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BUILDING CAPABILITY IN EMERGENCY SERVICES: DIVERSITY AND INCLUSION IN COMMUNITIES

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ABSTRACT

The purpose of this report is to consolidate and integrate the findings of case studies conducted in three locations – Bordertown, Bendigo and Parramatta. The aims of the case studies were to gain a greater qualitative understanding of the dynamics of change in communities, to explore community perceptions of Emergency Management Services (EMS) and to identify barriers and opportunities for community engagement and inclusion with EMS.

Each case study areas is affected variously by major Australian trends including economic transformation, population growth, increasing cultural diversity, widening inequality and spatial reconfigurations, as well as sustained inequalities based on gender, disability, indigeneity and other forms of diversity. Key themes identified include that EMS are widely held in high regard and there were numerous examples of practical EMS engagement with communities. At the same time, barriers to engagement stem from the perception that EMS do not fully appreciate or understand the changing nature of diversity within their communities, that they appear to be a 'closed shop', unwelcoming to women, sometimes intimidating, difficult to communicate with and lacking in transparency and flexibility.

While multiple opportunities were identified to enhance community engagement, the overall priority was to approach diversity and inclusion as a dynamic and ongoing process based on proactive relationship-building and collaboration. This is understood as necessary in order to appreciate the lived experience of diverse communities and to harness the community knowledge, languages and skills to better serve the community in the long term. The findings suggest that there is great willingness within communities to facilitate and collaborate towards this goal.



KEY FINDINGS

1. **Communities are changing.** Each of the case study areas are impacted by global trends including economic transformation, increasing population and greater population mobility, diversity and settlement patterns. Social inequality continues to widen and systemic disadvantage faced by groups within the community remains entrenched. The impacts of these changes and trends has major implications for social inclusion and cohesion. One of the implications of this is that the risk and resilience profile of communities is also increasingly diverse and changing.
2. **Perceptions of EMS.** As the diversity of communities increases, so too does the diversity of perceptions of the role of emergency management services (EMS). For those who are established and have generational connections within communities, EMS are seen as part of the fabric of the community infrastructure and are highly regarded or taken for granted. For others, particularly newly arrived communities, EMS operations may be unknown or an object of fear. While some services are seen to be increasingly inclusive of women, others are seen to be hostile and intimidating. People with disabilities also believe that there are few opportunities for participation. Culturally diverse communities report feeling misunderstood and that there is little appreciation of diverse languages, cultures and practices. A wide perception is that EMS are a 'closed shop' and there are few opportunities for engagement.
3. **Barriers to community inclusion.** Participants of this study identified multiple barriers to community engagement. One theme was the perception that EMS have limited understanding or awareness of the cultures, practices and experiences of newly arrived communities creating a disconnection between EMS and the communities that are served. One related theme was that EMS projects an image that is 'heroic' and predominantly male – an image that is particularly intimidating for women and those from culturally diverse backgrounds. Ineffective communications by EMS is a related barrier, particularly for humanitarian entrants who bring diverse forms of language and literacy, as well as utilise diverse modes of communication. A further barrier is increased mobility within communities with the importance of physical space diminishing and virtual, diasporic or identity networks increasing in importance as the source of community and belonging. In this context, place-based services were seen to be increasingly likely to be ineffective in the sense that it is increasingly difficult to reach the communities that services are intended for. Community organisations themselves also struggle for resources in the context of competitive funding arrangements and continuous changes to social policy and funding arrangements. Community capacity to engage with EMS is therefore tenuous.
4. **Examples of community inclusion.** Examples of community inclusion were evidenced across the case study areas. These include: the participation of EMS in migrant settlement services was regarded as an important activity designed to increase awareness of new arrivals of local risks, risk management and response; collaborative project development



between EMS and community agencies was seen as effective in combining EMS and community expertise with the outcome of minimising risk to community members; proactive efforts by the EMS to encourage the participation of women and people from diverse cultural backgrounds had reaped results in some areas; and the appointment of community liaison officers to engage between communities and EMS greatly facilitated communications between communities and EMS agencies. Overall, those strategies that were based on long-term relationship building, mutual understanding and combined expertise, were regarded as most sustainable and productive.

5. **Opportunities for inclusion.** A number of general and specific opportunities for greater inclusion were highlighted. The need for visible representation of women and men from diverse backgrounds was highlighted as important to shift the image of EMS and provide aspirational role models for young people. The development of targets whereby diverse community members are supported over the long term to enter career path positions within EMS was a related suggestion. Expanding the modes and means of communications channels to diverse communities was also suggested, along with the need to more clearly articulate the possibilities for employment and engagement by all community members. More broadly, the need for closer understanding and connections between EMS and community sectors was emphasized.
6. **Communities welcome EMS engagement.** While the perceived relevance of EMS and community inclusion varied across the case study areas, overall, there was an expressed willingness to support and facilitate closer community/EMS operations. This was particularly emphasised by communities who are relatively vulnerable such as humanitarian entrants, ATSI communities and people with disabilities where social inclusion across all aspects of community life is a major priority. This was also seen as important in the context of stretched resources and increasing demands on those resources in the context of change. This priority was not only expressed in relation to improving the safety and opportunities of community members themselves, but in relation to improving the effectiveness of EMS through harnessing the skills and knowledge embedded within the communities that EMS serve.



DIVERSITY AND INCLUSION IN COMMUNITIES

1. INTRODUCTION PROJECT BACKGROUND AND METHODOLOGY

1.1 Introduction

The Introduction presents the findings of three case studies designed to explore issues relating to diversity and inclusion in communities relevant to emergency management services (EMS). This research was undertaken as a component of the broader project: Diversity and Inclusion: Building Capability in Emergency Services. The project is being conducted over a three-year time frame with the broad aims to: identify what diversity in emergency services actually looks like; to articulate where it needs to progress; and working closely with Emergency Services personnel and community representatives, develop a framework and process designed to enhance diversity and capability.

The purpose of this report is to present the findings of three case studies designed to explore issues relating to diversity and inclusion in communities relevant to emergency management services (EMS). This research was undertaken as a component of the broader project: Diversity and Inclusion: Building Capability in Emergency Services. The project is being conducted over a three-year time frame with the broad aims to: identify what diversity in emergency services actually looks like; to articulate where it needs to progress; and working closely with Emergency Services personnel and community representatives, develop a framework and process designed to enhance diversity and capability.

The need for this project stems from the recognition that EMS have 'unacceptably low levels of diversity' and that there is a need for EMS organisations to better reflect the communities that they serve, as well as to harness the skills, capabilities and resources that can be derived through the effective management and inclusion of diversity. The broader project is designed to explore EMS organisational operations, the economics of diversity, and diversity and inclusion in the communities that EMS have a mandate to serve. This report is concerned specifically with communities and is informed by secondary data, as well as the findings of three community case studies. The three case studies encompassed a rural, regional and metropolitan community. The locations included were Bordertown (SA), Bendigo (Vic.) and Western Sydney (NSW).

The case studies were undertaken with the objectives to:

- Develop a context for diversity and inclusion in relation to community behaviour;
- Understand community perceptions of EMS;
- Identify the barriers and opportunities for enhanced community inclusion in EMS; and,
- To provide examples of how communities and how diverse communities perceive and relate to emergency services.



As discussed in the following section, community diversity is defined broadly but was undertaken with a particular focus in those groups who are under-represented within the EMS sector. As such, the key areas of focus include:

- Culturally and linguistically diverse communities (CALD): (refugee communities, skilled migrants, settled multicultural communities)
- Aboriginal and Torres Strait Islander communities (ATSI)
- People with disabilities) communities.
- Gender (including LGBTQI) communities.

The report gives an overview of the context, methodology and approach undertaken to the project, a summary of findings and draws together the implications of findings in terms of barriers and opportunities for community engagement with EMS. The report is followed by a set of attachments including the findings of each of the case studies, the interview schedule and a list of abbreviations.

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1.2 Context and drivers of change in communities

This report is informed by a wider literature review undertaken by this project (Young et al., 2018) that examined the organisational, economic and social literature to support the development of a framework for enhancing diversity and inclusion practice, and outcomes within EMS. The first part of this review examines the organisational context and history of EMS, and highlights the complexity of services, the changing risk landscape that drives EMS operations, and the changing policy context in which EMS operate. A key consideration is EMS operations combine a mix of government and service delivery agencies that operate through different structures across Australian states and territories. Many of the organisations have also “originated from civil defence organisations that have deeply hierarchical, para-military structures” (Young et al., 2018, p8). As pointed out in the review, “this has shaped the cultural aspects, traditions and culture of many of these organisation, and also the expectations of the communities they serve” (Young et al., 2018, p8). Such cultures are slow to change, rely heavily on a ‘command and control’ management framework and are legitimised by narratives that conceptualise EMS as dangerous and difficult work that requires a particular form of masculinity and heroism (Young et al., 2018). Within this context, the outcome is that communities and diverse community members must be compliant, rather than being the purpose of EMS operations.

One of the concerns that drives the need for the larger project is a marked and sustained lack of diversity within EMS organisations. Given this historical context, and in order to work towards the goal that EMS better reflect and include diverse communities and diverse community members, it is necessary to consider the



changing dynamics of communities, the barriers to inclusion with the EMS and the opportunities for greater EMS and community participation. Part three of the literature review identified some of the key influences on community demographics and community cohesion.

1.3 Methodology

A case study approach was employed to gain a multifaceted understanding of the area's context, as well as to generate insights to inform responses to similar events at other locations (Flyvbjerg, 2006). Three case studies were undertaken in areas considered typical of rural, regional and metropolitan locations. The case studies were informed by a detailed literature review, secondary data from the Australian Bureau of Statistics and similar sources relevant to each case study area, and the conduct of semi-structured in-depth interviews with community leaders and representatives knowledgeable about the general community and specific population segments within the area. School principals, local government officers and councillors, managers of settlement services, employers and employer associations, community leaders, human services professionals and NGOs engaged in advocacy and service provision for particular groups such as Aboriginal and Torres Strait Islanders (ATSI) and disability services. Employer representatives were all long-term residents of the communities concerned, and were engaged in community organisations and through family.

Twenty-five interviews were conducted with eight to ten people in each case study area. Participants were selected for their knowledge of the community and the demographic, policy, social and economic dynamics of the community. Participants included representatives such as principals, local government officers and councillors, managers of settlement services, employers and employer and community leaders, human services professionals and NGOs engaged in advocacy and service provision for particular groups such as Aboriginal and Torres Strait Islanders (ATSI) and disability services. Employer representatives were all long-term residents of the communities concerned, and were engaged in community organisations and through family.

Interviewees were asked a series of open-ended questions related to: community background and characteristics; community aspirations and needs; levels of inclusion/exclusion; vulnerability to risk; and, perceptions of, and potential for engagement with EMS (See Attachment 1 for interview questions). The interviews were semi-structured to yield a structured sequence of findings, but open enough to allow for adaptation for each interviewee and encourage deeper qualitative insights to emerge (Gerring, 2007). The selection of interviewees was initially guided by relevant EMS stakeholders. However, an element of 'snowballing' was used in that each interviewee was asked to identify relevant representatives who could inform the study. Interview transcripts were analysed using NVIVO,¹ and coded and analysed to identify themes related to the study objectives.

¹ NVIVO is a software program designed for the analysis of qualitative data.



1.4 Limitations of communities in each location.

Each case study area has gaps due to the unavailability and/or absence of representatives of specific diverse community representatives. The intention was to identify key considerations in the promotion of EMS/community inclusion in ways relevant to the diversity of the community in each case study. As a qualitative study, the report also does not claim that each case study is representative of all other similar towns, regions or cities. The intention is to gain insight into issues and considerations that might be usefully considered in other rural towns. It is also acknowledged that the case studies are all located in SE Australia.

A number of important limitations need to be acknowledged in relation to this report. First, the scope of the subject is very broad and is an indicative representation of the full diversity of communities in each location. Each case study area has gaps due to the unavailability and/or absence of representatives of specific diverse community representatives. The intention was to identify key considerations in the promotion of EMS/community inclusion in ways relevant to the diversity of the community in each case study. As a qualitative study, the report also does not claim that each case study is representative of all other similar towns, regions or cities. The intention is to gain insight into issues and considerations that might be usefully considered in other rural towns. It is also acknowledged that the case studies are all located in SE Australia.

1.5 Terminology used their relationship with EMS.

Each of these terms are contested, and are deployed in various ways depending on the purpose and context in which they are being used. The following describes how the terms are applied for this study.

As discussed, this research is concerned with understanding diversity and inclusion within communities and their relationship with EMS. Each of these terms are contested, and are deployed in various ways depending on the purpose and context in which they are being used. The following describes how the terms are applied for this study. . Being a recently arrived skilled migrant, for example, has very different implications in a remote area than in a metropolitan area. In this sense, the meaning of diversity is context dependent and dynamic. In short, this study is concerned with the social meanings of diversity and the extent to which diversity shapes the capacity to access resources, social support, services and networks, health and well-being and participation in decision making.

Diversity: At its most simple, diversity refers to the visible and invisible differences between people that shape identity, values, behaviour and social position. As highlighted in the literature, however, it is not difference, in itself, that is important. Rather, it is how different groups of people 'mix' within a given community context, and what these differences mean in terms of social inclusion. It is also assumed that characteristics such as gender, race, migration history, ethnicity and age intersect within any one individual or community and that one characteristic, such as gender, has multiple meanings depending on context and other characteristics (Vertovec, 2007). Being a recently arrived skilled migrant, for example, has very different implications in a remote area than in a metropolitan area. In this sense, the meaning of diversity is context dependent



and dynamic. In short, this study is concerned with the social meanings of diversity and the extent to which diversity shapes the capacity to access resources, social support, services and networks, health and well-being and participation in decision making.

Community: Broadly, community refers to shared territory or space (either physical or virtual), common life, collective actions and shared identity (Theodori, 2005). Types of communities are commonly described as being based on either place, interest and identity (Willmott, 1986). For the purposes of the project, the use of the term community is foregrounded by both place and identity, given that the interest is in relation to communities, diversity and inclusion in EMS. EMS operations are necessarily place-based, and are thus operated and delivered within a given spatial context. At the same time, communities based on identity (eg. culture or gender), are only loosely bound by territories. Temporary migrants, for example, might identify more strongly with diaspora networks than with the local community. Spatial boundaries, however, define the communities selected for research while at the same time, those living within that physical space are not necessarily part of the local community ties. These tensions, surrounding the place-based nature of EMS, highlight the complexity of the term 'community' and how it might be perceived by EMS.

