

1. Purpose of a study on how the public can access COVID-19-related public health information in Australia in languages other than English

The author's current study is examining access to official public health information in Australia in relation to COVID-19, with a focus on access to information in Languages Other Than English (LOTEs), in order to identify potential and actual problems and in order to recommend solutions.

The need to examine LOTE-medium official public health information arises because a significant proportion of the Australian public use a LOTE and are not confident receiving/not able to receive government information in English, particularly written information. 2016 Census data indicates that there are large proportions of the Australian public who do not use English as their main/daily/dominant language, through the proxy count of languages spoken at home: a LOTE is spoken in 38.2% of Greater Sydney households and in 22.2% of Australian households¹. Australia's most-spoken LOTEs are Mandarin and Arabic, which notably use different scripts to English, making bi-literacy harder to obtain. While some of these households may yet effectively receive government bodies' public communications about COVID-19 via an intermediary (e.g. through translation by a bilingual family member), others will not. Early research already undertaken in Australia during this pandemic indicates that LOTE-speakers in Australia are not finding sufficient, reliable information: the Sydney Morning Herald reported on 17 May 2020 that "Sections of Melbourne's at-risk multicultural communities are missing crucial COVID-19 health messaging and social distancing instructions"². This article reports on a small yet concerning survey of 200 people conducted over the past month by Cohealth – a Melbourne not-for-profit community health organisation focused on migrant communities – found that one in five, or close to 22 per cent, of their clients did not understand COVID-19 information, or had not received it at all.

More generally, the provision and quality of LOTE government communications is variable in Australia, as my own 2018-2019 research has found and as identified, for example, in the QLD Government's 2014 Language Services Policy Review, which noted that ad hoc rather than planned LOTE communications were common across the government, as were a lack of quality assurance processes and a lack of collection of data about the quality or efficacy of LOTE communications³. Thus, there is reason to doubt whether government agencies' LOTE-medium public health communications are well planned and well executed during this pandemic.

Moreover, official public communications may not be fully and accurately disseminated through informal multilingual channels. The preliminary Australian study cited above also found that alternative sources of COVID-19-related information in LOTEs were not always credible. That was a small study, but reliance on social media information which lacks credibility rather than official public health information is already known to be a problem

¹https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/1GSYD?opendocument#cultural

² <https://www.smh.com.au/national/victoria/covid-19-information-bypasses-melbourne-s-non-english-speakers-20200517-p54tq4.html>

³ <https://cabinet.qld.gov.au/documents/2014/Jun/CultDivLang/Attachments/Report.PDF>

globally in the response to the COVID-19 pandemic. It has been described by *The Lancet* as an “infodemic”, quoting the World Health Organisation’s Director-General⁴.

Yet, as a 25 March 2020 media release from the Federal Minister for Health’s says, “**it’s vital every Australian understands** the practical action they must take to look after themselves and help us protect those most at risk” (my emphasis)⁵. If everyone in our Australian community is to understand how they are to participate in our collective response to the pandemic, everyone must be able to access official public health information. **It is therefore important for overall public safety in Australia that official public health information is disseminated effectively in both English and LOTEs during this pandemic (and in future public health emergencies).**

In addition, **equity of access** to health information, health services and information about permissible/impermissible activities is a concern, given that this study indicates that official health communications about COVID-19 are not accessible to segments of the public whose dominant languages are LOTEs.

The study has so far examined physical public signage about COVID-19 in a sample of four Sydney suburbs, as well as online public health information about COVID-19 from the federal government and one state government (NSW). The four target suburbs each have more than double the national rate of households in which a LOTE is spoken (in some cases, triple the rate), as Section 3 further explains. Other suburbs in Sydney and around Australia also have high rates of LOTE usage, but given the short time for responding to this inquiry and the lockdown conditions, other areas were not accessible to the author for research. (However, the study is now continuing in other areas.) Online public health communications have been especially crucial during this pandemic, given all Australians have had restricted access to information displayed in public or transmitted via in-person communications. The study therefore examined official websites and official social media (primarily Twitter, but also YouTube channels) of the Australian Government, the Australian Government Department of Health, the NSW Department of Health and the NSW Government’s Multicultural Health Communication Service.

