



Settlement
Council
of Australia

Communicating with migrant and refugee communities during COVID-19:

Learnings for the future

Settlement Council of Australia

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The Settlement Council of Australia acknowledges the traditional custodians of the land on which we operate, the Ngunnawal people. We also acknowledge the traditional custodians on the various lands on which migrants and refugees settle across Australia, and on which our sector operates.

We pay our respects to Elders past, present and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to our lands and waters.

About the Settlement Council of Australia

The Settlement Council of Australia (SCoA) is the peak body representing the vast majority of settlement agencies across Australia providing direct services and support to people of migrant and refugee backgrounds.

Our members include organisations large and small, who are committed to the successful settlement of migrants and refugees across the country. Their services range from greeting new arrivals at the airport, through to assisting them to secure housing, learn English, make social connections, access services and find their first job. Australia's settlement services are recognised as being among the best in the world.

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Summary of key learnings

Key learning 1

Information, including information in language, must be available in audio and video formats, in addition to written formats.

Key learning 2

Messages must be distributed by trusted individuals, including settlement service providers and community leaders. However, community leaders should be recognised as one tool among many in distributing health messaging.

Key learning 3

Media and other public communications play an important role in communicating health messages, particularly for those in regional areas and those who are disconnected from services and communities. However, English language resources must use simple English.

Key learning 4

Governments should have arrangements in place with settlement services to allow for the quick provision of additional funding in an emergency situation. This funding would allow services to quickly mobilise to fill gaps in the translations made available by government, distribute messaging widely, and provide material and other support to community leaders.

Key learning 5

Governments, settlement service providers, and other key stakeholders should assess their existing mechanisms for collaboration to ensure they are capable of being readily mobilised in a state of emergency.

Key learning 6

The important role of cultural and faith communities in providing social goods must be adequately recognised and supported.

Key learning 7

Unless websites are accessible in multiple languages, the translated information will not be accessible to those who do not understand English without assistance.

Key learning 8

Further research is required to identify how digital access and digital literacy barriers can be addressed for newly arrived migrants and refugees.

Key learning 9

Effective communication of health messaging is not the only factor in ensuring individuals can abide by health directions, and other practical barriers to adherence must also be considered.

Introduction

The COVID-19 global pandemic, declared by the World Health Organisation (WHO) in March 2020,¹ has threatened the health and wellbeing of millions of people around the world. In every state of emergency, there must be appropriate and effective communication strategies in place to get essential information to all members of the community. Addressing world leaders, the WHO Director-General pointed out in his media briefing from March 2020: ‘Communicate with your people about the risks and how they can protect themselves – this is everybody’s business.’²

***‘Communicate with your people about the risks and how they can protect themselves – this is everybody’s business.’
-WHO Director-General***

As the COVID-19 pandemic developed in Australia, SCoA consulted regularly with members on its impacts. This has included consultation on the communication of health information to newly arrived communities. This report has been informed by:

- individual consultations with 60 SCoA members;
- two national consultation meetings in March and April (with 39 and 41 attendees respectively) discussing the impact of COVID-19 on the settlement sector and clients served by the sector;
- two surveys conducted in March and April 2020 (with 58 and 37 respondents respectively) on the impact of COVID-19 on the settlement sector and clients served by the sector;
- two SCoA network meetings which included discussion of communications issues during COVID-19; and
- other relevant reports and literature.

The above sources are used to examine the health messaging made available during the pandemic, the effectiveness of this messaging, and identify key learnings for the future.

This report provides insights that can be used to guide further information provision as the pandemic continues, as well as lessons that can be used to inform any future emergencies – such as bushfires, other natural disasters, or future health crises.

¹ World Health Organisation, WHO Director-General's opening remarks at the media briefing on COVID-19 (March 2020) < <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020> >.

² Ibid.

The available resources

Information about COVID-19 has been made available in English and in multiple languages by a wide range of parties, including the federal government, state and territory governments, and a large number of other bodies. Accurate and up to date government resources were regarded by members as being useful ‘sources of truth’ in guiding the information they provided to clients and communities. However, non-government resources also had an important role in filling gaps and responding quickly, particularly where translated information was still being developed by governments.

Overview of government resources

A number of federal government departments have made translated COVID-19 information available. Throughout the pandemic, the Department of Health has made information on COVID-19 available on their website in 85 languages other than English.³ This includes recommended behaviour during the pandemic such as regular hand washing, staying home, and maintaining social distancing. The Department of Home Affairs has also provided translated information on a range of matters, including health, education, business and financial support, community safety, settlement services, visas, and border control. This information has been provided in 63 languages other than English.⁴

In addition to these, Services Australia has developed information for migrants, refugees and visitors about COVID-19 support and changes, available in 25 languages other than English.⁵ The federal government has also made the COVIDSafe App available in 9 languages other than English.⁶

In addition to federal government resources, every state and territory has been providing relevant information online, including health advice, recommended behaviours, social distancing requirements and restrictions, and other support. These have been translated into other languages and have been made available either in written format, audio/video format, or both. The graphic below shows the number of languages in which information has been translated by different state and territory governments.