Social inclusion: Social inclusion broadly refers to 'connectedness' and 'belonging' within a given community or context. It also refers to equal opportunity, with a focus on creating the conditions that can actively support the realisation of opportunities through full and active participation. Social inclusion has been widely applied as a policy framework to reduce disadvantage and to provide the framework and goals for enhancing community wellbeing. In this context, many social indicator frameworks have been developed to measure the extent to which individuals and groups within the community can participate in work, education, communities and decision making. For the purpose of this project, the focus is on seven social inclusion dimensions that are widely applied in social indicator frameworks (Nelms & Tsingas, 2010). These include inclusion in relation to:

1. The labour market
2. Access to resources
3. Social support and networks
4. Services
5. Location
6. Local and/or national decision making
7. Health and wellbeing

These dimensions guide the selection of secondary quantitative data as well as provide a guide for the collection of qualitative data in each of the case studies.. Drivers of change and implications for social inclusion.



2. DRIVERS OF CHANGE AND IMPLICATIONS FOR SOCIAL INCLUSION ECONOMIC AND SOCIAL CHANGES THAT ARE BEING EXPERIENCED ACROSS AUSTRALIA

A key aim of this research was to identify the drivers of change and that are impacting on communities. This is drawn from the three case studies and as discussed in the limitations of the research, the findings cannot to be generalised across all Australian communities. They do, however, showcase some major dynamics that are felt widely across Australia and highlight some of the key considerations for EMS community inclusion. These are discussed below and include: economic change and transition; population growth, mobility and super-diversity; housing pressures and spatial reconfiguration; sustained inequalities and social advocacy campaigns. How these changes are manifested in the case study areas are discussed in detail in Attachments BC&D. The following section discusses economic and social changes that are being experienced across Australia.

2.1 Economic change and transition

Over the last 50 years, the Australian economy has been transitioning from a reliance on goods and commodity production to a service based economy with the share of services rising in terms of consumption, production, employment and exports. This shift is typical of developed countries where consumers spend a greater share of income on services compared to goods. The major rise in services has primarily been in business services, including finance and insurance, professional, scientific and technical, and administrative and support services. There has also been the evolution of new service industries through advances in ICT, such as internet publishing and data processing. (2018), supply chains measure how long the production process is for any given good or service, or how many steps there are from the initial inputs to final demand. These steps can span many different industries and sectors, creating connections and interdependencies across the economy as the outputs of some industries are the inputs to others. The progressive lengthening of the supply chain means that all industry sectors are more integrated, and impacted by, each other's production processes.

Another key feature of restructuring is the lengthening of supply chains and the fragmentation of the production process. As explained by Adeney (2018), supply chains measure how long the production process is for any given good or service, or how many steps there are from the initial inputs to final demand. These steps can span many different industries and sectors, creating connections and interdependencies across the economy as the outputs of some industries are the inputs to others. The progressive lengthening of the supply chain means that all industry sectors are more integrated, and impacted by, each other's production processes.

The growth of the services sector has also had a major impact on the labour market and national skills requirement. Across industry sectors, there has been a decline in the number of jobs in routine manual jobs most typically associated with manufacturing and other goods production, and a growth in 'non-routine cognitive' jobs associate in the production and delivery of services. This has led to a shift in demand for 'knowledge workers' or higher-level cognitive skills such



as systems analysis, persuasion, written expression, complex problem-solving and critical thinking (Adeney, 2018; Levy & Murnane, 2003).

These skills requirements are reflected in forecasts for Australian industry growth. For example, Deloitte (2014) identifies that the next major waves of economic growth will be driven primarily by service industries including agribusiness, tourism, international education and wealth management. Each of these industries demand high-level cognitive skills. The need to meet labour market demands has directly informed Australian immigration policy shaping the second major shift impacting on Australian local labour markets and contributing to overall population growth.

2.2 Population growth, migration and super-diversity

The 2016 census reveals some very strong changes in Australian population trends. The overall population is growing at above world averages at 1.5% per annum, and total population is now 24,774,198 million. The increase in population was fuelled by 785,200 in natural increase and a further 1,005,100 in net overseas migration. Nearly half of Australians (49%) were either born overseas or have one or two parents who were born overseas. Australia's cultural mix is also changing. While England and New Zealand were the two most common countries of birth after Australia, the proportion of people born in China and India has increased. Australia is increasingly multi-lingual, is older and religiously diverse.²

Much of the population changes are due to globalisation and unprecedented global mobility and are shaped by government social and economic policy, as well as industry growth trends with growing demand for both skilled and unskilled labour. (Australian Government 2017). The statement reaffirmed the core principles of multiculturalism that Australia embraces cultural diversity through: shared values; shared rights and responsibilities; shared vision; valuing diversity; economic participation; and social cohesion.

The changing mix of migration is a major influence on communities and how they function. These changes occur in the context of Australia's long-established multicultural policies that were introduced in the 1970s to replace the former assimilationist policies that guided post-war migration. Successive governments have consistently reaffirmed the policy with the most recent policy update being delivered in March 2017 by Prime Minister Malcolm Turnbull (Australian Government 2017). The statement reaffirmed the core principles of multiculturalism that Australia embraces cultural diversity through: shared values; shared rights and responsibilities; shared vision; valuing diversity; economic participation; and social cohesion. This is the progressive recalibration of migration policy since the 1970s. While post WWII immigration was largely from Europe and based on the nation building goal to increase population, from 1979, migration to Australia was assessed against the first 'points test' or 'Numerical Multifactor Assessment System' that was used to weight different characteristics such as family ties, skills and language proficiency (Mares, 2016, p35). Migration policy is strongly skills based and the requirement for immigration, in short, is youth, English-language fluency, good health, professional qualifications and work experience (Mares, 2016, p36). The effect of this, as born out in changes to

² Data from the 2016 ABS Census www.abs.gov.au.



the migration mix, is that Australia's migrant intake is global in origin with the majority coming from countries in Asia.

Australian multiculturalism is commonly applauded as one of the most successful examples of multiculturalism in the world (Soutphommasane, 2016). One explanation for this is the progressive recalibration of migration policy since the 1970s. While post WWII immigration was largely from Europe and based on the nation building goal to increase population, from 1979, migration to Australia was assessed against the first 'points test' or 'Numerical Multifactor Assessment System' that was used to weight different characteristics such as family ties, skills and language proficiency (Mares, 2016, p35). Migration policy is strongly skills based and the requirement for immigration, in short, is youth, English-language fluency, good health, professional qualifications and work experience (Mares, 2016, p36). The effect of this, as born out in changes to the migration mix, is that Australia's migrant intake is global in origin with the majority coming from countries in Asia.

A related development is the introduction of temporary migration or 'new' migration, as it is sometimes called (Whitewell, 2002). This began primarily in the 1980s through the creation of visa categories for working holiday makers, international students, skilled workers on temporary 457 visas and New Zealanders (Mares, 2016). In addition, temporary visa holders include visitors, temporary graduates and humanitarian entrants who hold temporary protection visas. As of December 2016, there were 2,091,490 temporary entrants in Australia – an increase of 5.3 per cent from the previous year (Australian Government, 2017).

The introduction and growth of temporary migration is also widely applauded as a major success enabling Australia to effectively 'try before you buy' migrants that address skill shortages, build human capital resources, improve access to international markets, and strengthen trade and diplomatic ties (Hawthorne, 2005). At the same time, despite the widely promoted view that temporary migration is 'frictionless' (Favell, Feldblum et al., 2007), there is increasing attention drawn to the emerging implications as numbers grow along with economic reliance on temporary migrants (Vertovek, 2007, p1024). He calls this transformative development the 'diversification of diversity' (2007, p1025) which brings major policy and research implications. The emergence of 'super-diversity' arises out of multiple and related trends including:

Irrespective of the merits of migration policy, the volume and diversity of migration has major implications for communities. These implications are coupled with the human challenges that are raised by globalisation, climate change and world events. Most notably, political extremism, terrorism and rising anti-Islamic sentiment are identified as real threats to the Australian multicultural project and social cohesion as played out by events in Europe and the US (Soutphommasane, 2016). Vertovec (2007) explores the implications of these trends as population 'super-diversity', '...a notion intended to underline a level and kind of complexity surpassing anything (that) has been previously experienced' (Vertovek, 2007, p1024). He calls this transformative development the 'diversification of diversity' (2007, p1025) which brings major policy and research implications. The emergence of 'super-diversity' arises out of multiple and related trends including:



- An increase in the net in and outflows of migrants;
- Immigration by much wider number of countries;
- Increasing numbers of languages spoken and the emergence of multi-lingualism;
- Increasing religious diversity;
- Illegal or undocumented migrants and new citizens;
- The expansion of migration channels and immigration statuses including workers, students, spouses and family members, asylum-seekers and refugees, irregular, illegal or undocumented migrants and new citizens;
- Changes in age and gender mix within the new migration trends; and
- Changing place and spatial patterns of settlement.

Transnationalism – with trends including circular and pendula migration and the strengthening of diasporic ties, religious diversity and an overall increase in international visitation (TRA, 2018) – all of which have significant social, political and economic impacts (Mares, 2017).

While Vertovec (2007) is focused on Britain, the trends described are global in character and highly resonant in the Australian context with population growth trends supported by temporary labour migration, international education, visiting friends and relatives (VFR), asylum seekers, religious diversity and an overall increase in international visitation (TRA, 2018) – all of which have significant social, political and economic impacts (Mares, 2017).

2.3 Growing inequality and spatial reconfiguration

2018) income inequality has risen dramatically over the last twenty years and it is now higher than average for the OECD. In practical terms, what this means is that somebody in the highest 20% has five times as much income as somebody in the lowest 20% income group.

A related outcome of population growth and economic change is shifts in inequality and spatial change. According to ACOSS (2018) income inequality has risen dramatically over the last twenty years and it is now higher than average for the OECD. In practical terms, what this means is that somebody in the highest 20% has five times as much income as somebody in the lowest 20% income group.

The level of inequality has some obvious social and economic impacts and implications. Higher levels of inequality, internationally, is associated with slower and more tenuous economic growth (ACOSS, 2018). It also means that those in lower income groups have lesser access to opportunities than those with greater resources. A greater number of groups and individuals are socially excluded. t a greater distance from services and employment opportunities (Sarkar, Phibbes, & Simpson, 2017). Thus, housing inequalities compound other forms of disadvantage. Low income households are increasingly concentrated within areas poorly serviced by transport and other services contributing to social isolation, reduced employment opportunities and health inequalities.



An important manifestation of inequality is spatial reconfiguration with lower income groups clustered in localities with lower cost housing. Due to the progressive concentration of wealth in inner urban areas, and progressive growth in housing prices generally, but particularly in inner urban area, people on lower incomes are forced to spend a higher proportion of their incomes on housing costs, as well as live in areas at a greater distance from services and employment opportunities (Sarkar, Phibbes, & Simpson, 2017). Thus, housing inequalities compound other forms of disadvantage. Low income households are increasingly concentrated within areas poorly serviced by transport and other services contributing to social isolation, reduced employment opportunities and health inequalities.

As well as contributing to economic growth, population increases have contributed to housing pressures and affordability. The impact of this was an important consideration in all three case study areas. Given the place-based orientation of EMS operations, deepening spatial inequalities are an important consideration for community inclusion planning.

2.4 Gender and other forms of inequality

Inequality is also not spread evenly across the population and characteristics including gender, indigeneity and physical ability, for example, are also key determinants of social inclusion. Longstanding social advocacy campaigns articulate key concerns that need to be considered in relation to EMS/community inclusion.

Women and gender (Pyke, 2013)

For example, in the labour market, women continue to be concentrated in lower paying industries at the lower end of organisational hierarchies. This persistent gender segregation is the main explanation for the gender gap in pay that has hovered between 15 and 20 per cent for twenty years. As concluded by a recent Senate enquiry, 'A woman working in a female-dominated industry would on average, earn almost \$40,000 less at total remuneration than the average full-time total remuneration of a man in a male-dominated industry'. (The Senate Finance and Public Administration Committee 2017, pxvi). In relation to health and wellbeing, 'Australia has a disturbingly high rate of violence against women' (Australian Human Rights Commission, 2018). For example, a 2016 study found that intimate partner violence was the greatest single health risk of women aged between 18-44, and that 87 per cent of all women had experienced violence since the age of 15 (ABS, 2016). These, and other measures, show consistently stark gender inequalities across all social inclusion dimensions.

The campaign for equality for women has evolved through multiple phases of feminism over centuries. Despite the achievement of legislative equality over the 1970s and 1980s, women remain at a relative disadvantage on many measures (Pyke, 2013). For example, in the labour market, women continue to be concentrated in lower paying industries at the lower end of organisational hierarchies. This persistent gender segregation is the main explanation for the gender gap in pay that has hovered between 15 and 20 per cent for twenty years. As concluded by a recent Senate enquiry, 'A woman working in a female-dominated industry would on average, earn almost \$40,000 less at total



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There is now a large literature concerned with documenting and explaining the persistent inequalities that impact on women's safety (Australian Human Rights Commission, 2018), health (Healey 2008), care responsibilities (Folbre and Bittman, 2004; Leahy, Doughney et al., 2006), financial security (S4W 2006), wellbeing (Waring, 1988), employment opportunities (Pocock, 2006a), career progression, and participation in leadership roles (Silvestri, 2003; Doughney, 2007; Kellerman, Rhode et al., 2007).

Current issues for women in Australia are usefully encapsulated in a recent report by the Australian Human Rights Commission (2017) which builds on previous research and consultation processes. The report is based on a national consultation process and identifies priorities for advancing equality for women – priorities that are shared by Australian and state government policies for women. The key priorities are focused around three main themes and include:

- Eliminating violence against women;
- Enhancing women's economic security; and
- Increasing women's voice and diversity in decision making.

Cutting across each of these themes is recognition of particular issues faced by rural and remote women, the need to recognise intersectional disadvantage, the on-going need to address occupational and vertical workforce gender segregation, the need to recognise women's over-representation in precarious and underpaid work, and the need for greater provision and access to services. Increasing women's capacity to contribute to issues that affect health, wellbeing, community cohesion and financial security is also a priority for those contributing to the consultation.

Each of these issues are relevant to EMS objectives to support gender equality, within EMS organisations and volunteers, and in terms of the gendered nature of risk and vulnerability.

