturally appropriate and community-embedded.

As a community organisation, we are able to adapt to new environments and concerns for our communities. As the HIV epidemic evolves, so too must we adapt. There are greater rates of new HIV notifications in gay, bisexual and other men who have sex with men (GBMSM) born in South-East Asia and South America compared with Australian-born men, requiring culturally specific responses.<sup>2</sup> As a result, we have created programs specifically by and for men in these communities.

Because we are part of the communities we serve, ACON has built trust and credibility within the LGBTQ community, placing us in a position where crisis communication may be received and acted upon. LGBTQ people from culturally, linguistically and ethnically diverse and migrant and refugee backgrounds, and LGBTQ people of colour face specific issues that require tailored responses and communication. In 2021, ACON released its internal Multicultural Engagement Plan to reflect our commitment to long-term change in this area, so that we may continue to build trust and credibility among *all* LGBTQ people.

It is from this position that we wish to provide evidence to this Inquiry. The way in which NSW embedded community organisations in its response to HIV with great success provides a good lesson for how we may improve crisis communications to culturally, ethnically and linguistically diverse communities.

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ACON acknowledges and pays respects to the Traditional Custodians of all the lands on which we work.

Effective crisis communication empowers community members to understand, trust and act upon health and other advice. It is founded on trust, confidence, and credibility built long before, during and after crises occur.<sup>3</sup>

The COVID-19 pandemic has raised significant concerns about the operations of government and civil society, and in particular, our positioning as a multicultural society. The pandemic has seen increased experiences of racism and discrimination among sections of our population,<sup>4</sup> which was compounded by simplistic and dangerous media messaging,<sup>5,6</sup> and disproportionate restrictions and over-policing in multicultural areas.<sup>7</sup>

Disproportionate restrictions and over-policing in these areas were at least in part due to a perceived noncompliance to COVID restrictions by multicultural communities, which can be attributed in large part to a major failure of sufficient crisis communication to reach these communities.<sup>8,9</sup> There are multiple reports of poorly translated resources,<sup>10</sup> resources in languages other than English embedded deeply in English-only websites,<sup>11</sup> and resources left out of date during critical periods of the pandemic,<sup>12,13</sup> leading to misinformation, mistrust in official resources, and, in the end, clear evidence that people born overseas had a higher risk of dying from COVID-19 than those born in Australia.<sup>14</sup>

This submission will provide evidence to improve crisis communications to culturally, ethnically and linguistically diverse communities in future crisis events, pertinent to each of the terms of reference.

# a) use of multicultural and CALD community groups and networks to distribute inlanguage information

Effective crisis communication must be trusted, credible, contextual and specific.<sup>15</sup> Community groups are an essential component of effective crisis communication because they are trusted within the communities they serve, and understand the social and cultural specificities that they operate within.<sup>16</sup>

Trust and credibility are essential components of behaviour change. Effective crisis communication to culturally, linguistically and ethnically diverse communities is not just about translation, but it must also take into account cultural specificities such as risk assessment, communication medium and style, and credibility of the source.<sup>17,18,19</sup> Community groups are able to effectively act as conduits for crisis communication in many circumstances, and to some extent, this was recognised during the COVID-19 pandemic.<sup>20</sup>

However, the mobilisation of community groups in NSW was impeded by its ad-hoc implementation. It is critical that community groups are working in co-design with governments over the long-term, even before a crisis, to provide strong partnerships and funding bases to be able to mobilise effectively when a crisis occurs.

In addition, it is important to recognise the intersections of our communities and the cultural specificities of intersectional communities, such as LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour.

In recent years, ACON has spent considerable time developing partnerships with LGBTQ multicultural community groups and services, through our community partnerships programs, and our <u>Rainbow Cultures</u>

directory. ACON provides multilingual services where we are able, including our Ending HIV website which can be fully translated into simplified Chinese and Thai. Where possible, ACON's resources are translated by teams at SBS, and reviewed by peers, to ensure they are culturally specific and sensitive to LGBTQ communities in these language groups.

We must acknowledge that more needs to be done to fully embed a multilingual and culturally appropriate ethos into all ACON's programs and services, which is something we are committed to via our Multicultural Engagement Plan.