The study’s preliminary findings are detailed in Section 3. These findings lead to the following six recommendations.

⁴ Zarocostas, John. 2020. ‘How to fight an infodemic’, *The Lancet: World Report* vol 395(10225).

[https://doi.org/10.1016/S0140-6736\(20\)30461-X](https://doi.org/10.1016/S0140-6736(20)30461-X)

⁵ <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/australian-government-text-message-regarding-coronavirus-prevention-steps>

2. Recommendations

Official, online LOTE-medium public health communications appear to be haphazard, not engaging an audience/readership of LOTE users, and fabricating online public engagement. In response:

1. Improve the efficacy of both physical and online official LOTE public health communications by increasing the collection and analysis of appropriate data. In particular, commission data collection and analysis to confirm:

(a) whether the Australian Government Department of Health, the State Health Departments and the specialist government health communications agencies (such as NSW Multicultural Health Communications Service) each have a strategy for comprehensive LOTE communications in emergencies/ pandemics;

(b) whether these strategies have been adhered to during the COVID-19 pandemic;

(c) whether existing LOTE communications are effective with reference to:

(i) whether Australian health departments had established strong communication channels with LOTE communities before the COVID-19 pandemic;

(ii) which LOTE communities in Australia were reached by which official media during the COVID-19 pandemic; and

(iii) whether there evidence that COVID-19 health or compliance outcomes differed across Australia depending on household language.

2. Improve the efficacy of online official LOTE public health communications through simple, practical changes to government websites. In particular, consider making the route to LOTE resources apparent through text written in LOTEs on all relevant government department/agency homepages so that English literacy is not required.

3. Increase references to LOTE-medium public health information, in multilingual Tweets, on Australian and State Health Twitter feeds including @healthgovau and @nswhealth. Establish dedicated federal and state health department/agency social media feeds in each major LOTE in order to develop ongoing communication channels with Australia's LOTE-using public.

4. To maintain the vital credibility of official public health communications,

(a) Confirm that federal health agencies are not fabricating Twitter questions from the public to "reply" to, whether in English or LOTEs, as part of their communication of official public health information;

(b) advise all state health agencies to do the same; and

(c) advise the NSW Health to cease this existing practice.

The study indicates that federal and State governments are relying on local governments and individual businesses to display official LOTE-medium public health communications in public areas. However, it also indicates that not all local governments are doing so, even in areas of high LOTE usage, and indicates that businesses are displaying privately-authored LOTE-medium health posters rather than official LOTE-medium public health posters. In response:

5. During this COVID-19 pandemic, require local governments to display LOTE-medium public health signage in the most commonly used LOTEs of their area, in addition to English. In preparation for future public health emergencies, establish a threshold of local LOTE usage, with reference to further consultation and research, above which local governments will be required to display LOTE-medium public health signage in the locally-used LOTEs.

Further:

6. Improve both the quality and the reliability of LOTE-medium public health communications across government agencies through a legal requirement, at federal and state levels, for governments to plan for, execute and monitor the effective dissemination in LOTEs of official public health information, at least during times of emergency/pandemic, with associated best practice guidelines to be developed and implemented across government.

3. Overview of the study

3.1. Profile of the fieldwork target suburbs

Table 1 presents the 2016 rates of household LOTE usage and the most common LOTEs in Australia, in Greater Sydney and in the four suburbs studied so far in this research: Chatswood, Artarmon, Strathfield and Burwood. The suburbs of Chatswood and Artarmon are adjacent to one another and within the Willoughby Local Government Area (LGA), in inner North-East Sydney. The suburbs of Strathfield and Burwood are likewise adjacent to one another, in inner South-West Sydney, but remain in separate LGAs (respectively, Strathfield and Burwood Municipalities) after the merger of their LGAs was aborted in 2017. All four suburbs have more than double the national rate of households in which a LOTE is spoken (and more the triple the rate in Strathfield and Burwood), as Table 1 shows. This is why they have been included in the study. Other suburbs in Sydney and around Australia also have high rates of LOTE usage, but given the short time for responding to this inquiry and the lockdown conditions, other areas were not accessible to the author. The fieldwork to examine public displays of COVID-19-related information was undertaken within these four suburbs, specifically in the environs of their train stations and shopping hubs, after 15 May 2020.