Disability (ABS, 2016)

Physical ability is a further characteristic that is central to considerations of diversity and inclusion. According to the Australian Network on Disability, disability is defined as any condition that restricts a person's mental, sensory or mobility functions. It may be caused by accident, trauma, genetics or disease. It may be temporary or permanent, total or partial, lifelong or acquired, visible or invisible. Over four million people or more than one in five people in Australia have some form of disability. Importantly, a further 2.7 million people identify as



being a carer of a person with a disability. The majority of carers are women and one third of carers report having a disability themselves (ABS, 2016). 2009).

The exclusion of people with disabilities is primarily explained by systemic conditions that prevent people with disabilities from being able to exercise ability and agency. One dimension of this is social attitudes that reflect intolerance of difference coupled with a built environment that prevents access to social and economic activities (Olakulehin, 2013).

The major initiative designed to improve access and opportunities for people with disabilities is the National Disability Insurance Scheme (NDIS) which is currently being introduced across Australia. The NDIS is administered jointly between the states and the Commonwealth and entitles people with a disability to individualised packages of support to support independence and economic participation. As an 'insurance' scheme, the intention is to invest in people's independence and participation in the community and the workforce with the aim of reducing long-term costs (Buckmaster, 2016).

With the scheme currently being rolled out, it is too soon for the impacts of the NDIS to be assessed. There are, however, many critiques being offered. At the same time, there is much optimism in relation to the spirit of the NDIS. There is wide agreement that the individualisation of social support and care will bring new opportunities for control, choice and participation for people with a disability (MacDonald, 2016). At the same time, the new scheme potentially provides a stronger platform for community engagement by EMS with a greater diversity of the communities that they serve.

Aboriginal and Torres Strait Islanders (ATSI)

The indigenous cultures of Australia are the oldest living culture in the world and have been living in Australia with estimates of between 50,000–65,000 years. There were an estimated 600 different aboriginal nations, each with territories across Australia at the time of European colonisation in 1788 (Australian Government, 2017).

According to the 2016 Census data, there are 649,200 people who reported being of Aboriginal and/or Torres Strait Islander origin representing 2.8 per cent of the total Australian population. The greatest proportion live in the Northern Territory (25.5% of the NT population) but the largest number (216,000), live in NSW. The experience of Australia's indigenous people since European colonisation is a story of deliberate exclusion from colonial society. As Checketts (2016, p20) describes, indigenous people have been managed and controlled through four main policy eras. The 'protection' era ran from 1880-1940 (Altman and Rowse, 2005, p60) followed by an assimilationist policy framework which extended roughly from 1930-1970. In this period, it was believed that half-caste children might readily assimilate into European society if separated from their full-blooded relatives (Checketts, 2016, p20). From the 1950s, amidst social rights movements, pressure built for Aboriginal access to equal civil, political and social rights (Rowse, 2000). This caused the shift to the policy phase of self-determination (1970-2004) which was marked by the 1967 referendum to have Aboriginal people counted in the census, followed by the establishment of the Office and



Council for Aboriginal Affairs whose job it was to develop and implement indigenous policy and programs.

Under Prime Minister John Howard, the Aboriginal and Torres Strait Islander Commission (ATSIC) was abolished in 2004 and the control of Aboriginal services was shifted to government departments. This action ushered in the phase of 'normalisation' which, as Checketts (2016, p22) describes, saw a shift in national discourse from self-determination and reconciliation towards mutual obligation, shared responsibility and normalisation.

In 2007, 'Closing the Gap' became a major national policy framework established to achieve health equality for Aboriginal people. The aim is to reduce disadvantage among ATSI people with respect to life expectancy, child mortality, access to early childhood education, educational achievement, and employment outcomes. The project has been continuously evaluated since its full implementation and according to the most recent evaluation, while there has been some progress towards meeting key targets, this progress is patchy (Wright and Lewis, 2017).

On all social inclusion measures, the outcomes for ATSI people are poor. According to recent longitudinal research, ATSI families widely experience low labour market activity, high rates of sole parenthood, high rates of rental housing and a substantial minority with inadequate housing due to disrepair (Walter, 2016). According to Biddle (2013), there was not a single Census area where the Indigenous populations has better or even relatively equal outcomes compared to non-indigenous people. Some of the major inequalities between indigenous and non-indigenous populations include: infant mortality is twice as high; ATSI people are ten times more likely to die from coronary heart disease; death due to illicit drug use is twice the rate for ATSI people; ATSI people are twice as likely to be unemployed or not in the labour force; and, life expectancy is ten years less for ATSI people (Australian Indigenous HealthInfoNet, 2017). Overall, indigenous Australians continue to measure poorly against social inclusion and wellbeing measures and how to improve conditions for ATSI is a topic of long-standing and continued policy debate.

Community diversity

The discussion above focuses on key drivers of economic and social change as well as three key dimensions of diversity that are highly dynamic and are shaping rapid change within communities. In part, these are highlighted due to their prominence in social policy and the size and significance of the populations concerned. While it is useful to focus in on these specific categorisations, they are obviously not discrete and the intersections of gender, culture, disability and indigeneity are equally important considerations. There are, of course, many other diversity dimensions that have a strong influence over the make-up of communities. Age, religion, ethnicity, sexuality and so on, exert a powerful influence over the character and cohesion of communities. The major purpose of the discussion, however, is to highlight the scale and complexity of Australian diversity and some of the challenges and opportunities that arise for the EMS in relation to driving effective diversity in EMS.



These were the contextual considerations that shaped the conduct of case studies to explore perceptions, barriers and opportunities of communities in relation to EMS. While the detailed case studies are included as attachments, the following discussion summarises and integrates the findings from each of the case studies.

3. SUMMARY OF THE THREE CASE STUDY AREAS

Detailed descriptions of the economic, social and geographic characteristics of each of the case studies are discussed in Section Two of this report. The following gives a brief summary description of each of the case study areas.

3.1 Bordertown

Bordertown is a town of approximately 3,000 people in South Australia, 20 kilometres from the Victorian border. Bordertown lies on the main highway connecting Adelaide and Melbourne and lies 272 km to the east of Adelaide in South Australia and 457 km west of Melbourne. Bordertown is the administrative centre of Tatiara District Council which covers an area of 6,476 square kilometres and includes the townships of Keith, Willalooka, Padthaway, Mundulla and Wolsely. The region overlaps onto the Aboriginal Potaruwut and Ngarkat countries. Bordertown was established initially in 1852 as a stopover camp for police escorts of gold being transported from the Victorian goldfields to Adelaide. Bordertown's more recent claim to fame is for being the birthplace of former Prime Minister, Bob Hawke.

The district's economy is primarily agricultural and based on sheep and wheat growing. The largest occupational groups are 'labourers' (29.5%) and technicians and trades workers (15.3%) The largest employer is JBS Meatworks who employ around 480 people. More than 16 per cent of the town's work force is employed in meat processing with the next largest industries including supermarkets, hospitals, road freight transport and sheep farming. Bordertown has an extremely low unemployment rate of 2.9% compared to the SA average of 7.5% (ABS, 2016a). As a measure to address labour shortages, JBS Meatworks actively recruits migrant workers on temporary visas. It was estimated in 2016 that JBS workers came from 23 different home culture groups (Mares, 2016).

The immigration of overseas born workers has represented a major change to the population mix in the town. In 2002, only seven Bordertown residents were born overseas and four of those were from New Zealand (ABS, 2006). In 2016, only 73.4% (2,154 people) were born in Australia with 3.3% from the Philippines, 2.8% from Afghanistan, 1.6% from New Zealand and 0.8% from China. Much of the population growth between 2006 and 2016 (from 2,330 in 2006 to 2,953 in 2016) is comprised of overseas born workers who hold a variety of temporary visas including working holiday, refugee and bridging visas and temporary work visas. While some categories of employees hold permanent residency rights, primarily, overseas workers in Bordertown are on some form of temporary visa (Mares, 2016).

Compared with South Australian averages, it has a relatively ageing population with 27.4% of the population being more than 65 years compared to SA with 18.2%. There is also significantly more men (52.2%) than women (47.8%) - a



difference that is likely to be explained by the dominance of manual labouring jobs in the economy. Migrant workers are also predominantly male who arrive without their families. It is a relatively religious community and the majority of the town own a detached house (69%). Average incomes are slightly lower than state averages.

Bordertown and surrounds has relatively low exposure to the risk of natural hazards, although as a rural town, has some exposure to potential bushfire and flooding. Flooding of the town is also a risk given that Tatiara Creek runs through the town. Tatiara Creek at times floods residential dwellings and businesses. The most recent significant flooding in Bordertown was in 2011. The major risk in the area, however, is car accidents given the importance of Dukes Highway as a link between Melbourne and Adelaide.

Emergency services in Bordertown include the State Emergency Service (SES), an ambulance service, and a branch of the Country Fire Service (CFS). Each of these services are primarily operated by volunteers. Attracting volunteers for the services is increasingly an issue and there has been declining volunteer participation in recent years (Fantin & Hill, 2014). In addition to emergency services, there are two police officers stationed in the town.

Mares (2016) describes Bordertown as a small and conservative town with a core population who have family attachments to the area formed over generations. Overall, Bordertown is a medium sized town that is significant for its history, location on a major transport route, as an administrative centre for the Tatiara District Council, and for its growing economy and high employment. Like many rural towns, it is also undergoing considerable change driven by fluid, and largely positive economic conditions, changes in migration policy and mobility, communications technology and demographic trends.

3.2 Bendigo

Bendigo was established as one of Australia's most significant gold mining towns in the 1850s and is now Victoria's fourth largest city laying 150 kms to the north west of Melbourne. Bendigo has grown steadily from a population of less than 90,000 in 2001 to 112,000 people in 2016 (ABS 2016a). Bendigo is known for its mining history, its grand architecture, as well as its cultural history. For example, Bendigo is home to the Sun Loong dragon, which is the centre of a widely renowned annual Easter Festival that celebrates Bendigo's Chinese heritage.

Economically, the city is thriving with economic growth indicators well above Victorian averages.³ In 2017, gross regional product (GRP) rose by 21% compared to the Victorian average of 9% growth. In the same period, the number of local jobs grew by 4.6% compared with the Victorian rate of 1.7%. Much of the employment growth is in the industries of 'Health care and social assistance', 'Retail trade', 'Construction' and 'Manufacturing' reflecting the expansion of the Bendigo Hospital, an increased demand for housing, as well the growth of a number of food manufacturing companies in the region such as Hazeldene Chickens. There are also a number of major employers in the banking and finance, defence and manufacturing sectors. Direct and indirect

³ Source of economic data found at the City of Greater Bendigo's website, at <http://economy.id.com.au/bendigo/home>.



employment in the tourism industry is also a growing source of employment with 5.7% of all employment being in the tourism industry. At the same time, however, the unemployment rate of 6.4% is slightly higher than the regional Victorian average of 6%. The 'level of highest educational attainment' is also lower in Bendigo compared to Victorian averages. For example, 17.5% of Bendigonians have a Bachelor Degree or above compared to the Victorian average of 24.3%. Importantly, there are also marked disparities across the local government area (LGA) in terms of socioeconomic status. Within the municipality, seven of the small areas within the municipality rank above the Victorian average in terms of the SEIFA index,⁴ while the remaining 16 areas ranks below. There are several small areas that are below the 20th percentile reflecting a relatively stark division within the municipality in terms of relative socio-economic advantage. Overall, and despite rapid economic growth, Bendigo ranks only slightly above the median in terms of relative socio-economic disadvantage, economic resources and education and occupation (ABS, 2016b).

As discussed, ABS statistics indicate that Bendigo is less culturally diverse than regional Victorian averages. According to the 2016 Census, out of the total population of 112,000 people, 82.8% were Australian born, and of the 17% born overseas, approximately half come from English speaking backgrounds (primarily from the United Kingdom and New Zealand). This is substantially less than across Victoria where an average of 35% of the population is born overseas. While this representation is low, there has been a 100% increase in the proportion of people speaking a language other than English at home, from 6% in 2006 to 12% in 2016. In terms of new arrivals, however, there is a shift towards people from non-English speaking backgrounds (NESB) with the arrival of Indians, Burmese, Afghans and Thai people representing the largest groups of overseas born new arrivals. This is followed by, in order of representation, people from the UK, China, New Zealand, Philippines, Sri Lanka, South Africa and Malaysia.

Overall, the cultural diversity of the City of Bendigo is lower than comparable regional centres and the large majority of the population is Australian born, Christian and with Anglo-Celtic ancestry. At the same time, while the numbers of people from CALD backgrounds is still a small minority, it is a rapidly growing proportion of the population. The arrival of immigrants is also relatively recent and not fully understood. In population terms, Bendigo is currently in a period of transition and change which is not fully captured by the Census data.

Bendigo is also highly vulnerable to natural hazards, particularly bushfire. The 'Bendigo Fire' in 2009 burned 341 hectares, resulted in one death, forty-one casualties and destroyed 58 houses (VBRC, 2010). A related risk in the area is drought which is currently affecting the area. At the same time, Bendigo is also flood prone and has experienced regular flooding within the city at increasing frequency (Water Technology, 2013).

Overall, the City of Greater Bendigo is a major Victorian regional centre that is rapidly growing, is economically thriving and is historically significant as central

⁴ The SEIFA index of disadvantage measures the relative level of socio-economic disadvantage based on Census characteristics including income, educational attainment, employment rates and occupations. The lower the score, the greater the disadvantage.



to the Gold Rush in the 1800s. It is also rapidly changing and has pockets of high levels of wealth as well as pockets of disadvantage. It is a City that has recently experienced several shocks and is vulnerable to bushfire, flood and drought and has recently been the site of social disruption.

3.3 City of Parramatta

The City of Parramatta is the third case study, although given the city's location, it is considered within the wider Greater Western Sydney (GWS) region. The GWS region is located in the western part of the Sydney metropolitan area and has a rapidly growing population and economy. As flagged, the City of Parramatta is one of thirteen councils within GWS and is in the sub-region of West Central. The region is characterised by diversity, environmentally, culturally and economically. Some key facts about the region include that it is:

- Home to roughly 1 in every 11 Australians;
- Has the third largest economy in Australia following Sydney and Melbourne CBDs;
- Has more than 240,000 local businesses;
- Inclusive of significant areas of national parks, waterways and parkland; and
- The population is projected to reach 3 million by 2036 and absorb two-thirds of the population growth in the Sydney region. (Western Sydney University, 2018 (.idcommunity, 2017))

The population in GWS includes more than 1.9 million people with 37.7% born overseas, with 33% of overseas born from non-English speaking backgrounds (.idcommunity, 2017). The largest groups of overseas born are from India, China and Vietnam. The largest changes in birthplace countries of the population between 2011 and 2016 were from those born in India, China, Iraq and Pakistan. Overall, residents come from more than 170 countries and speak over 100 different languages.