During the pandemic, we were able to leverage our partnerships to provide critical information and services for LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds. ACON was supported by two grant opportunities from Multicultural NSW to provide support to LGBTQ community members during the COVID pandemic. We provided food hampers and vouchers to 159 LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds who were experiencing financial difficulties.

Many of these people came to our services via the partnerships we have built with LGBTQ multicultural community groups, such as SAILAHC (Sydney ARCO IRIS Latin American & Hispanic Community), Trikone, SheQu, and ANTRA (Australia & New Zealand Tongzhi Rainbow Alliance).

While we were extremely grateful for the opportunity to support community members and these community groups in providing resources and critical COVID-19 information, it must be noted that we were only in a position to do this because we are an established organisation with ongoing funding to serve our communities.

The funding from Multicultural NSW was ad-hoc, provided on short notice, and did not allow for staff remuneration. We were able to seek these funding opportunities because we had staff able to mobilise and apply for the opportunities at short notice, as well as pivot to deliver the programs within the extremely limited timeframes.

In the delivery of these two opportunities, ACON used almost 300 hours of in-kind staff time, as well as room hire and lunch for our volunteers, totalling more than \$17,000 of in-kind support for \$10,000 of funding. This is untenable for small organisations such as our community partners, who are entirely volunteer-run.

Long-term commitment to community partners is needed so that organisations are able to effectively mobilise in a crisis. Translation and crisis communication is labour-intensive work that is typically beyond the scope of a community organisation's daily business operation. It is critical that this is understood so that long-term solutions can be put into place so that community groups and government can respond quickly in a crisis.

## b) ways to improve channels of communication with CALD communities

In addition to building strong, long-term partnerships with community groups for effective communication dissemination, governments must also actively work to build trust and credibility in their direct communication with culturally, ethnically and linguistically diverse communities.

It is not enough to rely on dissemination via community groups; governments must actively work to provide resources for all their constituents. Australia is a multilingual society, yet many of our government communications operate from a deeply monolingual foundation.<sup>21</sup>

Government websites often rely on artificial intelligence (AI) translations that lack credibility, if they can be translated at all. When resources are provided in languages other than English, they are typically only accessible via English-only websites.<sup>22</sup> This was the case during the pandemic – resources were either delayed in production, not readily accessible or poorly translated.<sup>23</sup> NSW Government resources during the pandemic did not appear to meet their own standard outlined in the *Multicultural NSW Act 2000*.<sup>24</sup>

Not only do government resources need to be available in languages other than English, but they must also be disseminated in ways that are culturally appropriate. As an example, many government resources were disseminated on Facebook and Twitter, but were notably absent from WeChat, a platform much more widely used by the Chinese community.<sup>25</sup>

Effective crisis management requires long-term planning. Multilingual communication strategies must be an integral part of such management guidelines, with partnerships and strategies established over the long-term, in order to best understand the breadth of our multicultural communities and their intersections.<sup>26,27</sup> These partnerships must be two-way so that community groups are able to speak to governments and communicate their needs, as well as the reverse.

In addition, the NSW government must work with community groups to build health literacy among people from culturally, ethnically and linguistically diverse, migrant and refugee backgrounds and culturally appropriate health services over the long term so that health information can be effectively conveyed at all times,<sup>28</sup> and especially during a crisis. It is not enough that communities are provided with information, they must have the literacy to understand it, and appropriate health services and community organisations to be able to act on that information.

This problem is not unique to governments. Indeed, LGBTQ health services suffer the same problem and are not adequately funded to rectify these issues.<sup>29</sup> The lack of effective communication in languages other than English leads to poorer health outcomes for communities where English is not their primary language. Language is a social determinant of health, and a failure to provide readily comprehensible health information to large parts of the NSW community represents a failure of our health systems, which was particularly evident during the pandemic.<sup>30</sup>

## c) addressing racism and discrimination related to crisis communications.

The racism experienced more broadly during the pandemic cannot be divorced from crisis communications. The experience of the pandemic for many in multicultural communities included instances of interpersonal racism, media stereotyping, disproportionate restrictions and over-policing, and poor access to trustworthy information.<sup>31</sup>