Table 1. 2016 Census Data on Language Use

Area:	Chatswood	Artarmon	Strathfield	Burwood	Greater Sydney	Australia
Proportion of households in which a LOTE is spoken	62.8%	45.8%	70.3%	76.0%	38.2%	22.2%
Top Three most spoken household LOTEs	Mandarin 22.9%	Mandarin 11.5%	Korean 10.9%	Mandarin 34.0%	Mandarin 4.7%	Mandarin 2.5%
	Cantonese 12.3%	Cantonese 6.6%	Mandarin 10.6%	Cantonese 11.7%	Arabic 4.0%	Arabic 1.4%
	Korean 7.2%	Japanese 3.3%	Cantonese 7.6%	Korean 3.7%	Cantonese 2.9%	Cantonese 1.2% and Vietnamese 1.2%

Source: ABS Quick Stats (using Chatswood, Artarmon, Strathfield and Burwood as “State Suburb” category in location search).

The LOTEs spoken across all four target suburbs are broadly consistent. They are major East Asian languages – Mandarin, Cantonese and Korean – although the percentages and relative rankings of these languages differ in each suburb. In Artarmon, another major East Asian language, Japanese, enters the top three LOTE rankings instead of Korean. This is not dissimilar to the LOTE rankings for Greater Sydney or for the whole of Australia (see Table 1), in that Mandarin and Cantonese are also top three household LOTEs across Greater Sydney and across Australia, however Arabic is also a prominent household LOTE across Greater Sydney and Australia, and Vietnamese is also a prominent LOTE in the Australia-wide statistics, unlike in this study’s target suburbs.

These extremely high rates of household use of these East Asian LOTEs indicate either that many people in these areas are multilingual in an Asian language(s) and English, or multilingual including in an Asian language but not in English, or monolingual in an Asian

language⁶. It is therefore likely that members of the local public in Chatswood, Artarmon, Strathfield and Burwood are not fluent/confident/literate in English, particularly people who have not gone to school in Australia, the most obvious group of whom are older people. Typically, users of English as a second language have less difficulty speaking English in familiar contexts and more difficulty in reading English and in speaking or reading a register other than everyday English, for example the register of technical medical language or the register of formal legal/regulatory language, both of which are used in official public health communications.

The language profiles of these areas, and the typical un-evenness of bilingualism are both important when we consider how people in such areas are likely to access information from the government about this pandemic, and on regulatory responses to it. That information is likely to be in English and in registers which are less familiar to second language users of English, and also likely to be communicated in written mediums. As such, the information will likely be less accessible to many second language users of English compared to how accessible it is to first-language users of English.

Moreover, given the likelihood that relatively low access to English-medium government information intersects with older age, in a context where older age increases vulnerability to COVID-19, it is of special importance that official public health communications reach the many Australians who use a LOTE.

3.2. Findings in relation to information on public signage:

1. Some local governments are initiating LOTE-medium communication of public health information via public signage, but other local governments are not, despite having equivalently high local LOTE usage.
 - A relatively large effort has been made by some local governments to communicate COVID-19-related information publicly in locally-common LOTEs as well as English. The leading example in this study is Strathfield Council, which has produced and displayed many large posters in English, Mandarin and Korean in hub areas (see e.g. Figure 1).
2. Local government public health signage chiefly communicates the message of social distancing, rather than communicating the regularly-changing rules and details of the official public health response.
3. NSW Health and the Australian Government Department of Health have produced both English-medium and LOTE-medium posters about COVID-19 which are free to download from their websites⁷. However, neither the LOTE-medium federal nor LOTE-medium NSW

⁶ Note that Mandarin and Cantonese are not considered to be mutually intelligible but both can be written using either simplified or traditional Chinese characters. Typically, Mandarin is written in simplified characters, which are the official script of the People's Republic of China, while Cantonese is typically written in traditional characters. As such, Cantonese speakers who are also literate in Cantonese will often be able to read information texts written in Mandarin using simplified characters, depending on their level of exposure to Mandarin texts. The inverse will be true for many literate users of Mandarin reading Cantonese.