The City of Parramatta is about 24 kilometres from the Sydney CBD. The City is bounded by the Hills Shire and Hornsby Shire in the north, the City of Ryde and the City of Canada Bay in the east, the Strathfield Council and the Cumberland Council areas in the south, and Blacktown City in the west. It covers an area of 84 square kilometres and has a population of 243,464 people (City of Parramatta, 2017a). The original inhabitants of the Parramatta area were the Darug Aboriginal people (City of Parramatta, 2017b).

Parramatta holds particular significance for ATSI people. There has been aboriginal settlement for over 60,000 years and Parramatta was an important meeting place for the Darug people. It was also the first site of aboriginal displacement by European settlers after 1788 as well as the site of colonial institutions that symbolise aboriginal incarceration and subjugation including the Native Institution and the Parramatta Gaol (City of Parramatta, 2017b). While the population of ATSI people in Parramatta is estimated at 1,695 people, Parramatta remains of significance to the 40,782 ATSI people living in GWS, which



has more Indigenous residents than either South Australia or Victoria and is the largest single indigenous community in Australia (.idcommunity, 2017).

European settlement of the area dates from 1788, and the population has grown gradually until the 1970s, with population growth accelerating from the 1990s rising from about 152,000 in 1991 to about 195,000 in 2011 (.idcommunity, 2017). Recent growth was due mainly to urban consolidation (medium and high-density housing) in existing residential areas, and the redevelopment of former industrial areas in the south-eastern suburbs.

Almost half or 49.5% of the population is born overseas, and 45% are from a non-English speaking background, compared with 36.7% for Greater Sydney. The largest non-English speaking country of birth is India, where 10.6% of the population, or 24,037 people, were born. This is followed by China (10%), South Korea (4%), Hong Kong (2.2%) and the UK (1.9%). Between the 2011 and 2016 Census, the number of people born overseas increased dramatically by 29.7%.

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The City has a relatively young population with a higher proportion of people in the 25–49 year age group than Greater Sydney (42% compared to 37%) and the population has a relatively high level of education with 40.2% of the population having a Bachelor or higher degree compared to NSW (32.6%). There is a relatively low unemployment rate of 3.3% compared to the Australian rate of 5.5%, however the City has the highest rate of youth unemployment in NSW (Brotherhood of St Laurence, 2014). Household incomes are also relatively high, however, 15% of people come from a low-income household (City of Parramatta, 2017b).

Parramatta has experienced economic growth rates of 1.4% in recent years – rates slightly higher than Australian average growth trends. The major economic trends in Parramatta include population growth, the growth in housing development as well as prices, and a decline in the manufacturing industry and retail sectors. At the same time, there has been significant jobs growth in many industries including health care, public administration, finance and insurance, construction, and professional, scientific and technical services. Parramatta is an important centre for education institutions and is the base for 13 major university campuses and research institutes. Key economic development priority for the area is to continue to generate jobs to match the growing population and addressing housing affordability problems. An ambitious target of generating 20,000 new jobs has been set for achievement in 2021. This exceeds targets in Sydney CBD with the rationale that Parramatta needs to provide employment for the GWS region where even greater rates of population growth are forecast. This target will be reliant on 16 major infrastructure and development projects planned for implementation in the near future such as a new campus of Western Sydney University and the upgrade of the Westmead Hospital (City of Parramatta, 2017a).



The key issues for Parramatta in terms of social inclusion relate to economic and population growth. Social inclusion plans identify key challenges for the City as including: population growth putting pressure on resources; lack of social infrastructure; high-density development and diminished social cohesion; unemployment and transport access to jobs; unaffordable housing and homelessness; health inequity; lack of accessibility and inclusivity; and, safety issues (City of Parramatta, 2017b).

In summary, Parramatta is a migration hub, a CBD, and a focus for employment for GWS. It has a high representation of young people and its residents are highly qualified compared to Greater Sydney. At the same time, inequality is a major issue exacerbated by a shortage of affordable housing and economic restructuring. The city is challenged by population growth, rapid housing development and strains on social, economic and environmental infrastructure. While the City has many strengths and opportunities arising from growth, the social and economic challenges are also of a magnitude that are comparable only perhaps with Melbourne.

4. SUMMARY OF FINDINGS: PERCEPTIONS, BARRIERS, OPPORTUNITIES AND EXAMPLES FOR EMS/COMMUNITY ENGAGEMENT

As described, the objectives of conducting three case studies were to be able to compare three different case study areas in order to:

- Understand community perceptions of EMS;
- Understand community perceptions of EMS;
- Identify the barriers and opportunities for enhanced community inclusion in EMS; and,
- To provide examples of how diverse communities perceive and relate to emergency services.

The following discussion summarises the findings and identifies what is common across all three case studies as well as what is particular to the three places. The following section comments on the first objective, to explore community perceptions of EMS.

4.1 Perceptions of EMS

Across the case studies, a number of common themes arose in relation to how EMS are perceived by different community agencies. These include the following.

Part of the fabric of the community: In each of the case study areas, there was a general acceptance that EMS are part of the community and that, to an extent, were 'taken for granted' as a service in much the same way as other essential services are just assumed to just be 'there'. This was particularly the case in Bordertown where community networks are relatively small and people know those who are involved. As one interviewee said, '...I mean, when I went through school, we all learnt and had training through CFS. So in small communities, they're sort of part of life'. In Bendigo, comments were also made that



community awareness had been raised due to the experience of the 2009 fires where people from across the social landscape were impacted.

At the same time, awareness of EMS was patchy and for some, not a lot of thought had been given to the role or functioning of EMS. An example is, 'The only engagement I have with the CFA is they come and check the fire extinguishers every six months. I give them some money – it's a fund raising thing. In some instances, any thoughts about the potential role of EMS was triggered by the interview itself.

Important contributors to community programs: In Bendigo and Parramatta, in particular, EMS agencies were identified as playing an important and essential role in community programs. This included refugee settlement services, local government crime and emergency prevention programs, and ethnic community liaison programs. EMS played various roles but in particular, provide safety education and collaborate in the development of resources with community agencies. For example, a disability advocacy agency has collaborated with EMS to develop an on-line resource to support people with disabilities to develop an emergency plan. This was considered to be a very useful resource drawing on the combined expertise of disability advocates and EMS.

Disconnected from communities: Another theme to arise across all case studies, is that EMS, in many ways are disconnected from realities 'on the ground'. For example, an interviewee in Bendigo believed that there is a disconnection between state and Commonwealth government policy to support community resilience without awareness of what is actually happening within communities. Similarly, Bordertown interviewees expressed the view that EMS were slow to understand or reach out to new and marginalised communities. The skills of people with disabilities for example, were unrecognised and little effort had been made to engage in outreach to make the necessary connections to build relationships. Diverse migrant communities were also seen to be largely ignored and misunderstood. In Parramatta, a perception was that, due to the rapid pace of population growth, there were many communities who were not recognised at all by EMS and many other government and non-government agencies. Temporary migrants, such as international students were one example of a population who may or may not be understood. Rapid mobility of residents was also identified as a cause of gaps in community/EMS connections. Place-based planning models fail to recognise that the people for which services are intended, are commonly no longer within the same locality by the time a service has been 'bedded down'.

Unwelcoming of women and diverse communities: While the circumstances in Bordertown are slightly different, there is a perception that EMS are predominantly male and unwelcoming of women in particular, and people from diverse backgrounds more generally. There was a very strong view expressed that, while there were variations across EMS agencies, the image was male and conformed to a 'heroic' image. Fire and rescue services were particularly seen to conform to this image. A number of comments were made that EMS are actively hostile to women, and that it is perceived as a 'closed shop' backed up by organisational practices that were effective in keeping women out. These included behaviours and organisational rules that were discouraging to



women's participation. An interviewee gave an example from an EMS meeting where there was only one woman present.

I think there were about 30 men and this one woman who was being hammered because she was the one from local council...No one at that meeting intervened, no one said, "This is not appropriate behaviour."...So, I thought that demonstrates to me how far we've got to go. These things don't happen just once but on a routine basis...and I thought, what if you're a woman (in an EMS) at one of those meetings? And there weren't any. There was not a single one.

Bordertown was the exception to this where women are represented as volunteers in EMS. The women, however, are identified as long-term locals with very practical skills directly relevant to EMS operations. This was due to the agricultural nature of the town and the women's experience with farm and/or labouring work. As a small town, communications networks are close and people know each other. At the same time, women don't hold paid positions and there is recognition that EMS is generally still male dominated, even with other organisations within the town. Bordertown was also recognised as an exception to the norm – and that even in neighbouring towns, women were generally not included. As an interviewee commented,

I know members of (EMS elsewhere) and the impression that they give...I don't feel like (a woman) would be welcome there.

In this sense, Bordertown has examples of EMS that demonstrate how women can be made to feel welcome, included and valued.

Even in Bordertown, however, there is little cultural diversity and the inclusion of people from diverse cultural backgrounds was identified as something that had not yet evolved. This was also the case in Parramatta and Bendigo. EMS are seen as being predominantly white and lack representation by people from different backgrounds. As one interviewee in Parramatta commented, 'I've never seen a black fireman'.

Resistant to change: Another theme from across the case studies was the perception that EMS are resistant to change and are slow to respond to the needs and changing circumstances of diverse communities. In Bordertown, there was a recognised need for greater understanding by EMS of the potential capacity of new arrivals to contribute to EMS yet efforts to build the connections had been frustrated. Similar comments were made in relation to the need for EMS to build stronger relationships with, and awareness of, people with disabilities.

Bendigo interviewees made similar comments and argued for the need for a stronger awareness of the lived experience of refugees and for EMS to actively promote engagement. Similarly ATSI people believed that there was potential for greater community liaison. In Parramatta, where an infrastructure of community liaison officers is in place, the question was raised as to the capacity of communities to actually inform change within EMS itself. The critique was that community liaison officers inadvertently create distance between EMS and



communities rather than increase the capacity to include and understand the needs of diversity.

Insensitive and unknowledgeable about diverse communities: On a related theme, there was a perception that a lack of cross-cultural awareness results in insensitive and misinformed behaviours and approaches to communities. Much of EMS knowledge is perceived to be based on stereotypes with little appreciation of the resilience of communities, the very complex layers of migration and migration circumstances, and the knowledge embedded within communities. For example, one interviewee recalled an event involving multicultural communities where a uniformed EMS officer told the audience that, 'You migrants need to change your fire alarms'. The interviewee said that this one comment, although well intentioned, alienated the whole audience. In this example, migrants were perceived as all being similar – and all in danger of starting house fires. The perception was that there was little appreciation of the nuances of communities. For example, while house fires may be a danger for new arrivals from particular backgrounds, the scale of this risk can't be generalised across the entire multicultural population.

A similar comment was made by a representative of Muslim communities who said that there were misconceptions about the life experience, capabilities and freedoms of Muslim women. For example, Muslim women are commonly perceived as all being migrants, as not being allowed to leave the house and of being frightened and restricted from interacting with men. None of these stereotypes are true across all Muslims and are based on a misunderstanding of the full diversity of the Muslim community. These stereotyped beliefs in themselves inhibit an effective EMS response to community risks and vulnerabilities, as well as create barriers to women's potential participation in EMS.

Similar comments were made in Bendigo where the need for bi-lingual workers was argued. Like all changing communities, the multi-cultural characteristics of the population are rapidly changing and, vulnerable groups in particular, such as newly arrived refugees, require understanding, relationship building and communications in order to encourage future participation.

This issue is also pertinent to ATSI communities where, due to their history of deliberate exclusion, and consequent disadvantage, a dominant concern is to ensure 'cultural safety' and develop equal and respectful relationships with mainstream services. One issue raised in the course of interviews was the perception that parts of EMS are not proactive in the development of the relationships with ATSI communities to ensure that ATSI people feel safe to engage with EMS.

Agencies representing people with disabilities gave a similar opinion that there was little knowledge and appreciation of the range of disabilities and the capabilities that were being under-utilised. This theme again applied to the three case studies.

EMS are an object of fear: There are increasing numbers of people within communities who are potentially fearful of EMS as uniformed officers. Newly arrived refugees, depending on their asylum seeking experience, were highlighted as being particularly wary of uniformed officers due to past contact with police or the military. Refugees and other new arrivals also may have very



different expectations and understanding of the role of EMS and when and how they can call for assistance.

(Refugees) have fears of people in authority, people in uniform, people working for governments. I mean, in countries where they come from, anyone in authority is not someone you just approach any time.

This was a perception raised particularly in Bendigo and in Parramatta. It was noted that such fears can lead to behaviours that are based on a misunderstanding of the nature of risk in the area. For example, one older refugee woman in Bendigo was so traumatised by the idea of fire, that when placed in public housing, surreptitiously killed and removed all of the trees on the property. A further implication is that refugees and other new migrants might not report or recognise a major emergency such as heat stress or severe illness. Rather, they will try and deal with the situation themselves.

...if we're talking about recently arrived people who have arrived in Australia because of trauma that they've gone through, then there is an assumption that they need to push themselves to the point of illness before seeking help.

While refugees were particularly identified as potentially being fearful of EMS, other groups were also identified as being reluctant to contact EMS. These included temporary migrants, or older migrants sponsored by families or communities. Unable to access many community services due to their visa conditions, these groups are likely to be fearful or wary of contacting EMS.

EMS are a 'closed shop': A theme related to the masculine and authoritarian image of EMS, is the perception that there are few employment opportunities within EMS and it is difficult to make contact or develop community/EMS relationships. This theme was again common across the case study areas and is discussed in more detail in relation to the section below on 'barriers'.

4.2 Barriers to EMS/community engagement

A further objective of the case studies was to identify barriers to community/EMS engagement. Many of these barriers follow from some of the perceptions discussed above and include a range of common themes from across the case studies.

Gendered culture, assumptions and stereotypes: Following from the discussion above, a barrier identified in relation to community engagement is the strongly masculine and 'heroic' image of EMS. The organisational culture is perceived by some as unwelcoming and efforts to recruit women are not accompanied by organisational change strategies that might make participation feasible or appealing. This point was made particularly clear in Bendigo where the culture of EMS was described as being intimidating and the observation was made that,

...a lot of those blokes don't have any idea about how they come across and they don't recognise how intimidating they can be.