These experiences compound, intersect and overlap. They erode trust in media and government, meaning that these are no longer effective conduits for crisis communication. Just as a lack of health information leads to poorer health outcomes, it is also well established that racism and discrimination produce significant health disparities, not just with regard to COVID-19, but across the spectrum of health more broadly.<sup>32,33</sup>

As a result, the eroded trust in government, coupled with the lack of resources and ineffective engagement with community groups has meant that there are significant gaps in health information, creating barriers to good health outcomes, and experiences of racism and discrimination that constitute a violation of human rights.<sup>34</sup>

This is compounded for people at the intersections of multiple marginalised groups, such as LGBTQ people from culturally, linguistically and ethnically diverse, and migrant and refugee backgrounds, and LGBTQ people of colour. LGBTQ people from multicultural backgrounds tend to have poorer self-rated health and higher experiences of psychological distress than the broader LGBTQ community.<sup>35</sup>

It is critical that future plans for crisis communication consider that trust in the information source is essential to producing behaviour change,<sup>36</sup> and that overlapping and intersecting factors work to erode that trust.

#### This submission, therefore, recommends that:

- 1. The NSW Government reviews its approach to resources in languages other than English and the *Multicultural NSW Act*, in partnership with community groups to embed multilingualism in all government communication.
- 2. The NSW Government's review includes specific consultation on 4 key points:
  - a. What is the best way to pull together groups to help co-designed, and disseminated via trusted community sources, including groups of LGBTQ+ people from culturally, linguistically and ethnically diverse backgrounds.
  - b. What resources do community groups need to help them build capacity within their organisations, and act as conduits for government information when required.
  - c. What needs to be done to build into Government responses, the development of resources that are provided in languages other than English, and in contexts that are culturally appropriate, from the outset of a crisis.
  - d. How should co-design mechanisms be established for community groups to provide feedback and review government resources and operations.
- 3. The NSW Government commits to an approach that is sustainable and supports organisations to ensure they are able to embed a multilingual approach to their work.

Please do not hesitate to contact Nicolas Parkhill AM, ACON CEO, on the or at if you require any additional information.

Kind regards

Nicolas Parkhill AM Chief Executive Officer

#### Notes

<sup>3</sup> Pena-Diaz, C. (2022). Managing communication in public health: Risk perception in crisis settings. In F.M. Federici (ed.), *Language as a social determinant of health: Translating and interpreting the COVID-19 pandemic* (pp. 267-292). London, UK: Palgrave Macmillan.

<sup>4</sup> Devakumar, D., Shannon, G., Bhopal, S. S., & Abubakar, I. (2020). Racism and discrimination in COVID-19 responses. *The Lancet*, *395*(10231), 1194.

<sup>5</sup> All Together Now (2020). *Social commentary, racism, and COVID-19*. Sydney: All Together Now. Available: <u>https://alltogethernow.org.au/wp-content/uploads/2020/10/ATN-Media-Report-2020 online.pdf</u>

<sup>6</sup> Sun, W. (2021). The virus of fear and anxiety: China, COVID-19, and the Australian media. *Global Media and China*, *6*(1), 24-39.

<sup>7</sup> Ghumkhor, S (2021). Pandemic policing in 'multicultural' Australia. *Al Jazeera*, 4<sup>th</sup> October. Available: <u>https://www.aljazeera.com/opinions/2021/10/4/pandemic-policing-in-multicultural-australia</u>

<sup>8</sup> Davey, M & Boseley, M (2020). Coronavirus Victoria: experts warn against blaming migrant communities for spreading misinformation. *The Guardian*, 28 June. Available at: <u>https://www.theguardian.com/australia-news/2020/jun/28/coronavirus-victoria-experts-warn-against-blaming-migrant-communities-for-spreading-misinformation</u>

<sup>9</sup> Grey, A., & Severin, A. A. (2022). Building towards best practice for governments' public communications in languages other than English: a case study of New South Wales, Australia. *Griffith Law Review*, 1-34.