It is worth noting that the official information has been constantly changing during the pandemic, and so the translated resources have been updated regularly, and further languages have been regularly added to official websites.

Of course, translated materials are not the only resources available to migrant and refugee communities. In fact, English language resources are likely much more broadly accessed by migrants and refugees than translated resources. Therefore, all messaging issued by

³ Department of Health (Cth), Translated Resources (the number at the time of publication of this report) < https://www.health.gov.au/resources/translated?f%5B0%5D=field_related_conditions_disease%3A9669 >.

⁴ Department of Home Affairs (Cth), Covid-19: Information in your language (the number at the time of publication of this report) < <https://covid19inlanguage.homeaffairs.gov.au/> >

⁵ Services Australia (Cth), Payments and services during coronavirus (COVID-19) (the number at the time of publication of this report) < <https://www.servicesaustralia.gov.au/individuals/subjects/payments-and-services-during-coronavirus-covid-19> >, Help for refugees, humanitarian entrants and new arrivals < <https://www.servicesaustralia.gov.au/individuals/subjects/help-refugees-humanitarian-entrants-and-new-arrivals> >, Coronavirus (COVID-19) resources for community groups < <https://www.servicesaustralia.gov.au/organisations/community/community-resources-and-help/coronavirus-covid-19-resources-community-groups> >

⁶ Background to COVIDSafe (Cth), COVIDSafe in other languages (the number at the time of publication of this report) < <https://www.covidsafe.gov.au/background.html#other-languages> >

governments is relevant to consider. There are learnings with regard to English language messaging that can enhance the accessibility of English language messaging, and this is discussed further in the section below.