While this was a serious barrier, for women in particular, but for community members more generally, this expression of culture was not seen as universal across services. Rather, it is patchy and while sections of EMS were perceived as



intimidating and defensive, other services and parts of services were genuinely open to changing practices for genuine community engagement. ‘...you’ve got some (services) that are really committed to being ‘family-friendly’. Other parts of services, however, effectively work against inclusion due to hyper-masculine and aggressive language and practice. One related opinion expressed was that the culture of EMS is layered, and the belief that there is an ‘underground’ culture. So while parts of EMS services are open and transparent, there are practices that are difficult to influence.

And some of the layers, it’s quite clear what needs to be done (in relation to diversity and inclusion) and there’s probably a fairly clear path forward. But some of the more underground stuff is pretty hard to grapple with.

Similar observations emerged in the Parramatta case study, despite EMS efforts to invite women as employees and volunteers. The comment was made that while this might be successful in attracting some women, as has been the case in Bordertown, there is little consideration of the different circumstances, perceptions and cultures of women from across diverse backgrounds. For example, an interviewee commented that western/Christian cultures were focused narrowly on employment as the basis for inclusion which is out of step with those from more collective cultures or those that make strong distinctions between male and female roles.

...women from a cultural background, pretty much recently arrived, vulnerable women, young women, their expectations are to have children and get married – which were our expectations back in the 70s, so it’s not like anything new here – and so we’ve set up our service systems to be about employment. We help young people and young adults with employment. You’re a young woman and employment is not a social expectation of you, you drop out of that service system, you drop out of that point of contact.

The gendered dynamics across all communities is also highly complex. For example, while the above might be true for some communities, other young women might aspire to careers or volunteering in EMS yet they face pressures from within their own community to not challenge gender roles. For example, Muslim young women might aspire to a role in EMS but they may bear the brunt of,

...challenges from the Muslim community themselves like, “What are you doing? That’s not what a Muslim woman does.” Well says who? So there are these cultural biases from the Muslim community as well as from mainstream Australia.

Each of the case studies suggest that the very masculine image and practices of EMS are largely discouraging to women’s participation generally, but particularly to many women from diverse cultural backgrounds.

‘One-off’ projects: Another observation was made that, while there had been a number of EMS/community projects implemented within the broader region, their impact was limited due to the short-term nature of the projects. For example, a multi-lingual resource on emergency planning had been developed, but funding for the project officer had run out prior to the dissemination phase.



While there were plans to make sure this was done, the champion for the project was no longer employed and it was likely that the impact of the resources would be less than initially planned. The opinion was expressed that such projects were unsustainable and unlikely to make a major impact on community engagement and inclusion.

There is good work that's done that's either fragmented and people don't know about each other's good work or for some political or other reason things get stuck... it might be as simple as a changeover of staff and the project not having a champion anymore and things not being progressed as quickly as they need to be.

The under-resourcing of projects to achieve longer term change represents a barrier to community inclusion. It provides the appearance of inclusion, without having a real prospect of bringing about long-term change.

Communication barriers: Ineffective communications across all of the case studies was identified as a barrier to EMS/community engagement. In Bordertown, the problem perceived by interviewees was a perceived lack of willingness and capacity of EMS agencies to 'get to know' specific communities and engage in outreach activities. Similarly, in Bendigo, the view was expressed that EMS were not well coordinated and did not take to opportunity to identify how the community could be involved either as employees or volunteers. Both Bendigo and Bordertown have the advantage of having a smaller scale. While complex, setting up communications is, or should be, an easier prospect than in a metropolitan context. Effective community communications in Western Sydney, however, was highly complex in a community as a high proportion of people were from non-English speaking backgrounds. While the following points relate to the challenges being experienced in both Bendigo and Bordertown, they are particularly problematic in Western Sydney.

The diversity of languages alongside communities that come from backgrounds with oral rather than written language traditions mean that communications with communities is highly problematic. This is further complicated by the large numbers new arrivals who are on temporary visas and unidentified as voters or citizens. Written or on-line information in community languages are also no guarantee that messages will be received, understood or responded to. An example was a Chinese non-English speaking grandmother who was asked to call triple 0 about her next door neighbour's kitchen fire but didn't.

I mean even if she was given information about fire and how to contact emergency services in her language, who knows whether she would have done it? I don't know whether she just panicked or what her thinking was.

A further complex barrier to communications occurs with new arrivals who don't have literacy in their first languages. 'You are talking about women who never went to school so you don't have literacy in your home language so you can't have literacy in a second language. It's really hard'.

Another example given was older established ethnic communities, such as the Lebanese who arrived in the 1980s, as being increasingly difficult to communicate with. This is due to their response to rapid community change and a heightened fear of Islamophobia. Women are commonly responsible for care



of grandchildren and they are isolated. They also may not have a strong command of English or access mainstream communication channels. As explained,

So there are people who, and this is why I say mostly with the older generation, who will say, "We wish we never came here. We wish we just stayed there." Because yeah, it was good for a time but now, well we finished everything, we've given our kids everything here and they're giving everything to this country, and now we don't feel safe being outside. And that's why there's that isolation and vulnerability.

Different cultural expectations of services: There are wide differences in relation to perceptions of risk, particularly by refugee communities. Many communities have unclear expectations of EMS based on their non-Australian experiences of what constitutes an emergency or when it is appropriate to access EMS.

Cultural complexity and mobility: A related point is that communication barriers are exacerbated by the increasing complexity and mobility of growing populations. Each of the case study areas are grappling with the challenges and benefits of population growth, unprecedented cultural diversity and patterns of mobility that challenge 'place-based' approaches to planning. Within Bordertown, there have been successive waves of new arrivals – each from different countries and under different circumstances ranging from Sudanese refugees, Chinese skilled migrants, Pilipino labour migrants and currently Afghan refugees amongst others. Each of these groups are highly mobile and make plans for settlement based on their prospects for citizenship, their children's education needs, future employment opportunities and a host of other considerations. In Parramatta, population diversity and mobility is on a massive scale, unprecedented in Australian history. This complexity and temporality of population change is a major barrier for effective community engagement. Planning for community engagement and service delivery is complicated by both differences between populations and the shifting dynamics within regions and localities.

We have a bit of a disconnect, because services are all place-based. We service this area, we service the people in this area. The people in that area that might need that service may no longer be there, or they might change, and then so how to you change the machinations of funding models with that responsibility?

Housing shortages and affordability also create different pressures both for safety and community formation in each of the case study areas. In Bendigo and Bordertown, communities on lower incomes are necessarily clustered in areas where housing is affordable. In Parramatta, high-density housing creates areas of 'super-diversity' making effective engagement and communication extremely complex.

Diminishing resources for advocacy: A future barrier for EMS engagement with people with disabilities was highlighted in the context of declining resources for disability advocacy services. Such services are seen as essential in being able to give advice, collaborate and work with EMS to address both individual and system barriers to participation by people with disabilities.



One big gap is access to independent advocacy and information services. In NSW the government funds these services at the moment and there is a danger of these services disappearing. That will be a huge gap and all people with disabilities need advocacy and information services. Both individually, and systemically.

While the situation for advocacy services is currently tenuous in NSW, similar issues for disability services were identified in Bordertown and Bendigo. Disability services in rural South Australia are shared across regions and specialist services are thin on the ground. Most services also operate in a competitive funding environment and consistency of advocacy services is precarious. Limited capacity of disability services to advocate and collaborate with EMS was raised as a barrier to the engagement of people with disabilities in EMS.

Tokenism and lack of coordination: Across interviewees, their engagement with EMS was generally 'one-off' and lacking in coordination and/or focus. Agencies such as schools or welfare services invite participation by EMS, but this is often in the form of a type of Expo or demonstration that does little to promote longer term engagement or a sense of how the communities might be engaged. For example,

We've had the fire brigade come and talk to them and show them a big truck and all that stuff.

Similarly, a comment was made that there is little coordination across services in relation to their community engagement activities with the similar result that the visits were simply 'one-off' activities.

I know the schools get really frustrated because the SES turns up one week and the CFA turns up the next and the coastguard will turn up the next. Why can't you emergency people get it together and provide us with one package?

For some interviewees, this type of practice was a wasted opportunity. Few links are drawn between these visits and potential opportunities for volunteering or employment.

We go to the fire station (refugees learning English), but I've never actually had anyone say 'how do I get to be a fireman? We need to make these links.

The lack of clarity about employment opportunities in EMS was actually a common theme. For one community service provider, the perception was that it was that there were few employment pathways, particularly for people with disabilities.

...to be honest, we don't see a lot of opportunities...those who are paid are pretty stable in their jobs...so I can't imagine that there's much a turnover.

The appearance that there are few opportunities for participation within the EMS represents a barrier to inclusion.

Overall, there are multiple barriers for EMS/community engagement. A major barrier lies in the sheer pace of change in relation to population diversity, mobility



and growth. The complexity of the population generates a major challenge for opening up communications and collaboration. Other barriers lie with the challenges faced within communities themselves such as English language acquisition, gendered inequalities, Islamophobia and the effects of trauma. Other barriers emanate from the practices and culture of EMS themselves being perceived as lacking a nuanced understanding of diverse migrant communities, being seen as unwelcoming to women and other minorities, and for being reluctant to change institutional practices. At the same time, numerous ideas, suggestions and examples were provided to increase the representation of diverse communities within EMS and to improve responsiveness and community engagement.

4.3 Examples

While the barriers described above emerged across the case study areas, each of the barriers described suggest opportunities for change and building on the substantial resources for volunteering and community services. These initiatives build on community strengths and a genuine understanding of the need for diversity and inclusion. The following section identifies and summarises examples of good practice identified followed by a discussion of opportunities to enhance EMS/community inclusion as raised by interviewees.

The inclusion of women: The Bordertown SES and ambulance service both provide an example of the inclusion of women as volunteers.

A further example came from Bendigo where comments were made in the context that the extent to which EMS practice is inclusive is patchy, and that while there were some sections of EMS that are not very inclusive, others were providing a vehicle to implement gender inclusion strategies. For example,

... you have got (services)...where there's been predominantly younger people, who kind of get it and are really committed to being more – they often use the word family friendly. They don't usually talk about gender equity as such but by family friendly they mean mutual respect. And everything from looking at is their lighting in the carpark through to what's the latest with toilets. So, it gets pretty practical. If they're saying they want to be inclusive but they still don't have toilets that women can use...that needs to be sorted. So, that's just one example of a local project.

Cultural inclusion: Bordertown has also made an effort to include new community members with new arrivals from the Philippines being actively involved in the SES. Afghani community members are also being supported to become involved and there is recognition of the potential mutual benefits to be gained from encouraging culturally diverse community members to become involved in the ambulance service within the town.

Employer/community/EMS collaboration: Again in Bordertown, there is strong support from local employers to support volunteering by its diverse employee base, through providing flexible work arrangements to respond to emergencies when necessary.



Proactive EMS outreach: There were a number of examples from Parramatta and Bendigo in citing the effectiveness of proactive outreach by EMS services in building relationships within communities to increase awareness, participation and mutual understanding. Many of these examples came from the Police force who were engaged through the appointment of community liaison officers and the customisation of services to reduce communication barriers. A particular example came from the Bendigo where the police have been particularly responsive in building authentic relationships and knowledge with the ATSI community. For example,

The police are fantastic. We invite the police to a lot of the events and things that we have so that they (the ATSI community) get exposure to them. Last Christmas, we had a local Christmas party down at the park and this year, Santa arrived in a police car. We are just trying to break down that fear of the police. It's been really good for the adults to see that we have a relationship with the police. We don't have enough with fire services.

Community education: One very important strategy was the inclusion of EMS in settlement support services education for refugees. This relationship was strong and considered a very important opportunity, both for the delivery of safety messages, and also for sustaining communication and relationships between newly arrived communities and EMS.

People with disabilities: Disability service providers expressed the view that there were many people with disabilities already engaged as volunteers with EMS. Depending on the nature of the volunteer role, and the nature of the disability, there are mutual benefits in reaching out widely to people with disabilities.

One of the kids I'm thinking of is one of his conditions is ADHD I think, so he's enthusiastic. He's got great stamina and energy.

So to an extent, volunteering is occurring already, although with potential for greater communication about potential career pathways. Such comments suggest the opportunity for greater agency outreach. Greater communication with disability agencies is likely to yield greater participation.

A further example that was offered in relation to people with disabilities was the collaborative development of a resource to support people with disabilities to develop personal emergency plans. This is an on-line resource that provides relevant resources and information in accessible language.

Targets for inclusion: A clear suggestion was made for the need to establish targets for inclusion. This comment was made specifically in relation to people with disabilities. Targets to double the number of people with disabilities in the NSW public service had recently been announced and this was regarded as a positive step towards greater inclusion. Similar targets could be made within EMS.

Collaborative resource development: The development of community education resources in collaboration with community agencies that have specialist expertise in particular communities were further identified as an important strategy to encourage resilience and community participation.



Again, these examples are not based on a comprehensive audit of 'best practice' – rather, they are illustrations of some of the work currently being undertaken across the three case study areas to promote EMS/community inclusion. Strategies vary according to context and some are facilitated by the different scales and complexity of each locality. Interviewees offered suggestions and revealed opportunities to support greater diversity and inclusion by EMS. These suggestions are summarised below.

4.4 Opportunities

The need for greater outreach to community support agencies: The need for proactive community inclusion strategies was a common theme across the case studies and the suggestions applied to all community groups including people with disabilities, women, young people and people from CALD backgrounds. Several interviewees from community agencies indicated the desire to collaborate with EMS to explore possibilities for greater engagement, yet the extent to which these efforts were operationalised was patchy. The forms in which this engagement might be feasible also varied.

In Bordertown, the suggestion was for the increased opportunity for migrant settlement services to collaborate with EMS to promote cross-cultural contact and address underlying questions and fears about cultural and religious differences. Disability services were also keen to find opportunities to identify potential roles within EMS based on capability and aspirations.

In Bendigo, the appointment of community based, bi-lingual officers was seen as a priority to both promote mutual understanding between newly arrived communities and EMS, to support cultural diversity within EMS ranks and to create an understanding of the lived experience of refugees.

Community outreach to ATSI communities is also particularly important to ensure mutual understanding and the development of culturally safe interactions and movement towards inclusion.

In Parramatta, the need to expand the scope of community liaison roles so that EMS agencies develop greater inclusion and competence in responding to diverse communities was identified as a priority.

A related suggestion was for the development of community outreach activities that are relevant to the communities concerned rather than tokenistic or 'one-off' events that have little appeal to diverse community members. For example, it was suggested that EMS be engaged in activities through temples or mosques as a means to tap in to the diaspora networks that link diverse CALD communities. Utilising sport as a vehicle to engage CALD young people was a further example.

