

**Submission  
No 27**

**IMPROVING CRISIS COMMUNICATIONS TO CULTURALLY AND  
LINGUISTICALLY DIVERSE COMMUNITIES**

**Organisation:** Arab Council Australia

**Date Received:** 27 June 2022



20 June 2022

Chair and Members  
NSW Legislative Assembly Committee on Community Services  
NSW Parliament  
Email: [communityservices@parliament.nsw.gov.au](mailto:communityservices@parliament.nsw.gov.au)

***Re. Inquiry into improving crisis communications to culturally and linguistically diverse communities. Closing Date: 17 June 2022 (extension granted until 27/6/2022)***

Dear Committee Chair and Members

Arab Council Australia (Council) welcomes the opportunity to submit its views to the inquiry into improving crisis communications to culturally, ethnically and linguistically diverse (CALD) communities.

#### **■ About Arab Council Australia**

Council is a secular all-inclusive and independent peak Arab community organisation. It has the specific aim of assisting the successful social inclusion of people from Arab backgrounds and promoting their active participation in and contribution to the wider community. It is located in Sydney, where the largest population of Arab Australians live, but works on behalf of Arab Australians all over Australia.

Council plays a pivotal role in capacity and community building. It is active in advocacy, leadership, research and information dissemination. It provides a broad range of welfare services, social support and cultural activities to the community. Council is steadfast in working inclusively across diversity and in forging strong collaborative practices with community, government and other sectors.

Over our 43-year history, we have been supporting and assisting Australians of Arabic speaking background [comprising of diverse groups whose origins are from 22 Arab countries through a range of essential services.<sup>1</sup> We believe in building a safe and secure future for a multicultural Australia and protecting our most vulnerable citizens.

Throughout the COVID-19 pandemic, and particularly during the Delta outbreak and subsequent lockdown in mid to late 2021 in Western and South Western Sydney, Council worked closely with other organisations at all levels to ensure that communities including CALD groups are informed and supported. We have also provided evidence and a written submission to the NSW Legislative Council's Public Accountability Committee for its inquiry into the NSW Government's management

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<sup>1</sup> Arab Council Australia, *Our Work*, <<https://www.arabcouncil.org.au/pages.php?Our-Work>>

of the COVID-19 pandemic – with a focus on the COVID-19 situation and its impacts on the 12 Local Government Areas of concern.

This submission is based on our experience of the pandemic during the West Sydney (WS) and South West Sydney (SWS) lockdown in 2021 and illustrates why and how crisis communication should be improved to CALD communities. Our reflections and recommendations may be applied to a health or any other crisis event.

Accordingly, below are our responses to the matters being inquired into, and address the Inquiry Terms of Reference, which are as follows:

- Use of multicultural and CALD community groups and networks to distribute in-language information
- Ways to improve channels of communication with CALD communities
- Addressing racism and discrimination related to crisis communications

## **OUR EXPERIENCE**

Almost one year ago on 28 June 2021, the NSW government announced the stay-at-home orders for Greater Sydney residents due to the COVID-19 Delta outbreak earlier that month. As the outbreak continued to escalate, by mid-July 2021, the government announced further harsh restrictions for certain local government areas in WS and SWS.

From the start of the Delta outbreak, health messaging and announcements of restrictions were at times hesitant, frequently changing and inconsistent, causing unnecessary confusion and distrust, particularly amongst CALD communities. This became more pronounced when disproportionate restrictions were imposed on WS and SWS.

We witnessed the emergence of two Sydneys, with one shouldering the burden of the outbreak under inconsistent and severe restrictions and surrounded by military and police, and the other enjoying privileges and freedoms.

We submit that the communication methods, their timeliness as well as the systems and tools deployed to convey and enforce health messages created divisions, disenfranchised and criminalised WS and SWS communities and eroded trust in government. These factors undermined health and government messaging, and resulted in further obstacles for community organisations and leaders to overcome so that the correct information reached communities during a critical period.

Specific issues as they relate to this Inquiry:

- a) Extensive delays in providing and disseminating multilingual material to CALD communities in the lead up to and throughout the Sydney lockdown, compounded by frequent changes in rules including when WS and SWS went into stricter lockdown conditions.
  - i. CALD organisations, who are experts in their communities and are integral in disseminating information to them, were not part of the discussion in the initial phases of the outbreak. We often found ourselves searching for and accessing information after the fact in a constant catch-up, and trying to fill in the gaps within existing resources.