⁷ E.g. NSW Health's simplified Chinese Mandarin COVID-19 poster <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/poster-call-sc.pdf> and its other LOTE resources, which are also available through the NSW MHCS website: <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/resources.aspx>; and the Australian Government Department of Health's "Keeping Your Distance" poster which is available in in English, Mandarin (in simplified and traditional characters) and many other languages: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/translated-coronavirus-covid-19-resources>.

signage is being widely being displayed, either by local councils or individual actors in the hub areas (namely, shopping arcade managers and shopkeepers). English-medium NSW Health signage is, likewise, not being widely displayed.

- In the studied areas, only NSW Transport is displaying NSW Health’s COVID-19 signage, inside train stations, primarily in English.
 - Some of the federal public health signage is being displayed by individual actors in the hub areas (namely, shopping arcade managers and shopkeepers), but almost exclusively in English, even in areas with very high local LOTE usage. The bilingual “keeping your distance” posters and other LOTE COVID-19 signage from the Australian Government are very rarely displayed in public.
 - The A4 version of the Australian Government’s “keeping your distance” poster, in English, is more commonly used than any other government COVID-19 signage, even in shopfronts that otherwise use LOTE signage to communicate with customers. (It is not clear, however, where this poster can be downloaded from, as it is not currently available in the Posters section of the Coronavirus (COVID-19) Resources webpage of the federal Department of Health’s website⁸.)
4. Non-official public health signage is being displayed widely by shopping arcade managers and shopkeepers, in English but also in LOTES.
 - In Burwood, unlike in the other areas studies, one shopping arcade management has produced extensive bilingual (Mandarin-English) and English-only COVID-19 public health signage, which is being used not only throughout that arcade (see Figure 2) but also by neighbouring local businesses (see Figure 3).
 5. In these suburbs, LOTE-medium public health signage about COVID-19 is, overall, more likely to be non-official than official government information (see e.g. Figure 4).

3.3. Findings in relation to public health information on government websites

6. LOTE-medium public health information about COVID-19, including downloadable information, exists on federal and state government websites but is difficult to locate without English literacy. LOTE content is buried within English-medium websites, difficult to search for, and given opaque and inconsistent labels.
7. Of the websites studied (those of the Australian Government, the federal Department of Health, the NSW Department of Health and the NSW Multicultural Health Communications Service), the Australian Government made LOTE-medium public health information about COVID-19 most accessible.
 - It achieved this via a notice, albeit in English, near the top of its homepage (Figure 6), and via the “Select your language” menu on the “COVID-19 Information in your language” page, which lists each available language in both English and that language’s script, increasing readability for those with difficulties reading English. Selecting a language then converts this page to that language, e.g. Arabic, which I illustrate Figure 7, and provides detailed public health information.
8. The federal Department of Health website does not make LOTE resources as prominent as the Australian Government homepage does.
 - On the federal Health home page, there is no mention of or link to any information (about COVID-19 or anything else) in a LOTE. Scrolling to the very bottom of this English-only page, we find “Check our collections of resources and translated resources for more information about COVID-19” hyperlinking to the “Translated

⁸ <https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>

Coronavirus (COVID-19) Resources” page. This page begins with notices – in English – about the COVIDSafe app’s availability in LOTEs and notes “You can also visit our YouTube channel to view SBS’s COVID-19 video in various languages”, with a hyperlink. Then, it provides a list of bilingual hyperlinks e.g. “Coronavirus (COVID-19) resources in Korean (한국어)”. These links each take the reader to a bilingual page with multiple downloadable resources in a LOTE, including fact sheets, infographics, campaign resources (i.e. posters) and videos.