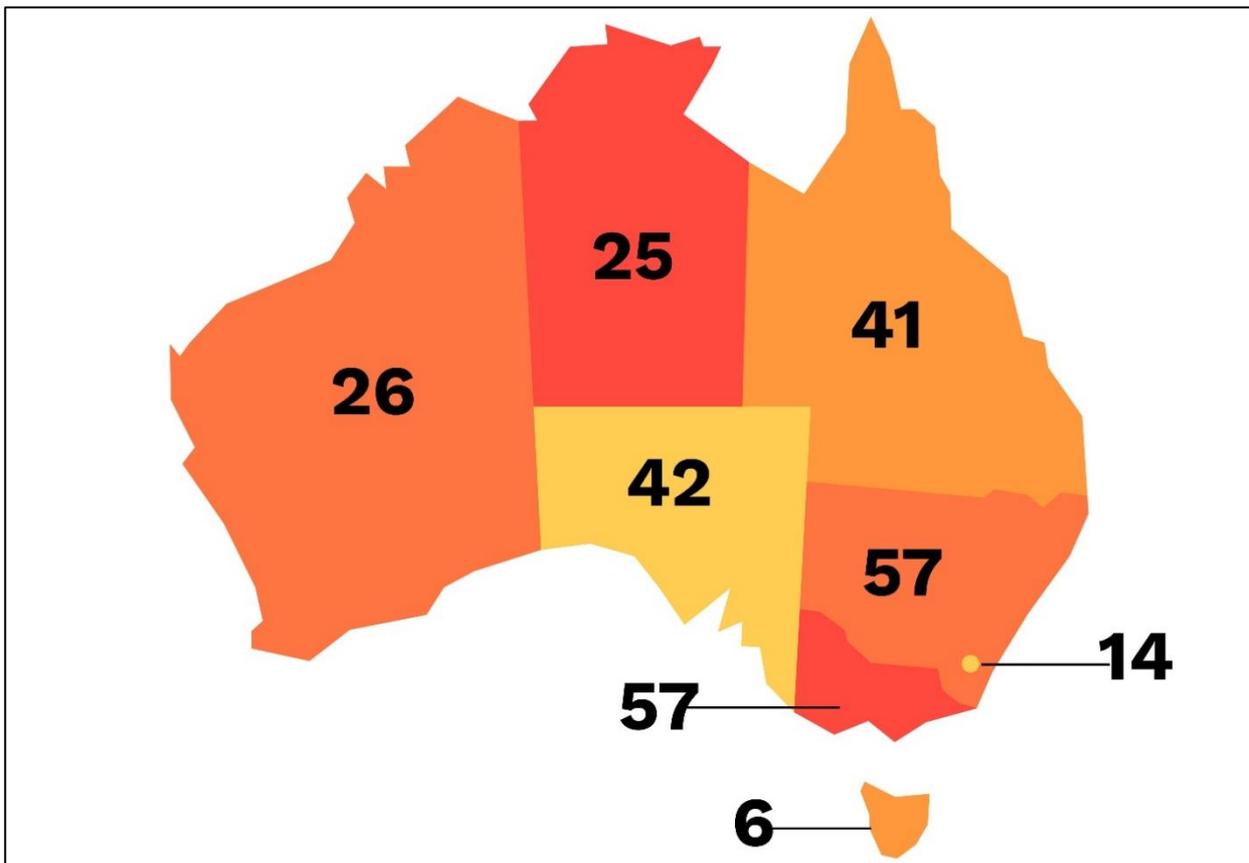


Figure 1: The number of languages in which official information has been translated by state and territory governments at the time of publication.⁷

Overview of non-government resources

The primary sources of non-government resources for migrant and refugee communities have been media and other public communications, settlement services, and community leaders. Each of these have played an important role.

Communications in widely accessed spaces—such as in media, and signs in public places—are an effective way to reach a broad range of individuals, including migrants and refugees. These communications may not necessarily be in language, but are nonetheless broadly

⁷ COVID-19 (NSW) < <https://www.nsw.gov.au/covid-19> >.
 Health and Human Services (VIC), Translated resources - coronavirus (COVID-19) < <https://www.dhhs.vic.gov.au/translated-resources-coronavirus-disease-covid-19> >.
 Unite & Recover (QLD), Coronavirus (COVID-19), Translated Resources < <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/support-and-resources/translated-resources> >.
 SA Health (SA), Translated COVID-19 Resources < <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid-19/about+covid-19/help+and+advice/translated+covid-19+resources?mr-sort=title-asc&mr-pg=1> >.
 Department of a Premier and Cabinet (WA), COVID-19 coronavirus: Advice in other languages < <https://www.wa.gov.au/organisation/department-of-the-premier-and-cabinet/covid-19-coronavirus-advice-other-languages> >.
 Coronavirus (COVID-19) (NT), Translated resources, ACT Government resources < <https://coronavirus.nt.gov.au/stay-safe/resources> >.
 COVID-19 (ACT), Translated resources < <https://www.covid19.act.gov.au/community/translated-resources> >.
 Coronavirus Disease (COVID-19) (TAS), Translated Resources < <https://coronavirus.tas.gov.au/facts/Translated-Resources> >.

accessed across all segments of society and therefore beneficial to those with some English language proficiency.

SBS has had a particularly important role, as it has provided information in both English and other languages. The 'Coronavirus information in your language' portal provides up to date Coronavirus news and information in 63 languages, in written and audio format.⁸

Settlement services went to great lengths to ensure the individuals and communities they serve received accurate information about the pandemic. Settlement services were well placed to quickly identify and address gaps in health messaging due to their close relationships with newly arrived communities.⁹ This meant that throughout the pandemic, services have been able to fill gaps left by other COVID-19 resources. For example, in the early stages of the pandemic before official government translations became available, many services were able to issue COVID-19 information quickly in common languages in their local communities, facilitated by bicultural and bilingual workers, and their relationships with community leaders.¹⁰ In addition, many community leaders have been translating information of their own accord, recognising there is a gap to fill and feeling a moral obligation to do so.¹¹

Both settlement services and community leaders have been instrumental in producing information in audio and video formats, demonstrating their responsiveness and innovation. This is critical, as the majority of government resources are in written format, and the written format is not accessible to those who are illiterate in their first or other languages. There are also other benefits of using content in audio and video formats.¹² The below case study is one example highlighting the work of settlement services in addressing the gaps in resources.

CASE STUDY

CatholicCare Toowoomba's pre-existing relationships with the local Primary Health Network (PHN) provided a strong foundation for them to collaborate and respond to the pandemic quickly. In the early stages of the pandemic, they worked together closely to create posters that were translated in the common community languages used in Toowoomba. However, recognising that many of their clients are illiterate in their first language, they developed audio translations of key restriction updates and health information. These were then distributed to service providers, and widely shared through Facebook and WhatsApp. The audio resources have made it much easier for service providers to communicate with clients. As a result, the local community has had a better understanding of the pandemic and current health advice.

Key learning 1

Information, including information in language, must be available in audio and video formats, in addition to written formats.

⁸ SBS, Coronavirus information in your language < <https://www.sbs.com.au/language/coronavirus> >.

⁹ More information: SCoA, COVID-19, Information and Resources < <http://scoa.org.au/category/covid-19/> >.

¹⁰ More information: SCoA, COVID-19, Best Practice Case Studies, CatholicCare < <http://scoa.org.au/wp-content/uploads/2020/04/CatholicCare.pdf> >.