Overall, however, interviewees suggested that EMS should 'open-up' by responding, communicating and collaborating with community agencies and networks.

Develop targets for the inclusion of diverse communities: The point was made across the case studies for the need for visible representation of diverse communities within EMS for multiple reasons. These included to promote word-of-mouth communication within and across communities, to provide role models



to young people from diverse backgrounds and to encourage mutual understanding between EMS and communities. For example, in Parramatta, it was suggested that Africans be employed in EMS in the context that she had, '...never seen a black fireman'. Another interviewee talked about the power of Muslim women being represented to provide role models for young Muslim women.

The suggestion was also made for the development of targets for the representation of people with disabilities. Targets to double the number of people with disabilities in the NSW public service had recently been announced and this was regarded as positive step towards greater inclusion. Similar targets could be made within EMS.

The greater representation of women in EMS was also suggested, but in the context that such strategies needed to be more nuanced than simply 'inserting women'. Rather, organisational conditions need to be reviewed to ensure that barriers to women's participation are removed, and that women have the opportunity to advance within EMS and act as role models to diverse communities. It also required a shift in EMS culture so that working within EMS is not perceived as a hostile environment.

The importance of supporting refugee community members into employment was also suggested as being a potentially powerful source of encouragement and empowerment. This was suggested with the caveat that sustainable employment of refugees depended very much on the stage of settlement and long term support strategies. Potential benefits were identified for both for EMS capability and the refugee communities themselves. For example,

There is interest... they'd love it. Look they're used to drama, they've had drama all their life so saving people, this would be amazing. That employment will create in itself a broadening awareness. If my Karen friend is the captain going out on that red truck he'll tell all his cousins about. Decreasing the risks will naturally occur.

Overall, the need to increase the representation and visibility of diversity communities within EMS was identified as important across all of the case studies not only to enhance opportunities for diverse community members, but to enhance EMS capability and to reduce risk and vulnerability across the community.

Encourage and articulate employment pathways: In a related point to the above, a comment was that there appeared to be few employment opportunities within EMS, these opportunities weren't articulated, and that EMS appeared as a 'closed shop'. Interviewees made the suggestion that while EMS may be engaged in community education activities, the opportunities for employment were rarely articulated or made explicit. As part of efforts to encourage the representation of diverse communities in EMS, strategies to increase awareness of employment opportunities need to be explored.

Develop cross-cultural understanding: An important theme across the interviewees related to the need for EMS to develop greater awareness and cross-cultural understanding of the lived experience and nuances of diverse communities. As discussed, the perception of EMS was that it was very mono-



cultural, male dominated and culturally hegemonic. All communities consulted in the course of the study raised the issue of being subject to stereotyping and 'othered' out of a general misunderstanding of their particular circumstances. For example, in Bordertown, there was concern that an unspoken fear of Islam presented a barrier to the participation of Afghani community members in EMS participation. There was a need for strategies to address those fears and to build greater mutual understanding across sections of the community. People with disabilities are perceived primarily in terms of their disabilities, rather than being valued for their abilities. Processes need to be in place to ensure that appropriate opportunities are made available.

The broader point made is that inclusion relies on understanding the lived experience of communities and that strategies to build this understanding need to be considered.

Widen communications channels: A cross-cutting theme across the interviews was the need for EMS utilisation of a wider range of communication vehicles capable of reaching diverse community networks. While there has been some efforts toward the production of bi-lingual print information, is in itself, inadequate to reach the range of languages, cultural practices, cultural preferences and types of literacy that exist across diverse communities. For example, disability agencies talked about the need for 'easy read' information for communication with people with intellectual disabilities. Muslim agencies referred to the importance of ethnic radio as a vehicle. African representatives talked about the need for communication via word of mouth diaspora networks. Overall, each locality and region needs nuanced and multi-modal communication strategies to be inclusive.

On a related point, the need for revised communication extends to the need for awareness of the image that is projected by EMS to the community. An important theme to emerge is that the image projected by EMS is often intimidating to women and to communities more widely. As one interviewee commented,

...a lot of those blokes don't have any idea about how they come across and they don't recognise how intimidating they can be.

Communications strategies need to consider not only what messages are delivered, but how they are received.

Collaborative resource development and planning: Community agencies and representatives across the case studies were clear in emphasising the need to partner with communities and draw on expertise embedded in the community to inform planning and resource development. This need applies across the diversity of community groups and agencies. Disability agencies for example, particularly emphasised the need to utilise the expertise of disability advocates to address systemic issues. Refugee advocates stressed the need for bi-lingual workers to understand refugee perceptions of risk, their capacity for resilience and their potential as future volunteers and employees in EMS. The over-riding point being made is that inclusion strategies cannot be effectively developed from a perspective of distance from communities. Rather, strategies need to be informed by the communities themselves as part of a wider effort for inclusion.



Diversity and inclusion planning: While the need for diversity planning was not an explicit theme to emerge, an important implication of the findings is the need for locally relevant, evidence based and collaborative planning for EMS/community inclusion. The nature of diversity is changing rapidly and localities are being shaped by powerful global trends. The impacts of these trends, however, manifest differently according to local conditions and so the implication is that 'one size fits all' approaches are unlikely to be relevant and effective nationally. There are also many groups and individuals who are not easily identified and captured as being part of communities in the context of these changes. For example, in Bendigo, families with only one car mean that the stay-at-home rurally-based parent is vulnerable to risk without transport. In Western Sydney, the newly arrived, non-English speaking grandmother in a high-rise apartment is isolated and largely invisible to community service providers. Increasingly, there are many people within our communities who are 'hard to reach', unrepresented and misunderstood by EMS. Diversity and inclusion planning requires a local response that is informed by the global context.

5. CONCLUSION

The purpose of this section is to consolidate and integrate the findings of case studies conducted in three locations-Bordertown, Bendigo and Parramatta as a means to identify differences and commonalities across rural, regional and metropolitan contexts. The aims were to gain a greater qualitative understanding of the dynamics of change in communities, to explore community perceptions of communities in relation to EMS and to identify barriers and opportunities for EMS/community inclusion.

Each case study is described in terms of the locality's characteristics and key changes and conditions that are currently reshaping communities. Each case study area is affected variously by major Australian trends including economic transformation, population growth and increasing cultural diversity, growing inequality and spatial reconfigurations and inequalities based on gender, disability, indigeneity and other forms of diversity.

Community perceptions of EMS and some common themes were identified across the case studies. These include first, that there is an acceptance of EMS as part of the social service fabrics of communities and there is a degree to which EMS are 'taken for granted'. There are also many examples of practical engagement between EMS and community organisations. At the same time, some parts of EMS are perceived as being extremely masculine, 'heroic' and lacking in cultural diversity. EMS are also perceived, in some quarters as being particularly unwelcoming to women, intimidating in the way they 'come across', and lacking in transparency and flexibility. A theme to emerge is that EMS is resistant to change and operations are based on superficial and patchy knowledge of diverse communities and their lived experience. This results in insensitivity and ineffective community engagement practices in some instances. A further concern was that this lack of knowledge is manifested in misguided and ineffective practice. Many of the benefits of effective inclusion strategies were pointed out, and the absence of employees who were from a refugee background for example, was a lost opportunity to communicate with diverse community groups and to minimise risk.



Barriers to EMS/community inclusion were also identified. These follow from community perceptions and an important barrier identified was that EMS is unwelcoming to women and diverse communities. While opportunities for some women to participate exist, this is open to only a narrow range of women and on unequal and difficult terms. Muslim women, for example, face extreme barriers to engagement due to stereotyped perceptions of both gender and religion that are held by their own communities and from EMS. A related theme was barriers to communication and the need for a wider range of vehicles for communication with communities which accommodates differences in language types, channels of communication and differences in community networks. Differing expectations of services across communities were also a barrier, as well as the increased mobility of communities which challenge place-based approaches to service provision. Diminished resources for community advocacy agencies, as well as a lack of coordination between EMS were further themes.

Findings from the case studies also highlighted opportunities and examples of how EMS/community inclusion might be improved. Examples included the proactive inclusion and welcoming of women so that barriers to participation might be addressed and that the women reaped the rewards of volunteering such as skills development and feeling like they are part of a team. Proactive inclusion of diverse community groups was also being undertaken. The involvement of local employers in supporting EMS volunteers and the role of EMS in community education were identified as positive proactive measures. There were also examples of collaboration between community agencies and EMS in the development of safety resources.

In addition to the expansion of the examples mentioned above, opportunities for enhancing community inclusion included: the need for greater outreach to community agencies; the development of targets for the inclusion of diverse community members; the clearer articulation of EMS employment pathways and opportunities; the need for developing cross-cultural understanding of communities; the development of communications methods and vehicles that would be effective in reaching diverse communities; and, the need for undertaking diversity planning relevant to local contexts.

Overall, communities are undergoing rapid changes and reconfigurations that change the nature of risk, resilience and vulnerability. These changes have different manifestations in different locations, but there are common themes across the case studies. All communities are grappling with the benefits and challenges of increasing diversity, as well as the reality of increasing social inequality. Community inclusion in EMS needs to be informed by the lived experience of diverse communities and harness diverse community knowledge, languages and skills in order to act as effective community service organisations. If the findings of these case studies is any guide, there is great willingness within communities to facilitate and collaborate towards this goal.



ATTACHMENT 1: BORDERTOWN CASE STUDY

1.1 ABOUT BORDERTOWN

Bordertown is a town of approximately 3,000 people in South Australia, 20 kilometres from the Victorian border. Bordertown lies on the main highway connecting Adelaide and Melbourne and lies 272 km east of Adelaide and 457 km west of Melbourne. Bordertown is the administrative centre of Tatiara District Council which covers an area of 6,476 square kilometres and includes the townships of Keith, Willalooka, Padthaway, Mundulla and Wolsely. The region overlaps onto the Aboriginal Potaruwut and Ngarkat countries. Bordertown was established initially in 1852 as a stopover camp for police escorts of gold being transported from the Victorian goldfields to Adelaide. A more recent claim to fame is for being the birthplace of former Prime Minister, Bob Hawke.

As a tourism destination, Bordertown is most commonly seen as a rest stop for those travelling between Melbourne and Adelaide. Tourism development is currently a Council priority, however, the major challenge is to encourage visitors to actually stay overnight in the town rather than driving through. This requires further development and promotion of attractions and experiences including the town's wildlife park that houses the only known colony of albino western grey kangaroos, access to national and state parks, unique wetlands and natural environments, art exhibitions and events (Tatiara Council, 2013).

Primarily, however, the district's economy is agricultural and based on sheep and wheat growing. The largest occupational groups are 'labourers' (29.5%) and Technicians and Trades Workers (15.3%). The largest employer is JBS Meatworks who employ around 480 people. More than 16 per cent of the town's workforce is employed in meat processing with the next largest industries including supermarkets, hospitals, road freight transport and sheep farming. Bordertown has an extremely low unemployment rate of 2.9% compared to the SA average of 7.5% (ABS, 2016). As a measure to address labour shortages, JBS Meatworks actively recruits migrant workers on temporary visas. It was estimated in 2016 that JBS workers came from 23 different home culture groups (Mares, 2016).

The immigration of overseas born workers has represented a major change to the population mix in the town. In 2002, only seven Bordertown residents were born overseas and four of those were from New Zealand (ABS, 2006). In 2016, 73.4% (2,154 people) were born in Australia with 3.3% from the Philippines, 2.8% from Afghanistan, 1.6% from New Zealand and 0.8% from China. Much of the population growth between 2006 and 2016 (from 2,330 in 2006 to 2,953 in 2016) is comprised of overseas born workers who hold a variety of temporary visas including working holiday, refugee and bridging visas, and temporary work visas. While some categories of employees hold permanent residency rights, primarily, overseas workers in Bordertown are on some form of temporary visa (Mares, 2016).

Compared with South Australian averages, it has a relatively ageing population with 27.4% of the population being more than 65 years compared to SA with 18.2%. There is also significantly more men (52.2%) than women (47.8%)-a difference that is likely to be explained by the dominance of manual labouring



jobs in the economy. Migrant workers are also predominantly male who arrive without their families. It is a relatively religious community and the majority of the town own their own detached house (69%). Average incomes are slightly lower than state averages. Most households have two or more cars (58%) and household internet connection is significantly lower than state averages (70.9% compared to 80.6% SA). Thirty people in the town are from ATSI backgrounds.

Bordertown and surrounds has relatively low exposure to the risk of natural hazards although, as a rural town, has some exposure to potential bushfire and flooding. The area has been impacted by grass fires as recently as February, 2018. However, due to the relatively flat terrain, and large tracks of cleared land, fires in the area are less intense than those that occur in heavily forested and hilly areas. Fires have occurred in Ngarkat Conservation Park which lies approximately 60 kilometres to the north of the town. Flooding of the town is also a risk given that Tatiara Creek runs through the town from north to south into Poocher Swamp, a nationally significant wetland area that provides wildlife habitat and a resource for biodiversity conservation. The catchment area is relatively flat and so runoff from the catchment is the cause of flooding in the township. Tatiara Creek at times floods residential dwellings and businesses. The most recent significant flooding in Bordertown was in 2011. Historical flooding is known to have occurred in Bordertown and its surrounding district during the 1800s, 1920s, 1940s, 1950s, 1970s and 1980s (Tatiara District Council, 2014). These events caused a range of problems including extensive damage to private and public infrastructure and property, stock losses and flooding of town streets and the Dukes Highway, as well as inconvenience to residents (Bureau of Meteorology, 2005).

The major risk in the area is car accidents given the importance of Dukes Highway as a link between Melbourne and Adelaide. While it is difficult to disaggregate the state figures on road accidents, the Bordertown area is known as a high accident zone. In 2017, there were 44 fatalities and 310 serious injuries caused by road accidents in SA rural areas (SA Department of Planning, 2018). However, due to road safety improvements, the incidence of road accidents is declining.

Emergency services in Bordertown include the State Emergency Service (SES), an ambulance service, and a branch of the Country Fire Service (CFS). Each of these services are primarily operated by volunteers. Attracting volunteers for the services is increasingly an issue and there has been declining volunteer participation in recent years (Fantin & Hill, 2014). In addition to emergency services, there are two police officers stationed in the town.

Mares (2016) describes Bordertown as small and conservative with a core population who have family attachments to the area formed over generations. This description fits with interviewee comments who described Bordertown as having a number of characteristics. It is a town that prides itself on its sporting achievements and is a source of pride that the town has been the home of many elite sports people. It is not an uncommon pathway for young people from Bordertown to win sports scholarships as a career pathway. It is also a town that is in (usually friendly) competition with the neighbouring and connected towns of Keith, Naracoorte and Mundulla for services, sporting accolades and facilities. As an interviewee described, '...Mundulla, Keith and Bordertown are highly



competitive in sport. If anything went wrong though, they're there for each other. But when it comes to sport...'