- There are signs that these LOTE resources are not being accessed. For example, the Coronavirus resources in Mandarin link to an SBS video about COVID-19 on the Australian Government Department of Health’s own Youtube Chanel. It was viewed only 415 times between 30 March and 26 May 2020. The SBS COVID-19 video in Arabic, also hosted on the Department of Health’s Youtube Chanel and also linked on the Translated Coronavirus Resources page, has had 1587 views in the same period. Both numbers of views are low given these are Australia’s two most-spoken LOTEs. (The number of views of these videos directly from the SBS On Demand website is not made available.)
9. The NSW Health and NSW Multicultural Health Communications Service websites do not make LOTE public health resources readily accessible.
- The main websites the NSW Health homepage and the NSW Health COVID-19 (Coronavirus) page⁹. If the reader clicks these pages’ red button reading “NSW Gov COVID-19”, they will then reach a third NSW Health page entitled >HELP US SAVE LIVES¹⁰. None of these three websites provide a choice of language button/menu or make any mention of multilingual resources.
 - Scrolling right down the NSW Health COVID-19 (Coronavirus) page to the last of six distinct boxes of links, “Service providers”, and then clicking on the last hyperlink within this box, “print and web resources” directs the reader to NSW Health’s LOTE resources on COVID-19. In small print on this page, under the headings “Fact sheets and brochures” > “Home and hotel isolation” is a note “Also available in:” followed by a list of language names, in English, which each hyperlink to a LOTE fact sheet. (and similarly, further down LOTE-medium Posters and Graphics are linked).
10. There is additional complexity to finding COVID-19 LOTE information on the NSW Multicultural Health Communications Service website as its homepage’s “Quick Links” > “Multilingual Resources” does *not* link to COVID-19 resources but to a database of all MHCS publications¹¹. The database is searchable, however, if you search by language, the results are still listed in English. Only by clicking on an English-medium search result can you bring up a list of multiple LOTE resources.
11. The NSW Health websites above do not currently make any explicit mention of/link to NSW Health’s specialist communications agency, the Multicultural Health Communications Service.

3.4. Public health information on government Twitter feeds

12. The federal and NSW Departments of Health, and a relevant specialist government agency, the NSW Multicultural Health Communication Service (the NSW MHCS), have

⁹ <https://www.health.nsw.gov.au/Pages/default.aspx>; <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/default.aspx>

¹⁰ <https://www.nsw.gov.au/covid-19>

¹¹ It links to <https://www.mhcs.health.nsw.gov.au/publications> .

increased their Twitter usage to disseminate official public health information about COVID-19 (via @healthgovau, @NSWHealth and @mhcsnsw, respectively).

13. However, all their Twitter feeds, including that of the NSW MHCS, are maintained in English; it is not likely, therefore, to be a regular source of information of those who are more comfortable (or only literate) in a LOTE. Nor is this feed likely to receiving much sharing within social media networks that predominately use a LOTE.
14. As @mhcsnsw’s Tweeting increased in volume response to COVID-19, its use of at least one LOTE within this Twitter feed also increased: this is shown in the orange “Multilingual” series in Chart 1, below. (I defined a multilingual Tweet as one containing more than one word in a LOTE, either in the body of the Tweet or in text within an attached image). The multilingual Tweeting was most common in the fortnights 12-25 February and 11-24 March; these two periods of increased multilingual Tweeting corresponded to two high-profile initial outbreaks of COVID-19 in NSW, the first linked to travel from China and the second linked to travel from Iran.
15. There was also an increase in @mhcsnsw’s Tweets referring to multilingual public health information resources (both the resources produced by the NSW government and by SBS). This is shown in the grey series of Chart 1. The periods with the most multilingual Tweeting were also when the most references were being made in this Twitter feed to multilingual information resources, sometimes in the same Tweets and sometimes in separate, English-only Tweets.
16. On the number of followers, retweets and “likes”, engagement with the NSW MHCS Twitter feed is very low, even for its LOTE-medium tweets.