- We acknowledge that the resource issue was partially addressed, with short term funds made available towards the end of the period of restrictions that increased capacity for support delivery.
- ii. The gap and delay in providing in language information was a major source of confusion for CALD communities. People were sourcing information available in language from other states and overseas, which were not always relevant as they differed to the rules and advice in NSW.
- We acknowledge that whilst gaps remain, this was later corrected, with multilingual material becoming more readily available towards the end of the period of restrictions.
  - We also acknowledge that Multicultural NSW stepped up its engagement with CALD communities by actively gauging their sentiments, and this is to be commended.
- b) Confusion relating to the varying procedures across local health districts (LHDs). People in the community do not distinguish between LHDs nor do they deal with them as distinct entities from the entire health system. Such confusion was experienced specifically by those isolating at home due to COVID-19. We found that:
- i. We were unknowingly relaying incorrect information supplied by one district (e.g. what to do and who to contact when isolating) to some people who lived under a different district. We incidentally uncovered the errors and updated people in the community.
  - ii. The experience of people isolating at home was widely different across health districts due to the variations in procedures. We heard from people who after receiving the text message telling them they have tested positive and to isolate, not receive a call from their LHDs for days, whilst others received regular calls.
  - iii. Holding information seminars to those who tested positive and isolating at home became more complex and less efficient for CALD organisations. We found it necessary to hold seminars with attendance restricted within LHD boundaries.
- c) Repeated requests for approving practising CALD doctors and health specialists to provide in language health information (e.g. COVID and vaccinations) at community seminars were disregarded by NSW Health. As a non-health organisation, we required this approval to enable us to facilitate in language community seminars. We appreciate NSW Health's need to maintain control of information as a risk minimisation measure, unfortunately it was yet another sign that CALD communities, health experts and doctors are not part of the solution and cannot be trusted to do the right thing in a crisis. Practising CALD doctors and specialists were volunteering their services to address conspiracies and glaring gaps in information to their communities, and were left to go ahead without the approval or backing from Health.
- We acknowledge that pre-recorded scripted in language videos were generated, and we participated in some of these. It should be noted however, that this medium provides no capacity for the community to interact and seek clarification on issues of concern.
- d) In a crisis, such as the Delta COVID-19 outbreak in 2021, it is of paramount importance that all community members can trust and work with the State (public health professionals). A

survey conducted by Western Sydney Migrant Resource Centre<sup>2</sup> found that whilst the vast majority of CALD communities in SWS complied with stay at home orders and expressed willingness to work with the State, there were also a significant number of those on the fence or unwilling to work with health professionals. This suggests that at a broader level, communities in SWS complied with health instructions relating to getting tested, vaccinated, isolating at home etc, but there are gaps in trusting relationships between communities and institutions at a deeper level, which can have ongoing deleterious effects on social harmony, trust and cohesion. Discrimination and distrust was evident throughout the lockdown of WS and SWS:

- i. Different rules for different LGAs were confusing and often regarded as punitive, leading to distrust in and rejection of information and communication from the government.
- ii. Lack of consultation on response measures with CALD organisations ahead of life impacting decisions being made that caused great harm to communities, e.g. deploying the police and the army without consulting with community experts on the potential impact of such measures on CALD communities, particularly those who are socially and economically disadvantaged.
- iii. Deploying 100 extra police and the army to WS and SWS was perceived as being discriminatory, classist and racist, and directed at people of CALD backgrounds. People from Arabic speaking background as well as other CALD communities expressed that they felt blamed, demonised, criminalised and treated as suspect and non-compliant. Some expressed their experience thus “because many of us in this area are not English speakers, they treat us like subhuman and criminals; they have done it before and they are doing it again. They don’t trust us. They blame us for the virus and they send the police, then the army and they kick us down when we are already on our knees. Tell us again why you want us to believe anything they say?”
- iv. Having police present at the Premier’s daily press conferences during the WS and SWS lockdown was unhelpful to gaining trust. As in the previous point, this was also received as discriminatory with the situation being treated as a criminal matter rather than a health crisis.
- v. Imposing a curfew after government officials only a few days before advised that there was no evidence that curfews offer any benefits in managing community transmission. The imposition of the curfew was received by the communities in WS and SWS as being punitive, classist, and unnecessarily cruel.
- vi. Having senior government ministers talking down at CALD communities using racially loaded language, shifting blame on to CALD communities for spreading the virus, damaged trust in government and eroded the messages being communicated. It should be noted that videos of these statements were shared widely across communities, and created significant hurdles to community organisations in communicating necessary messages.