¹¹ Western Sydney MRC, 'Community Meeting Summary' (Report, August 2020) < <https://wsmerc.org.au/wp-content/uploads/2018/07/Community-Meeting-Summary-Final-200820.pdf> >.

¹² Abigail Wild et al, 'Communicating COVID-19 health information to culturally and linguistically diverse (CALD) communities: the importance of partnership, co-design, and behavioral and implementation science' (Research report, August 2020) < https://www.researchgate.net/publication/343407590_Communicating_COVID-19_health_information_to_culturally_and_linguistically_diverse_CALD_communities_the_importance_of_partnership_co-design_and_behavioural_and_implementation_science >.

How were the messages distributed?

Relevant COVID-19 information has been made available using a wide range of distribution methods, such as:

- on official government websites and other websites;
- on social media and apps such as WhatsApp and WeChat;
- over the phone;
- in person by trusted individuals, such as settlement workers, community leaders, faith workers, and health workers; and
- using online video meeting platforms such as Zoom and Skype.

Importantly, the majority of these distribution methods rely on non-government actors to ensure the messages reach the right individuals. Settlement services and community and faith leaders are particularly relevant in this regard. The section above highlighted the important role of settlement services and community leaders in producing translated materials. However, they have also been instrumental in distributing messages—even when translations have been provided by official government sources.

SCoA was told of a wide range of methods employed by settlement services to distribute health messages effectively. Over the course of the pandemic, SCoA identified some key best-practice themes and shared these with members to assist their ongoing work. These are summarised in the box below.

BEST-PRACTICE FOR SETTLEMENT SERVICES DISTRIBUTING HEALTH MESSAGES

1. Call all clients to check whether they are aware of the relevant health information, and if not, provide it. The phone remains one of the most accessible communication methods for migrants and refugees. This is especially helpful for those who are missing out on information in their language, or are overwhelmed because of the overload of frequently changing information.
2. Use trusted individuals to communicate messages – a trusted individual could be a settlement worker, a volunteer, or a community leader. However, make sure to consider the particular networks of the individual you are assisting – do not assume all individuals will have a relationship with a trusted community leader.
3. Use communication channels that are already being accessed by and familiar to members of communities. Facebook and WhatsApp are common channels. However, the appropriate channels will vary from community to community. For example, WeChat is widely used among Chinese communities.
4. Identify the information that is of particular relevance and interest to communities, and focus on providing this information. Take cues from communities in terms of how much information is appropriate, taking care to balance the need to provide important information, with the need to avoid information overload.

During the pandemic, many of SCoA's members engaged community leaders to disseminate COVID-19 related information in community languages, using culturally appropriate methods. Settlement services acknowledged community leaders as a trusted source of information within

newly arrived communities, keeping them COVID-19 safe.¹³ Research has found that community leaders have played a critical role by cultivating community support for relevant health behaviour (e.g. physical distancing, testing, hand hygiene).¹⁴ It has also found that whilst some community members do not access mainstream media resources, they do listen to the advice of community leaders over the phone or using online videos.¹⁵

SCoA's members also acknowledged the important role of religious and faith leaders. While ceremonies have shifted online, faith leaders have stayed connected with members of their communities and provided relevant information. Research has also recognised faith leaders as being in key positions to influence behaviour, such as by encouraging people to stay at home during lockdown.¹⁶

Although community leaders were generally viewed positively and as instrumental in ensuring messages are distributed, concerns were also raised about an 'over-reliance' on community leaders. The point was made that it may be considered inequitable to have a mediator of information provision for migrant and refugee communities, where such a relationship is not assumed for other communities. This was seen as further entrenching the power of community leaders over individuals, and disenfranchising them from the same sources of information as the rest of society. These are valid concerns, and serve as a caution against relying exclusively on community leaders for the distribution of information. It is critical that community leaders remain as one tool among many employed in distributing health messages. The use of public communications methods as well as settlement services, both serve to mediate against an over reliance on community leaders.

Key learning 2

Messages must be distributed by trusted individuals, including settlement service providers and community leaders. However, community leaders should be recognised as one tool among many in distributing health messaging.

¹³ See for example: Settlement Services International (SSI), 'Western Sydney Community Pulse Report on COVID-19' (Report, August 2020) <https://www.ssi.org.au/images/stories/documents/Western_Sydney_Community_Pulse_Report_on_COVID-19_290920.pdf>; and Western Sydney MRC, 'Community Meeting Summary' (Report, August 2020) <<https://wsmrc.org.au/wp-content/uploads/2018/07/Community-Meeting-Summary-Final-200820.pdf>>.