<sup>10</sup> Baker, N (2020). Missing posters and 'fake' tweets: pandemic communications strategy for multicultural Australia slammed, *SBS News*, 16 June. Available: <u>https://www.sbs.com.au/news/missing-posters-and-fake-tweets-pandemic-communications-strategy-for-multicultural-australia-slammed</u>

<sup>11</sup> Grey & Severin (2022)

<sup>12</sup> Dalzell, S & Coote, G. (2021). Australia's official COVID-19 health information translations left to become eight weeks out of date. *ABC News*, 12 August. Available: <u>https://www.abc.net.au/news/2021-08-12/covid-19-information-weeks-out-of-date/100369794</u>

<sup>13</sup> Hu, B. (2022). Translation as ethical intervention? Building trust in healthcare crisis communication. In F.M. Federici (ed.), *Language as a social determinant of health: Translating and interpreting the COVID-19 pandemic* (pp. 179-208). London, UK: Palgrave Macmillan.

<sup>14</sup> Dalzell, S. (2022). Government data reveals being born overseas increases your risk of dying from COVID-19 in Australia. *ABC News*, 17 February. Available: <u>https://www.abc.net.au/news/2022-02-17/abs-data-cald-communities-worse-affected-by-covid-outbreaks/100834104</u>

<sup>15</sup> Pena-Diaz (2022)

<sup>16</sup> Wild, A., Kunstler, B., Goodwin, D., Skouteris, H., Zhang, L., Kufi, M., ... & Mohideen, M. (2020). *Communicating COVID-19 health information to culturally and linguistically diverse (CALD) communities: the importance of partnership, co-design, and behavioural and implementation science*. Sustainable Development Institute, Monash University.

<sup>17</sup> Karidakis, M., Woodward-Kron, R., Amorati, R., Hu, B., Pym, A., & Hajek, J. (2022). Enhancing COVID-19 public health communication for culturally and linguistically diverse communities: An Australian interview study with community representatives. *Qualitative Health Communication*, 1(1), 61-83.

<sup>18</sup> Hu (2022)

<sup>19</sup> Pena-Diaz (2022)

<sup>20</sup> Okley, S (2020). Calls for 'cultural liaison officers' to help migrants caught up in coronavirus clusters. *SBS News*, 9 September. Available: <u>https://www.sbs.com.au/news/calls-for-cultural-liaison-officers-to-help-migrants-caught-up-in-</u> coronavirus-clusters

<sup>21</sup> Grey & Severin (2022)

- <sup>22</sup> Grey & Severin (2022)
- <sup>23</sup> Grey & Severin (2022)
- 24 Grey & Severin (2022)
- <sup>25</sup> Hu (2022)
- <sup>26</sup> Grey & Severin (2022)

<sup>&</sup>lt;sup>1</sup> Nous Group (2016). *Demonstrating the value of community control in Australia's HIV resp*onse. Sydney: AFAO and Australia's State and Territory AIDS Councils.

<sup>&</sup>lt;sup>2</sup> Stardust, Z., Gray, J., Mackie, B., Chen, T. (2017). Effective HIV Prevention and Health Promotion among Asian Gay and Homosexually Active Men in Sydney. Sydney: ACON.

<sup>27</sup> Federici (2022)

<sup>28</sup> McCulloch, K., Murray, K., & Cassidy, E. (2022). Bridging Across the Digital Divide: Identifying the Extent to Which LGBTIQ+ Health Service Websites Engage Culturally and Linguistically Diverse (CALD) Users. *Journal of Homosexuality*, 1-23.

<sup>29</sup> McCulloch, Murray and Cassidy (2022)

<sup>30</sup> Federici, F. M. (2022). Translating health risks: Language as a social determinant of health. In F.M. Federici (ed.), *Language as a social determinant of health: Translating and interpreting the COVID-19 pandemic* (pp. 1-35). London, UK: Palgrave Macmillan.

<sup>31</sup> Diversity Arts Australia (2021). *I am not a virus*. Available: <u>https://iamnotavirusaustralia.org.au/</u>

<sup>32</sup> Bastos, J. L., Harnois, C. E., & Paradies, Y. C. (2018). Health care barriers, racism, and intersectionality in Australia. *Social Science & Medicine*, *199*, 209-218.

<sup>33</sup> Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., ... & Gee, G. (2015). Racism as a determinant of health: a systematic review and meta-analysis. *PloS one*, *10*(9), e0138511.

<sup>34</sup> Federici (2022)

<sup>35</sup> Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University, p. 110

<sup>36</sup> Wild et al. (2020)