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<sup>2</sup> Western Sydney Migrant Resource Centre, *Pulse of South Western Sydney CALD Communities, Amplifying Voices during COVID-19*, 2021 < <https://wsmerc.org.au/wp-content/uploads/2021/09/MRC0643-Pulse-Survey-final-LR.pdf> >

## RECOMMENDATIONS

We recommend that:

1. **Crisis communication aimed at CALD communities apply the principles of trust, access, equity, fairness and equal treatment, as these are paramount in any dealings between the State and Community, particularly in a crisis.**
2. **Well established and trusted CALD community organisations be engaged from the outset with ongoing collaboration throughout a crisis.**
  - Such CALD organisations play an integral role in disseminating crisis communication and providing support to their respective communities. They are the experts on the ground and are well utilised and trusted by communities. Engaging community organisations (and leaders they recommend) builds community confidence in crisis messaging.
  - Local MPs, government departments (including Department of Communities and Justice, LHDs and Multicultural NSW), and local councils have existing relationships with such organisations and these networks can be accessed immediately at the outset of a crisis.
  - Engagement and collaboration with CALD community organisations must be ongoing, and their representatives should be part of the solution and present at the table when decisions are being made that adversely impact their communities.
  - We note that Multicultural NSW (and through them other agencies) have been engaging and building connections with communities, particularly during the crisis to gauging community sentiments, and this practice should be incorporated as part of crisis communication in the future.
3. **CALD Communities receive in language communication as close in time as possible with the release of English communication**
  - CALD communities have the right to access simple, timely and easy to understand information at the same time as mainstream communities. Crafting effective and culturally appropriate messaging is key to ensuring that all Australians are prepared to respond to public health and other threats at the same time.
  - State and health organisations should establish a pool of interpreters and translators that will be activated at the onset of a crisis to translate information centrally and ensure equality of access to information impacting community safety, health and wellbeing. Translators and interpreters must continue to be engaged in all stages of a crisis response to be inclusive of CALD communities<sup>3</sup>.
  - Trusted community organisations should be connected with and briefed to enable them to deliver the information in language to their communities. Engagement with CALD organisations must be continual so to understand any community barriers to accessing information, and current communication preferences. As an example, at

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<sup>3</sup> Migration Council Australia, "Integrating culturally, ethnically and linguistically diverse communities in rapid responses to public health crises Communication guide – January 2022" <<https://socialpolicy.org.au/wp-content/uploads/2022/02/Communication-Guide-CALD-communities-in-public-health-crises.pdf>>, P11

present many communities prefer using WhatsApp as opposed to other communication or social and other media platforms.

#### **4. CALD Community Organisations be effectively resourced at the outset of a Crisis**

- Unlike other organisations, CALD organisations are frequently called upon on any and every issue that may impact their communities. This escalates tenfold during times of crisis, when demand for community support is at its highest. We acknowledge that the NSW government recognised this need and provided additional funds during the Delta outbreak. However, the funds were rolled out in the latter part of the lockdown when harsh restrictions were being lifted. These funds were of limited terms and most required open grant applications.
- We submit that during periods of crisis the urgency is to support communities, rather than directing limited resources to the writing of applications and competing for funds. Part of the crisis management plan should include the provision of immediate funds at the outset of a crisis to trusted CALD organisations with established relationships with government departments etc (see point 2 above), so as to increase their capacity of working with relevant bodies in supporting communities.

#### **5. An equitable, respectful and fair approach be applied to all peoples**

- During times of crisis, trust between community and government is critical. And trust works when everyone is treated equally and fairly.
- Enforcing one set of rules or procedures for one group of people, and another for a different group is divisive and discriminatory. We submit that government must have the same set of rules and restrictions for all groups of people that are equitably enforced, and for enforcement efforts be developed in consultation with impacted communities.
- We acknowledge that the police have a role to play in enforcing rules. However, the deployment of troops and police to the historically besieged WS and SWS during the Delta outbreak was unwarranted, demonising, and counterproductive. Governments need to depart from these tired measures of utilising boots on the ground and shows of force that are antagonistic, ineffective and can only be perceived as racist. These situations would be better served by maintaining relationships and engaging communities through respected organisations and leaders.
- We also submit that persons in positions of persuasion and influence, including government ministers, have a higher obligation to uphold racial tolerance and social harmony and should not be engaging in discriminatory rhetoric. Rather such persons should seek advice from relevant community organisations ahead of public announcements that have the potential of being divisive.



## ■ CONCLUSION

Ongoing engagement with well-established and trusted CALD organisations should be an integral part of any crisis response. This collaboration is critical to the effectiveness of any crisis communication, and ultimately to the outcomes. The Delta outbreak exposed the significant gaps between government, Health and CALD communities, and sitting within these gaps are trusted CALD community organisations and community leaders. They are a resource that should be part of crisis management plans, partners in a crisis response and likewise in the development and dissemination of crisis communication.

Yours sincerely



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Chief Executive Officer