¹⁴ Abigail Wild et al, 'Communicating COVID-19 health information to culturally and linguistically diverse (CALD) communities: the importance of partnership, co-design, and behavioral and implementation science' (Research report, August 2020) <https://www.researchgate.net/publication/343407590_Communicating_COVID-19_health_information_to_culturally_and_linguistically_diverse_CALD_communities_the_importance_of_partnership_co-design_and_behavioural_and_implementation_science>.

¹⁵ Ibid.

¹⁶ Ibid.

The effectiveness of messaging

In our consultations, SCoA members welcomed the availability of official information on COVID-19 in different languages. However, the consultations with our members revealed several key shortcomings, gaps and barriers. These are outlined below. The consultations further highlighted the amount of work required to ensure information is distributed effectively to communities, and the need to better support this work. Settlement services and community leaders are an important resource in ensuring messaging is effective. They are able to respond quickly, and in more targeted and efficient ways due to their detailed knowledge of the needs of local communities.

There has been much reporting on whether migrant and refugee communities have received and followed health directions, and concerns have been raised that they may not be 'following the rules.'¹⁷ In our consultations, members overwhelmingly confirmed that the communities and individuals they engaged with understood the health messages, and adhered to the rules. However, our consultations with members showed there is considerable room to improve the effectiveness of messaging, and to do this in a more streamlined and coordinated way.

The effectiveness of translated information

Insufficient translations in new and emerging languages

Some members highlighted that official COVID-19 resources were not sufficient to reach and communicate with all newly arrived communities. There have not been the same number of topics covered in every community language, and there have been significantly less translated resources than those available in English. The same issue has been raised by community leaders, as reported in other research.¹⁸ Other research also shows that multilingual posters, where available, have not consistently been displayed in public spaces.¹⁹ In addition, in the earlier stages of the pandemic issues were identified with the accuracy of the translations.²⁰

The use of simple English messaging in public communications is one way to address some of these gaps. In consultations, SCoA members particularly noted the importance of these forms of communications for migrants and refugees who may not be connected with their ethnic or cultural communities, or with settlement services. Regional members also emphasised the value of these communications in their regions, as they often lacked the resources to translate information into all the languages in their communities, and oftentimes the rules in regional areas differed to the rules in other areas. However, in order for these messages to be accessible, they needed to be short and use simple English.

¹⁷ For example, see: Alicia Vrajjal, 'Victoria's COVID-19 Spike: Migrants Warn Against Blaming Them, Saying "It's Not An Ethnic Community Thing"' (Article, Huffpost, June 2020) <https://www.huffingtonpost.com.au/entry/coronavirus-australia-victoria-migrants_au_5efaae2ac5b6ca97091402dc>; and Naveen Razik and Nick Baker, 'Warnings that migrant communities are being unfairly blamed for Melbourne coronavirus spike' (Article, SBS, June 2020) <<https://www.sbs.com.au/news/warnings-that-migrant-communities-are-being-unfairly-blamed-for-melbourne-coronavirus-spike>>.

¹⁸ Western Sydney MRC, 'Community Meeting Summary' (Report, August 2020) <<https://wsmerc.org.au/wp-content/uploads/2018/07/Community-Meeting-Summary-Final-200820.pdf>>.

¹⁹ Alexandra Grey, 'Multilingual Australia is missing out on vital COVID-19 information. No wonder local councils and businesses are stepping in' (Article, The Conversation, June 2020) <<https://theconversation.com/multilingual-australia-is-missing-out-on-vital-covid-19-information-no-wonder-local-councils-and-businesses-are-stepping-in-141362>>.

²⁰ Anthony Pym, 'When trust matters more than translation' (Article, University of Melbourne, July 2020) <<https://pursuit.unimelb.edu.au/articles/when-trust-matters-more-than-translation>>.

Key learning 3

Media and other public communications play an important role in communicating health messages, particularly for those in regional areas and those who are disconnected from services and communities. However, English language resources must use simple English.

The use of simple English alone as a supplement is, however, inadequate. Some details will inevitably be missed in using simplified English, and some individuals will not yet have the language proficiency to access simple English messages.

The settlement sector and the community leaders they work with can play a useful supplementary role in translating materials, and there is scope to better leverage them to address this gap. Many settlement services employ bicultural and bilingual workers who speak key new and emerging languages in the local area, and these workers can be quickly mobilised to provide translations. They can also draw on community leaders and volunteers who speak new and emerging languages much more quickly than governments would be able to.

Timing and frequency of translations

There are further issues related to the timing and frequency of the translations. According to SCoA members, many new arrivals from refugee and migrant backgrounds faced the problem of having to process too much information and manage too many different resources. For example, there were resources on different official websites, settlement agencies' websites, health providers' websites, social media, mainstream media, and other fora. As information around restrictions and measures changed frequently at different stages of the pandemic, the overload of information caused a lot of confusion and anxiety among some communities. Settlement agencies and community leaders have been working tirelessly in resolving such confusion by regularly providing clear and simple messages in community languages and via appropriate information channels.