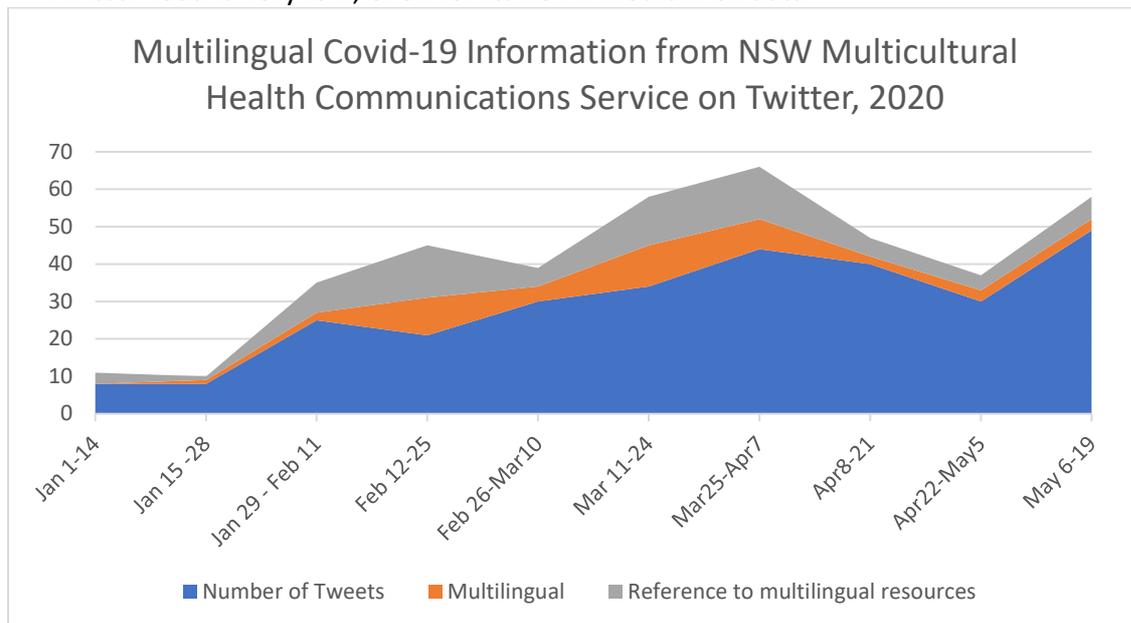


Chart 1

17. The Twitter handle of the NSW Department of Health, @NSWHealth, is more widely followed with 44,800 Followers (equivalent to 0.59% of the NSW population) and during the pandemic, @NSWHealth has Tweeted more often than @mhcsnsw. Despite producing a greater number of Tweets, the number of multilingual Tweets from @NSWHealth is fewer than the number of multilingual Tweets from @mhcsnsw. @NSWHealth’s multilingual Tweets were all in relation to COVID-19. @NSWHealth almost never referred readers to the government’s multilingual health information resources (see the comparison of three key periods in Chart 2).

18. Important changes in NSW’s COVID-19 restrictions in April and May were not met with increased multilingual Tweeting from either @mhcsnsw or @NSWHealth. Rather, during one relevant fortnight of changed restrictions (22 April – 5 May), for example, multilingual Tweets about COVID-19 became an even smaller proportion of both feeds (see Chart 2).