The Bordertown community is also heavily invested in volunteerism. There is an acceptance that if services are to exist, they need to be driven by the community. This is reflected in a very large range of community groups. 'I mean we have 198 community groups across the district. The last time we did the stats it was like five out of seven people – something stupid – that volunteered'. The strength of volunteerism in the town means that the community will organise in the interests of their town and its services. In recent years, there have been several notable 'fights' for the town to sustain government support for services. Most notable was the threatened conversion of the Bordertown hospital to an aged care facility.

...as soon as people heard what was likely to happen they had a meeting at the Town Hall here and...there was at least 1,500 people attended and that sent a message to the government very loud and clear. So they didn't continue with their plan...

This passion for the community has extended to the establishment of migrant support services and volunteer programs to support settlement. Migrant settlement services in Bordertown rely on volunteers for English language teaching and other community programs. Churches, particularly the Uniting Church, are also important to the town and the source of much volunteering.

In relation to inclusion, however, there is recognition of a class divide within the town which is partly related to differences in income and broader socio-economic measures, but also related to the length of settlement within the area. Those families that have a generational history within the town are acknowledged as having greater influence over community affairs and operate 'in parallel' with other members of the community. For example, it is not uncommon for the wealthier farming families to send their children to private boarding schools in senior secondary school years rather than the Bordertown Secondary College – a pattern that marks a class division within the broader community.

Overall, Bordertown is a medium sized town that is significant for its history, location on a major transport route, as an administrative centre for the Tatiara District Council, and for its growing economy and high employment. Like many rural towns, it is also undergoing considerable change driven by fluid, and largely positive economic conditions, changes in migration policy and mobility, communications technology and demographic trends. Each of these changes has an impact on social and community infrastructure. Based on interview data, the following discussion explores the nature of these changes and their implications for social inclusion.

1.2 DRIVERS OF CHANGE: ECONOMIC CHANGE, MIGRATION AND MOBILITY

The economic outlook for Bordertown is currently very positive and stable. There has been good conditions for agriculture over recent years and there has been



a subsequent expansion in business development within the town. As described in the Council Business Plan,

A better than average harvest, good lamb and wool prices, the beef market remains stable and the vintage recently harvested was completed with fair results. The Tatiara continues to grow in the business sector, with a new large business proposed to operate from Bordertown and the creation of 6 additional blocks at the Bordertown Industrial Estate'. (Tatiara District Council, 2017)

As discussed, most employment in the area is in agriculture, followed by manufacturing, retail trade, health care and social assistance and education and trade. While the economic development plans for the area are primarily to build on the existing agricultural and business infrastructure, there are also plans for tourism development through enhanced branding and promotion of the attractions in the area, as well as through the development of an events program.

One of the outstanding features of Bordertown and the Tatiara District generally, is that there are more jobs than there are resident workers. Bordertown itself, generates 1,481 jobs and the overall jobs to resident ratio⁵ for the area was 1.06. The ratio was at its highest in manufacturing (food processing) at 1.36 (Regional Development Australia, 2018). Skill shortages are a problem generally in the area, and are exacerbated by Bordertown's ageing population and tendency for young people to leave the area following completion of high school to study in the major cities. The work available in the town is not necessarily attractive to local residents-particularly in food manufacturing where the skill shortages are most acute.

The JBS Bordertown plant is part of a global meat processing company and is the largest employer in the town. While it has recently scaled down its workforce, the plant currently employs around 480 workers. Employee retention has been a major issue for the company and in recent years has reduced its turnover rate from 120% ten years ago, to a current rate of 27%. This has been achieved primarily through the recruitment of workers on temporary visas – primarily skilled, working holiday or refugee visas. Workers are recruited primarily through a labour hire company, through mainstream recruitment methods, as well as through word of mouth networks. The recruitment of newly arrived migrants is also facilitated by federal government policy that has focused on directing newly arrived refugee-humanitarian migrants to region areas (Sypek, Clugston, & Phillips, 2008). As a result of such policies, there has been significant changes in the distribution of refugees to non-metropolitan areas (Feist, Tan, McDougall & Hugo, 2014).

As discussed earlier, the recruitment of temporary migrant workers has represented a major change to the town with the arrival of people from diverse backgrounds. The migrant workers have arrived in 'waves' starting with Chinese people and followed by people born in the Philippines, Sudan, Iran and Afghanistan. In 2016, only 73.4% of Bordertown residents were born in Australia, a

⁵ The jobs to resident ratio is the number of local jobs in an industry, divided by the number of local residents employed in that industry. A figure over 1.0 means that there are more jobs available than residents employed in that industry.



marked change since 2002 when only seven residents were not born in Australia. From the perspective of community stakeholders and leaders, the following section discusses some of the implications of this migration, but the driver for the arrival of communities from diverse cultures is economic. For example, Feist et al. (2014, p58) show that the motivation for settlement in Bordertown for all refugees is employment. It is also direct outcome of migration policies designed to address labour market needs and support economic growth (Hawthorne, 2005). Bordertown, like other rural towns across Australia, is the recipient of such policies.

Implications of migration for social inclusion

Bordertown's substantial and sincere efforts to be inclusive of new migrants within the town has been widely acknowledged (Mares, 2016). Within the limited resources of the town, considerable energy has been extended to ensuring that new migrants are settled, supported and engaged in the community. This welcome is fuelled by recognition of the need for labour to support the local economy, but also by the recognition of the contribution that the new arrivals have made to human, social, community and cultural capital. Benefits of migration identified by interviewees included that:

- New arrivals address labour shortages:
...we couldn't operate if we didn't (employ migrant workers).
- Address skill shortages:
...he (business owner) advertised nation-wide for a diesel mechanic. Couldn't get one. Got one from South Africa. And that South African family came and then another...then the son of the South African worker married an Australian girl.
- Support the local economy:
...they're injecting money into the community and a good chunk of wages...rent, food, electricity...they're giving money back.
- Support community activities:
...and the husband and wife (South Africans) were brilliant ballroom dancers. They took the kids for the deb ball practice.
- Support sporting associations and facilities:
...out of the blue we've now got a competition in soccer. One of the locals decided to approach council and the government and see if they could get some resources. So they ended up taking over one of the parks...got a grant for ninety-odd thousand dollars to put lights there...now there is a soccer competition through the south east....not just Bordertown and Keith, it's Mt Gambier and Naracoort – a whole range of them.
...some of them have joined the football club and that's made it easier. It's also bought soccer to town. The Maori population that come, they're the rugby players...it's become more diverse in the sporting culture...it's reinvoked some interesting other sports.



- New community cultural events:

We do Refugee Week events and we...bring food from your culture to share. This year we would have had 600 people there. There's real interest in the culture and getting to know them.
- Changed community attitudes:

Locally we've got some great artists that are very well known for local scenes and gum trees and Clydesdale horses which are very popular. But I think maybe there's a more open-minded attitude that's slowly seeping in. Next year we are working on a show by a contemporary Afghani artist, who will hopefully work with the local Afghani community to create work for the gallery. And that is the kind of stuff we've never done before. This is the very first time we've actually ever had a conversation locally about art. Contemporary art, particularly, with the community.
- Improved community morale:

...you'll have Sudanese, Sri Lankan, Afghani and you have Australian's all sitting around and they're all laughing and joking together...I think it's good for morale...I think it's helped people really become more open in the community.
- Development of new community/industry/government partnerships

...we're in the process of negotiating with council and JBS about that three way partnership is crucial...

Across interviewees, the benefits of new migration to the town are widely acknowledged. The understanding that migrants address an important economic issue, and that the operations of JBS and other businesses are reliant on the recruitment of foreign labour, is the underpinning of this acceptance. In the context of strong economic conditions, new arrivals are welcome in order to support this. The town has also gone to great efforts to be inclusive. The establishment of a Migrant Resource Centre, the staging of community events that welcome and provide opportunities for community engagement, the establishment of sporting groups, volunteer programs to support new arrivals and other measures, are all testament to the town's willingness and capacity to promote inclusion.

At the same time, migration has not been 'frictionless' and has raised numerous concerns and challenges. The difficulties emerge from the scale and pace of new arrivals, the cultural, ethnic and gender diversity of new migrants, the relative lack of 'bridging capital' and strains on community infrastructure that arise with an increase in population. As Vertovec (2007) highlights, the expansion of migration numbers and the increasing diversity, both within and between migrant populations, has implications for communities.

Challenges of diversity

The challenges of settlement for temporary migrants in Australian regional areas has been explored through a number of studies (Feist et al., 2014; Sypek et al., 2008). Such studies note the differences in motivation for settlement between



refugee-humanitarian entrants and skilled migrants that arise due to differences in visa conditions and the different role of family and friendship networks in prompting location decisions. For example, the settlement decisions of refugees are strongly motivated by joining family members in particular regions, while skilled migrants are generally settle in regional areas to take up employment arranged prior to arrival. A related difference between skilled and refugee migrants is migration patterns within Australia with skilled migrants tending to be less mobile, and refugee migrants tending to make a number of relocation movements within Australia. At a minimum, most refugee migrants have settled in a metropolitan area before moving to a regional town (Feist et al., 2014) while skilled migrants have secured employment before arriving in the country. Importantly for the host community, the motivations for settlement are understandably motivated by employment and social networks rather than the actual place or locality itself.

One of the challenges for the established community with the settlement of new arrivals occurs due the differences between communities of migrants. Each 'wave' of migrants has met with varied levels of understanding of the newcomer's culture, practices and circumstances of migration. Some new migrants have settled within the town with ease. In particular, people from the Philippines are widely regarded as being well accepted in the town due to their English language skills, work ethic and involvement with the local community. People of Filipino background are volunteers with the local SES and are acknowledged for their strong contribution to the Catholic Church. As one interviewee commented,

...the Filipinos have been accepted beautifully and they have assimilated beautifully. I believe that is through the Catholic Church. They work for that church, they just work and work and work. They are very proactive. I've had people say to me that if they did not have the Filipinos, then that church would have closed.

Overall, interviewees believe that there has been an absence of direct discrimination against newcomers and local residents have been enthusiastically friendly. 'Like every kid (migrant) here says it's amazing, everyone's so friendly'. However, there have been groups of new arrivals who are less understood and cause disquiet. There are also concerns about the town's capacity to continue to absorb new waves of arrivals from diverse backgrounds. Concerns that were raised through the interviews included:

- Questions about the capacity of community resources to fully respond to the settlement and integration needs of new arrivals in light of the federal government shift towards the allocation of spouse, partner, parent and child visas (Visa 309/100). This is a form of sponsorship visa and brings with it no funding for settlement services, yet, the community is obliged to respond within existing services.
- Concern about the impact of new arrivals on schools and other services. For example, at the time of interview, the school was anticipating the enrolment of 40 young people from non-English speaking backgrounds into the secondary school. 'The community's



truly amazing in what it's doing...but 40 kids is 10% of the school population'.

- That if adequate support for settlement is not sustained, there is the potential for a community backlash particularly in the context of the potential for growing Islamophobia. 'We really need to get a baseline measurement happening soon as to how's the town travelling and how are we going to go forward with all of this'.
- Questions about migrant workers investment in the town. For example, 'the problem that we do have with them...none of the money stays here because they send it overseas to their family, and then they do down to Adelaide and they'll buy bulk rice and bring it back and they won't buy locally even though the supermarket can provide'.
- Whether or not migrants will actually stay due to the temporary nature of the migrant's visas and motivations for the education of children.
- Concern about the capacity of the town to provide adequate housing.
- Unease about future waves of migrants and potential disruptive influences.

This list is not exhaustive, but is an indication that while Bordertown has been highly successful at absorbing the changes that have arisen due to new migration, this success cannot be taken for granted, that the settlement of new arrivals is a process that needs to be managed, and that there is a need to monitor the impacts of population change in terms of social cohesion and inclusion.

Whether or not such opinions are dominant, they do highlight that the extent to which new arrivals can be described as 'included' in the local area is patchy. As one interviewee commented, migrants who can readily 'fit' with local norms and customs are accepted while those who don't are marginalised. For example,

The CALD community come here...but it doesn't seem inclusive I don't think. I'm not saying they're not integrating...but I don't think the town is either if you know what I mean? It's these pockets. And if you're in the football club, you're a winner. If you're not in the football club, you don't exist. If you're not in church, you don't. So I suppose it's about fitting about fitting into the boxes. It's still that very traditional box.

Whether or not the change in population mix is successful, it does represent a major and relatively recent change to Bordertown. As Vertovec (2007) suggests, this change is part of a wider global phenomenon with considerable implications at the local level.

Changing demographics and mobility

As described above, the increase in people who were not born in Australia is one of the most notable features of Bordertown's population characteristics. Other changes, that are global in character, but local in their manifestation, include population ageing and the rural urban migration of young people.



Bordertown has an ageing population. According to ABS Census data, between 2006 and 2016, the median age of the population rose from 38 to 42 years of age and the percentage of residents over the age of 65 rose from 19.4% to 21.9%. This is considerably higher than the South Australian average of 18.3%. This ageing profile is part of the broader population trend of young adults moving to large urban centres for education and employment, whilst retirement age groups tend to move out of the city into regional areas (Department of Infrastructure and Transport, 2011). This is in the context of an overall ageing of the Australian population due to lower birth rates and longer life expectancies.

The rural-urban migration of young people is partly associated with seeking further education or competing in a more diverse labour market with greater opportunity. However, it is also associated with lifestyle preference, seeking adventure and a desire to enhance one's experience (Hugo et al., 2013). Some research indicates that the movement of women to urban areas is particularly attractive for women, and women achieve higher wellbeing than men do from the move (Kettlewell, 2010).

While the whole of Australian population is ageing, regional Australia is ageing at a faster rate due to migration patterns. This pattern has been of considerable concern at a policy level given that the outflow of young adults is sometimes seen as fatal to the future viability of regional areas. As Hugo et al. (2013) suggest,

... young people are in a key position as far as the future of the remote rural areas, in particular, is concerned, for without renewal of their population from within these areas cannot remain viable or maintain their economic functions in the long term.

This movement of young people out of town to a city is a feature of Bordertown with one interviewee estimating that around one-third to a half of secondary school students leaving the area after Year 12. As Hugo (2013) infers, this move is to pursue education, employment and other opportunities unavailable locally.