While acknowledging this is the case for some individuals and communities, other members emphasised that the reinforcement of messages across many different mediums and forums was useful in conveying the seriousness of the situation, and ensuring the retention of messages. This contradiction is hardly surprising when we consider the diversity of migrant and refugee communities and individuals.

This apparent contradiction can be mediated by settlement services who understand the needs of their diverse local communities. Settlement services will have an indication of the appropriate balance between information 'overload' and providing adequate information for each of the individuals and communities they work with. They have several ways of identifying this balance quickly, such as feedback from clients when the information is provided directly over the phone, and feedback from community leaders. This further supports key learning 4 below, and the importance of supporting surge capacity in settlement services.

Challenges in distributing accurate messages

Relevant COVID-19 messages will be ineffective if they are not distributed through the right information channels to reach different population groups in the community. Information alone does not provide that the targeted audience will receive it. For relevant messages to be successfully delivered to all population groups, targeted and culturally appropriate distribution

methods should be used, taking into account not only the language diversity of population groups, but also their age, time they have spent in Australia, their literacy levels, and access to technology. Below are some key considerations in ensuring appropriately targeted distribution methods are used.

The importance of trust

Research suggests that people are more likely to believe and act according to the information provided if they receive the information from a trusted person.²¹ While official bodies and governments are considered authoritative and trustworthy for many migrants and refugees, some may treat them with scepticism. The latter is not uncommon for new arrivals to Australia, and especially those of refugee background who have experienced torture and trauma at the hands of governments in their homelands.

Translated information therefore needs to be delivered by trusted messengers. The trusted messengers will vary from community to community. They could be as diverse as a health practitioner from the same cultural background as a client, community peers, or English language teachers. Settlement workers, bicultural and bilingual workers, community leaders, and faith leaders were frequently cited as common sources of trusted information. It is critical to mobilise these individuals in a time of crisis to ensure effective uptake of messaging. However, the capacity of organisations and individuals to undertake this work has been limited.

Limited capacities of settlement services and community leaders

Settlement services have been placed under immense pressure during the pandemic. At the same time as there was a pressing need to develop and distribute health information, services were also experiencing heightened demand across other areas of their service due to the increased social isolation, sudden increase in unemployment, increase in disclosures of domestic and family violence, and exacerbation of mental health issues. The balancing of increased demands from both clients, as well as the health sector seeking their assistance in messaging was emphasised by one member who said:

“We have been inundated with concerns from the ethnic communities we support to settle. We have also been required to help the medical and other service providers to communicate with the community.”

Moreover, the act of translating and distributing the messages was not a once-off activity. As another member highlights:

“It is difficult to provide communication as things change on a daily or hourly basis. Government health warnings and processes are continually changing”

Resourcing was the primary factor that limited the extent to which settlement services could engage in the work of translating information and distributing it. Additional temporary resourcing could allow providers to temporarily increase the hours of part-time and casual staff, as well as to provide remuneration and other material support to volunteers and community leaders who had large demands placed upon their time and were usually fulfilling these demands in an

²¹ ²¹ Anthony Pym, 'When trust matters more than translation' (Article, University of Melbourne, July 2020) < <https://pursuit.unimelb.edu.au/articles/when-trust-matters-more-than-translation> >

unpaid capacity. One member explained the difficulties of managing and relying on volunteers during the pandemic. They said:

"We made the regrettable decision that we will only use a minimum number of volunteers and review this situation regularly. Nevertheless, the 80 or so volunteers we require need extra supervision and training, to ensure they are sending relevant messages to the communities they belong to"

Community leaders and volunteers are an essential link in the chain ensuring communities receive appropriate messaging, however the lack of material support and the risk of burnout is a critical risk and could lead to a dramatic reduction in the availability of appropriate information.

Making resourcing available to pay volunteers and community leaders on a casual rate not only appropriately recognises the critical work they are undertaking, but would relieve some of the pressures placed on them and reduce the risk of burnout. It could, for example, allow them to take unpaid leave from their jobs, or pay for other goods and services that would free up their time. The extent of reliance on them for the success of messaging warrants appropriate remuneration.

Key learning 4

Governments should have arrangements in place with settlement services to allow for the quick provision of additional funding in an emergency situation. This funding would allow services to quickly mobilise to fill gaps in the translations made available by government, distribute messaging widely, and provide material and other support to community leaders.