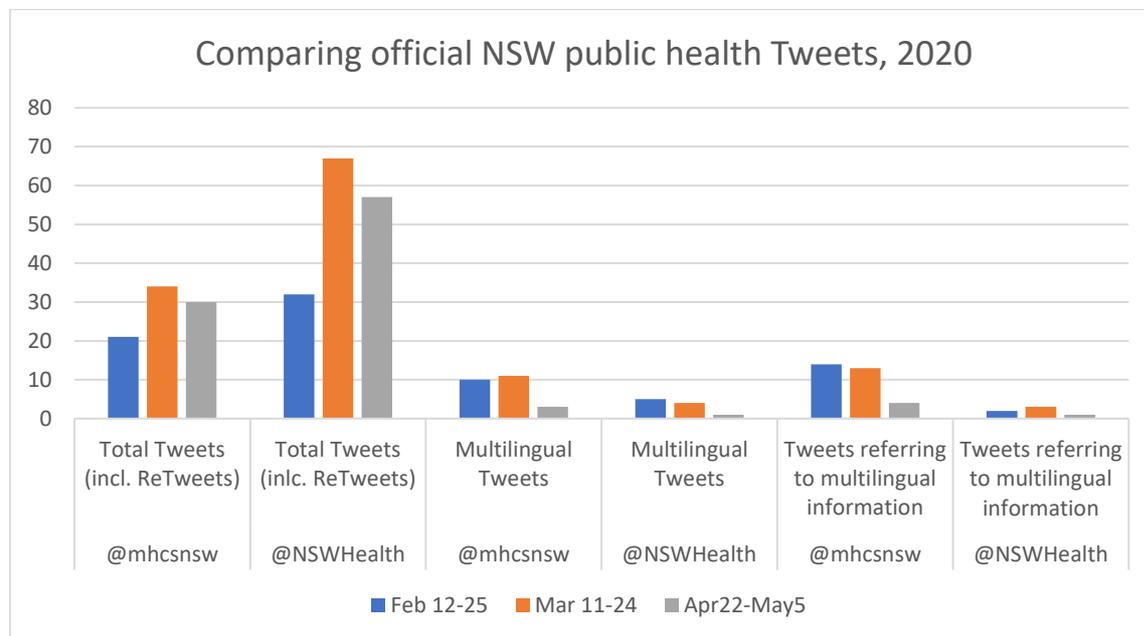


Chart 2

19. In an apparent effort to increase the engagement of a LOTE readership, NSW Health and the NSW MHCS have been “replying” to Tweets about COVID-19 that they have fabricated. These prompt questions are shown as Tweets in images attached to the official Tweet “replies”, as illustrated bellow in Figure 5, an official NSW Health reply to a Tweeted question apparently from one “Harry Lee” @RecentTraveller2011. However, the questioners’ handles shown in these “reply” Tweets do not exist.

- Because these replies to (fake) Tweet questions are one of the main forms of multilingual communication in both the @NSHHealth and @mhcsnsw Twitter feeds, neither NSW Health nor the NSW MHCS are engaging with an actual LOTE readership as much as they appear to be.
- This practice runs the risk of reducing the credibility of official public health communications.

20. The Australian Government Department of Health (@healthgovau) Twitter feed is more active than the NSW Health Twitter feeds and has many more followers (83,600). While the number of Tweets from this handle increased from February through to May, multilingual Tweets remained consistently absent. Across three studied periods, the *only* multilingual Tweet from @healthgovau was a Tweet on 14 February, itself in English but attaching a video with visible subtitles in simplified Chinese characters. The video is spoken in English and presents the federal Minister for Health talking with federal MP Gladys Liu about COVID-19 and the need to keep frequenting Chinese shopping areas in Australia. The Tweet itself makes no explicit mention of Coronavirus/COVID-19.

21. Moreover, although the federal Department of Health has produced a number of LOTE-medium fact sheets, posters and other resources relating to COVID-19, it does not mention them at all in its Tweets during the studied periods. Reaching members of the

public who prefer/need LOTE-medium information about COVID-19 appears not to be part of the federal health communications Twitter strategy.

3.5. Discussion: drawing these finding together, and responding to the problems

Five key problems with Australia's official COVID-19 public health communications in LOTE emerge:

1. There are barriers to the accessibility of official public health information for those in the community who are not confident reading/able to read the English-medium public health communications on display in their local areas.
2. State and federal governments have left it to local councils to provide LOTE-medium public health communications in public areas, without any requirement on local councils to actually take up this task, and with widely varying outcomes.
3. There are barriers to the accessibility of official public health information for those in the community who are not confident reading and searching/able to read and search English-medium government websites.
4. There is an under-utilisation of the LOTE-medium public health posters which the NSW and federal governments have specifically produced in response to the COVID-19 pandemic.
5. Government health agencies' Twitter feeds have not cultivated LOTE readerships before or during the pandemic and do not appear to be engaging the LOTE-using public; these feeds are haphazard, infrequent and unreliable in their LOTE Tweeting as well as in their references to LOTE resources.

My 2018-2019 study of Australian government agencies' official public communications more generally (not specifically about health) revealed similar problems but it also showed that in some areas, miscommunication or lack of communication between the government and a LOTE-using individual is already anticipated and laws are used to avert problems with these communications.

- e.g. there are legislative requirements for communications in a language the person understands, rather than English, for classes of vulnerable persons (in mental health legislation, adoption legislation etc).
- e.g. legislative requirements for translation or multilingual documentation in certain workplaces and commercial activities.

This same issue is anticipated (but not necessarily averted) by official policy at the NSW State government level requiring public information campaigns over a certain spend threshold to include alternative communications for culturally and linguistically diverse communities.

Thus, amongst the various possible responses to these problems, the recommendations made by this submission (above, Section 2) focus on three aspects of solution. First, improving the efficacy of both physical and online official LOTE public health communications by increasing the collection and analysis of appropriate data. Second, improving the efficacy of online official LOTE public health communications through simple, practical changes to government websites and Tweets. Third, improving both the quality and the reliability of LOTE public health communications across government agencies through a legal requirement, at federal and state levels, for government bodies to plan for, execute and monitor the effective dissemination in LOTE of official public health information, at least during times of emergency/pandemic, with associated best practice guidelines to be developed and implemented across government.

4. Figures



Figure 1 Trilingual (English, Mandarin and Korean) pandemic signage from Strathfield Council at an exit from Strathfield Train Station onto Strathfield Square.



Figure 2 Bilingual (English and Mandarin) pandemic signage from the premises' management inside Burwood Chinatown arcade, central Burwood.



Figure 3 Bilingual (English and Mandarin) and monolingual pandemic signage from Burwood Chinatown's management on the exterior of the adjacent Burwood Hotel, central Burwood.



Figure 4 Bilingual (mainly Mandarin) pandemic signage from a consortium of local LOTE media companies in a shop window, Burwood Rd, central Burwood.



Figure 5 Example of NSW Health replying to a Tweet apparently from the public which they have fabricated, in Mandarin, 19 February 2020



Figure 6 LOTE resources are relatively accessible from this australia.gov.au homepage, 26 May 2020

Coronavirus (COVID-19) - Off: X | Your Language | الصفحة الرئيسية | X

covid19inlanguage.homeaffairs.gov.au/ar

الخط الساخن الوطني كوفيد-19
1800.020.080

Australian Government
Department of Home Affairs

حافظ على أمان مجتمعك - لم يتوزل تطبيق COVIDSafe اليوم

COVID-19

المعلومات بلغتك

معلومات المجتمع حول الوباء COVID-19 الحالي.

Select your language

العربية

الموضوعات الرئيسية

<p>التأشيرات والحدود</p> <p>الهجرة إلى أستراليا وترتيبات الحدود خلال COVID-19.</p>	<p>سلامة المجتمع وخدمات التنشئة</p> <p>إرشادات المجتمعات المحلية وخدمات الاستيطان خلال COVID-19.</p>	<p>الأعمال والدعم المالي</p> <p>إذا فقدت وظيفة أو كنت تتأخر مالياً بسبب COVID-19، فهناك دعم متاح.</p>	<p>التعليم</p> <p>دعم إحصائي للطلاب والبالغين الأحرار وتقديمي التعليم.</p>	<p>الصحة</p> <p>مدع انتشار COVID-19.</p>
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إصدار إعلامي

<p>06 أبريل 2020</p> <p>Statement on Australian citizenship processing</p> <p>The Government will hold online citizenship ceremonies via secure video link, to enable people to continue to become Australian citizens during the coronavirus crisis.</p> <p>Home Affairs</p>	<p>24 أبريل 2020</p> <p>Boosting health and disability worker numbers during the coronavirus</p> <p>The Government is making further changes to student visa work conditions to help boost frontline health efforts to tackle coronavirus.</p> <p>The Hon Alan Tudge MP</p>	<p>28 أبريل 2020</p> <p>Standing by our Multicultural Communities</p> <p>Like all Australians, I have been appalled by recent acts of racism levelled at some in our community, including against Chinese-Australians.</p> <p>The Hon Alan Tudge MP</p>
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Figure 7 The Australian Government's 'COVID-19 Information in your language' page, after selecting Arabic, 26 May 2020.