Misinformation

SCoA's consultations, as well as other available reports, reveal that especially in the early stages of the pandemic when rules around restrictions were rapidly changing, some newly arrived communities could not follow the updated information with the same speed which led to some misunderstandings of the rules and recommendations.²² This was exacerbated by lag times in producing translations. As a result, some were instead relying on resources from their home countries.²³ The inaccessibility of information provided in all community languages caused confusion and misinformation about physical distancing,²⁴ hygiene measures and health risks in some communities.

Social media has played an important role during the current pandemic. According to SCoA's members, people from newly arrived communities were more likely to access information about COVID-19 through social media, rather than traditional media. While social media has been a useful mechanism to distribute information when that information comes from reliable

²² Centre for Multicultural Youth (CMY), 'COVID-19 Insights' (Report, July 2020) <<https://www.cmy.net.au/resource/covid-19-insights-july-2020/>>.

²³ For example, SCoA's member Core Community Services reported that many members of new and emerging communities still prefer to listen to Al Jazeera and other media from their home countries.

²⁴ For example, one SCoA member reported that people interpreted 'social distancing' differently - some understood that it only meant not touching each other, e.g. hugging or kissing.

messengers (such as official resources, service providers, and informed community leaders), social media has also been a source of false and misleading information. Messages discouraging COVID-19 safe behaviours were also accessed through social media.

The issue of regulating the provision of misinformation on social media is complex, and beyond the scope of this report. However, the use of trusted individuals and organisations to distribute messaging has been suggested as an effective mitigation. It is important to engage people that are influential on social media to reach to those cohorts. By sharing accurate and timely relevant information, these so called 'influencers' can greatly participate in effective distribution of relevant messaging.²⁵ This supports the key learnings made elsewhere in this report.

The importance of collaboration

Refugee and migrants communities, especially newly arrived communities, rely more on their existing relationships and communities than others. This can include trusted individuals within cultural communities or settlement service providers who might have been their first point of contact since their arrival to Australia. Therefore it is crucial, especially in times of crisis, that authorities sufficiently support those connections and use them wisely for communication purposes. Some state governments have responded well and proactively collaborated with settlement service providers, such as by engaging in joint consultations or forums to identify responses.²⁶ However, especially in the early stages of the pandemic some state governments failed to consult peak multicultural and youth bodies about how to effectively inform, and to communicate the needs and contexts of individuals from refugee and migrant background.²⁷ That led to undesirable consequences such as confusion, anxiety, and misinformation, especially among individuals and communities with no or low English, those with limited networks and access to technology, and for new and emerging communities.²⁸

Collaboration between different sectors and communities was a key factor in whether messages were distributed effectively, or whether there was a pronounced disconnect between work to distribute health messages and the needs of local communities. Those who already had those relationships in place prior to the pandemic were able to respond much more quickly than those who were still establishing those relationships when the pandemic started. It is therefore imperative that strong collaborative relationships are in place prior to a state of crisis.

Key learning 5

Governments, settlement service providers, and other key stakeholders should assess their existing mechanisms for collaboration to ensure they are capable of being readily mobilised in a state of emergency.

²⁵ For example, as part of their communication strategy, the Finnish Government engaged social media influencers to disseminate critical COVID-19 related information on social media. The Government was aware that mainstream communication does not reach everyone. Young people especially tend to get their news from social media. For more information see: Melissa Heikkilä, 'Finland taps social media influencers during coronavirus crisis' (Article, Politico, March 2020) <<https://www.politico.eu/article/finland-taps-influencers-as-critical-actors-amid-coronavirus-pandemic/>>.

²⁶ See for example: Settlement Services International (SSI), 'Western Sydney Community Pulse Report on COVID-19' (Report, August 2020) <https://www.ssi.org.au/images/stories/documents/Western_Sydney_Community_Pulse_Report_on_COVID-19_290920.pdf>; and Western Sydney MRC, 'Community Meeting Summary' (Report, August 2020) <<https://wsmerc.org.au/wp-content/uploads/2018/07/Community-Meeting-Summary-Final-200820.pdf>>.

²⁷ Centre for Multicultural Youth (CMY), 'COVID-19 Insights' (Report, July 2020) <<https://www.cmy.net.au/resource/covid-19-insights-july-2020/>>.

²⁸ Ibid.

Structural strengths and barriers

The COVID-19 pandemic has unearthed structural inequalities across a range of areas, including in issues of access, equity and participation for migrants and refugees. Reflecting on the accessibility of health messaging for migrants and refugees during COVID-19 provides insights to structural barriers which, if addressed, would increase the resilience of migrant and refugee communities during a pandemic or other crisis. However, it is also important not to lose sight of structural strengths that have also been highlighted through the pandemic.

The importance of social connection

Much of the discussion above has highlighted the critical role of cultural and faith communities in distributing health messaging and ensuring it is well-received. Cultural and faith communities have very much exhibited themselves as a key structural strength in our society.

However the ability to mobilise these communities rests on an important, and often underrecognised pre-requisite—that these cultural and faith communities exist, and that individuals are connected with them.

Connection to cultural and faith communities is sometimes seen as a less important part of settlement, secondary to other needs, and therefore it can fall to those communities to establish and manage themselves.

While many migrants and refugees will be equally comfortable linking with other sources of social connection and community, cultural and faith communities are critical sources of connection for many migrants and refugees both in the early stages of settlement, and in the long-term.²⁹

The pandemic has highlighted the critical role these communities can have in a crisis, and re-emphasises the importance of supporting and maintaining cultural and faith communities. It also provides cause to consider other ways these communities can be supported to promote social goods.

Key learning 6

The important role of cultural and faith communities in providing social goods must be adequately recognised and supported.

The English language ‘firewall’

Information in languages made available on official websites is important, and should continue to be made available. However, this information is not suitable for those who do not understand English to access directly and independently. This is because in order to reach the translations, individuals have to navigate what was described by one member as an ‘English language

²⁹ Department of Social Services (Cth), National Centre for Longitudinal Data, ‘Building a New Life in Australia (BNLA): The Longitudinal Study of Humanitarian Migrants - Findings from the first three waves’ (Research Report, 2017), pp. 92-96 <https://www.dss.gov.au/sites/default/files/documents/03_2018/d17_1138305_bnla_report_final_word_accessible_version.pdf>.

firewall.’ Often, this information is several clicks into a website, and without the overall website being translated, it is difficult to navigate it to successfully reach the relevant material.

This points to an underlying and broader issue of the accessibility of public institutions through their websites. Designing official government websites to be accessible in multiple languages promotes the independence of individuals and their ability to access information without a mediator such as a settlement provider or a community leader.

Key learning 7

Unless websites are accessible in multiple languages, the translated information will not be accessible to those who do not understand English without the assistance of a mediator.

Digital access and literacy

The shift to online engagement occurred quickly and left many people disconnected. The digital divide between newly arrived migrants and refugees and other Australians is well recognised and widely acknowledged.³⁰ This digital divide is due to a range of factors ranging from digital literacy issues, lack of experience using online technologies, financial barriers to accessing digital platforms, and extensive reliance on mobile phones. Importantly, some of these barriers extended to community leaders who were engaged in distributing messages. The assumption that everyone has the ability and resources to access digital information, left many communities feeling disempowered and disconnected.³¹

The digital divide is further compounded by the intersection with language barriers. As one member put it:

“Language barriers and communication with clients has always been a challenge... communicating in another language through online medium is not an easy task. Clients get overwhelmed and confused. To reduce the panic, we call clients regularly to check and clear any doubts with the help of an interpreter.”

It is beyond the scope of this report to explore issues of digital access and literacy in depth, however this is an issue that must be better addressed in order to enhance the extent to which newly arrived migrants and refugees can access important information.

Key learning 8

Further research is required to identify how digital access and digital literacy barriers can be addressed for newly arrived migrants and refugees.

³⁰ Khorshed Alam and Sophia Imran, ‘The Digital Divide and Social Inclusion among Refugee Migrants: A Case in Regional Australia’ (Article, May 2015) <https://www.researchgate.net/publication/273003145_The_Digital_Divide_and_Social_Inclusion_among_Refugee_Migrants_A_Case_in_Regional_Australia>.

³¹ Centre for Multicultural Youth (CMY), ‘COVID-19 Insights’ (Report, July 2020), p. 6 <<https://www.cmy.net.au/resource/covid-19-insights-july-2020/>>.

Financial barriers

There is an assumption that once health messages are communicated and heard effectively, people will be able to adhere to health directions. However, there are other reasons why individuals may be deterred from adhering to health directions. For example, people on temporary visas are often in precarious working arrangements. Their ineligibility for income support provides a disincentive to get tested or stay home from work. This also applies to other casual workers not eligible for JobKeeper. Another financial barrier raised by a member in Victoria, was that masks were costly for families on income support, particularly where multiple members of a family required them. This member quickly posted masks to all clients who requested them.

Key learning 9

It is important to acknowledge that the effective communication of health messaging is not the only factor in ensuring individuals can abide by health directions, and other practical barriers to adherence must also be considered.

Conclusion

At a time of crisis, it is essential that everyone is able to access important information about the state of the crisis, and about their obligations. This report has shown that there are many particular considerations that must be taken into account when communicating messages with migrant and refugee communities. Throughout the crisis, governments, service providers, community leaders and other stakeholders have worked incredibly hard and very quickly to ensure health messages were received by migrant and refugee communities. This report highlights some of the lessons learned through this experience, in the hope that any future emergencies can avoid some of the pitfalls experienced during COVID-19, and embed the practices that worked well.