I don't think a lot of young people stay here because the jobs that they can get really don't have any future potential for advancement just simply because of the nature of the beast.

At the same time, growing employment opportunities mean that there are increasing incentives to stay and take up vocational opportunities.

...there's a lot of apprenticeship opportunities for our students in particularly automotive and construction. But there's also child care, aged care, hospitality. Our students have a lot of work. Too much some of them. So the vocational opportunities are there for our students.

There is also research that suggests that there might be some reversal in the trend of younger people moving to regional areas in the 30 to early 40s age group during the early stages of family formation. Recent ABS data, however, doesn't indicate that this is occurring in Bordertown. In 2011, 30-44 year olds made up 19.2% of the population and this percentage had gone down in 2016 to 17.6%. At the same time, five out of the eight interviewees had themselves left the town or similar regional towns during their early adult years and had returned to take up professional positions or for marriage. Again, the healthy local economy, and opportunities for employment make this return or relocation possible.



The implications of an ageing population are widely considered in the literature. These implications are playing out in the Bordertown context and include:

- Changing demand for services and an ageing population create greater demand for not only health services, but for recreational and cultural services given greater time availability.
- The need for transport and a greater likelihood of isolation.
- Need for accommodation at different stages of the ageing process. This is particularly an issue in rural communities where residents on farms may decide to move into town closer to services.
- The widening of inequalities with differences in income having greater implications in terms of access to accommodation, health services and transport.
- Gender issues with women living longer on lower incomes.

Combined, the ageing of the town and the urban migration of young people contributes to the need for labour immigration and labour shortages.

Changes in social policy and social movements

As explored in the literature review supporting this report, broader social movements and social policy platforms are both shaping and being shaped by local communities. Bordertown is similarly influenced by such movements as campaigns for gender equality, marriage equality and LGBTIQI rights campaigns, ATSI rights and campaigns for people with disabilities.

Gender

While Bordertown is characterised by similar gendered relations to the broader community, across the interviewees, the need for gender equality did not emerge as a central concern or one that was seen to be of particular relevance to the town. Within emergency services in the town, the belief is that women are well represented as volunteers. The majority of volunteers in the ambulance service are women and the SES has roughly 50 per cent representation of women as volunteers.

There is recognition, however, that Bordertown may be different than other places in that respect. Women are represented in Bordertown's EMS and made to feel welcome in ways that might not occur elsewhere or in other emergency services. There is also the recognition that work in fire services is still promoted as being a male occupation.

...even kindergarten kids, you go to the library and get a book. What's the first thing a young boy gets? A book about a bloody fire truck.

There is awareness, however, that Bordertown generally has similar patterns of gendered employment as evident across Australia. For example, secondary school student pathways are traditionally gendered and for those following trade and vocational pathways, young men are likely to take up apprenticeships in the building, automotive or electrical/electronics industry while girls are more likely to undertake hairdressing and child or age care training.



There are also particular gendered barriers where gender and cultural background intersect. One of the issues for Afghani refugee arrivals is that the men arrive alone to take up jobs at JBS. A major priority for these men is to be joined by their families. The women who follow (often years after the men have arrived) then face considerably different circumstances in terms of settlement due to English language skills, employment options, the integration of children into school which is particularly complicated by breaks in education, language and culture. One of the barriers for many newly arrived girls is, depending on cultural background, their limited engagement with sport – a key vehicle for inclusion within the town.

...because of their dress, they are less able to participate effectively in what we do. They can't swim when they come. This is a strong sporting community – because there's not much else. So sport is a driving thing in the town.

The aspirations of new migrants for their children's education is also gendered. There was an identified trend among some migrants that they stay in Bordertown as a 'stepping stone' until their children are ready to go to university in Melbourne or Adelaide. '...and they buy the house in Melbourne or Adelaide. They go with them. Especially the girls'.

Volunteering is also gendered. Football clubs and organisations such as the RSL are dominated by men while those involved in cultural activities and caring are female dominated. It was noted by several interviewees that there is a generational shift in motion in terms of the volunteering population with those who were traditionally the 'mainstays' of volunteering, becoming too old to sustain their involvement. For example, for one community organisation, it's difficult to find office bearers because '...most of the members are old and dying off'. Another interviewee believed that there is a shift in priorities for many younger women who would have traditionally been more involved in direct community welfare volunteering. The belief was that their lifestyles are shaped by wider interests beyond the local area.

It's really sad. I think it's because everyone is so busy and they're all online shopping or they're doing their running or Metafit. I think people lose touch of what's out there (in their neighbourhoods).

At a local government level, it was also noted that women are under-represented as Council members with only one-third of Councillors being female. Gender is also a consideration for aged care services with women living longer and in need of community support that is not necessarily available with the shift in volunteering priorities.

Overall, while gender is an important consideration in terms of the way in which the community functions, this was viewed largely as a 'natural' division by interviewees. There was also the sense that Bordertown is progressive in terms of the inclusion of women within some EMS organisations.

LGBTQI

The inclusion of LGBTQI people in the Bordertown is a topic of considerable sensitivity. Interviewee comments suggest that until very recently, there was little



acceptance of gays and lesbians and examples were given of how people needed to leave town before being able to 'come out'. This is gradually changing, however, and there are now a small number young people living as openly gay within the town.

Efforts to support LGBTQI rights, however, remain controversial. The delivery of sexual health education programs (SHINE) in secondary school has been contentious. The vote for marriage equality in 2017 was also not widely supported in the town and according to one interviewee, Bordertown ranked as having the lowest yes vote in SA.

Issues of sexuality have also been controversial in the staging of arts events and exhibitions. Art works portraying same-sex couples have been requested to be removed, and there has been contention over the use of colourful images in the course of community sponsored events.

...the artists...made applique flags and this particular flag that we hung out the front was just random colours. But the comments we had...they thought we were supporting gay people. And we're like, no. Literally the event is open. That is what the flag means.

Largely, interviewees made little comment in relation to the inclusion of LGBTI people within the broader Bordertown community – a silence that in itself suggests that gender or sexual diversity is not a topic that has been widely accepted as a priority within the town.

ATSI

As discussed, according to the 2016 Census, there are thirty people of ATSI background living within Bordertown. A limitation of this case study was that each of the eight interviewees were unable and unqualified as non-indigenous people to comment on matters relating to the inclusion of ATSI people. The design and constraints of the study, however, required that interviewees should hold either elected or appointed positions that gave them some authority and knowledge to speak on behalf of the community. In the absence of a local ATSI community group, or clear representative to speak with, this was a gap that needs to be acknowledged within the wider constraints of the study.

People with disabilities and the NDIS

It is estimated that one in five people in Australia have some form of disability (Young et al., 2018, p56). According to the Australian Network on Disability, disability is defined as any condition that restricts a person's mental, sensory or mobility functions. It may be caused by accident, trauma, genetics or disease. It may be temporary or permanent, total or partial, lifelong or acquired, visible or invisible (Young et al., 2018, p56). In a town of 3,000 people, it can be estimated that approximately 600 people that have some form of disability and a further 300 (primarily women) have some role in providing care. There is enormous diversity across those types and forms of disability. Some forms of disability are very visible and related to age, accidents or genetic conditions. Others are not so visible and may not necessarily impact on a person's capacity to engage fully in education, employment and community life. Given the diversity of types of disabilities, and the differing circumstances of each individual, it is difficult to



generalise about the general conditions of people with disabilities in the town. Interviewees also suggest that the proportion of people within Bordertown who receive income support is relatively low, partly due to low unemployment. Those who are unemployed, however, are long-term unemployed, often due to intellectual or mental health issues. There are however a number of trends and constraints that impact on the capacity of people with disabilities to be fully included. These include:

Patchy and part-time services: According to interviewees, services for people with disabilities are patchy. Funding for services is competitively allocated within the region and the process of receiving funding is often regarded as political. Services such as 'Centrelink' which administers income support payments, are provided on a part-time basis. Should an emergency arise for an individual, it may be weeks before the issue can be addressed.

Poor access to transport: People with disabilities commonly have low incomes and, in the context of a shortage of rental property in Bordertown, many low-income people take housing in a neighbouring town where rent is relatively inexpensive. This town, however, lacks any services or transport. Those without a car or a license face considerable expense and inconvenience to travel. This has particular impact on those facing a crisis. For example, domestic violence victims have few options for support and can only access support if the issue is at a critical stage. Similarly, people who suffer a mental health crisis require hospital care, can only do so if 'sectioned' (detained by a specialist under the Mental Health Act). The closest service that can do this is at Mt Gambier, more than 180 kms away.

Mental health and drug addiction has been a major issue: Like many regional areas, Bordertown has been impacted by the increased use of methylamphetamine or 'ice' in recent years. This has created a greater demand for community welfare services.

Limited resources and support for proactive social inclusion activities: While there are limited basic health and welfare services available, there is little support for pro-active strategies designed to support social inclusion. For example,

...we got Tutti Ensemble here which is a dance company for people with disabilities...we fought for a year...we did it and the guys loved it but (expletive) it was hard work.

Changing social policy and the NDIS: Social services operate in a context of constant funding changes and conditions which are difficult to keep up with and manage. The major challenge at present is the implementation of the NDIS which aims to provide individualised care packages to support individual care needs. One interviewee claimed that the process of implementation is extremely difficult to interpret and implement. 'So we're just winging it really at the moment. Everyone is winging it. They say that the NDIS is like a plane that is being built in mid-air...' A major problem with communications about social policy changes is that they are increasingly being communicated through social media – a major barrier for people with disabilities or older carers who are unlikely to use social media or have access to the internet. For example, an information session planned for the area by NDIS officers from Adelaide was promoted via Facebook only three days in advance, '...now Shirley is 86, you know? ... she's not going to



find out about it... Lesley is 74 and she's not going to know. It's like they don't want anyone to come'.

Overall, many people with disabilities in the area are marginalised due to low income, patchy services, a lack of transport and employment opportunities, poor access to information and few opportunities for social engagement.

1.3 SOCIAL CHANGE AND IMPLICATIONS FOR SOCIAL INCLUSION

The purpose of the discussion above is to highlight some of the drivers of change that are in operation in Bordertown. These include economic change, migration, increasing cultural diversity, population change, social movements and social policy that is focused on addressing issues of equity, social justice and inclusion. Each of these drivers have implications for social inclusion. As discussed earlier, there are seven key 'realms' of social inclusion which are helpful to explore the nature of inclusion/exclusion in relation to changes occurring in Bordertown (Nelms & Tsingas, 2010).

Inclusion in the labour market: While Bordertown has exceptional employment rates, the terms of labour market participation are shaped strongly by gender, stage of settlement, physical ability and age. Like the rest of the Australian workforce (Australian Human Rights Commission, 2018), workforce participation in Bordertown is segregated by gender. While the boundaries are blurry, women dominate in traditionally female occupations (caring professions, teaching, administration, traditionally female trades), while men dominate in traditionally male occupations (trade, technical and agricultural management). New arrivals enjoy full employment. There is a distinction, however, between those who hold refugee visas and skilled visas with the former largely employed in jobs that are unattractive to the settled population and the latter in skilled occupational roles. The jobs taken by refugees are largely in meat processing and are jobs that are notoriously difficult to fill. The demand for labour is due to a shortage of locals who are prepared to work in the meat processing industry. The work is tiring, which in itself is a barrier to participation in the wider community. So while employment and the demand for labour is the very reason for relocation to Bordertown, the options for employment are relatively limited.

Access to employment is a major issue for people with disabilities who are marginalised due to a variable access to transport, patchy access to services and a lack of employment options that could be adapted to allow a person with a disability to participate. Young people in the area commonly leave town to the cities to pursue education and employment and those who do stay, commonly participate in the vocational education and training system and take up apprenticeship positions. The pursuit of higher education is a particular priority for newly arrived migrants who stay in Bordertown until their children need to leave for higher education. A growing proportion of the community are also older and no longer active in the labour market.

Overall, the labour market is healthy, however, clearly characterised by gender, citizenship status, age and physical ability. For some in the community, the options for employment are wide. For others, the options are relatively limited or unavailable.



Access to resources: Access to resources is central to social inclusion. Primarily, resources refers to levels of poverty and access to financial resources. Overall, Bordertown residents have income levels exactly the same as the rest of Australia with the median weekly income recorded as \$662 (ABS, 2016a). Resources, however, also includes social capital that can support greater participation and future opportunities for employment, education, housing and so forth. New arrivals have varied access to material resources in the form of income, housing and facilities. While they are likely to have income, access to housing is a particular problem within Bordertown and the growth in population has meant that infrastructure is strained. As one interviewee commented, 'The biggest issue in (growing the population) is the infrastructure in Bordertown would not sustain all of that. At the minute, there's only four houses to rent'. The further financial strain on many new arrivals includes the need to send remittances to family members overseas, the need to pay for visas, transport and other associated costs for family members to join them in Bordertown, as well as the costs of settlement such as for housing, education and other costs necessary to become settled in the community. The other main group to struggle with access to resources is people with disabilities and people on income support. The costs of housing and the need for transport means that there is a small but significant section of the community that has limited access to finances and therefore participation in the wider community.

Social support and networks: Interviewees strongly characterised Bordertown as being a proud, strong community, with high rates of volunteering and strong social networks. There has also been strong recognition of the needs for the social inclusion of new arrivals, and as discussed, there is a growing social infrastructure for new arrivals with the staging of events, new sports associations and the provision of a settlement service. There are many volunteers from the local community who engage with new arrivals and provide support with English language classes and other activities. At the same time, the diversity of new arrivals mean that the support required is highly varied depending on country of origin, religion, language, visa conditions, circumstances of arrival, gender and so forth. The needs of a Sri Lankan refugee are markedly different from those from Afghanistan or for those on a 457 visa. Support and networks from within the 'place' of Bordertown are also not necessarily those that are meaningful for the new communities. Rather, diaspora, homeland, and/or religious networks are the source of belonging and identity, and different diasporas have varied drivers and forms of connection (Cohen, 1997). Such differences are potentially the source of misunderstanding and exclusion. For example, sending remittances to the homeland is often of greater importance than spending money to establish a life within the town itself.

There was also strong recognition that not everyone is included in Bordertown and divisions exist. Involvement in sport, particularly football is a key vehicle for inclusion, as is involvement with one of the main churches. There are also well known families that are considered leaders within the town. One interviewee pointed out that, in certain respects, Bordertown's strength, as a conservative, community oriented and self-reliant town, is simultaneously its weakness and the town struggles in some respects with diversity.



They will band together when they need to. And if something happened in the migrant community, the community would absolutely back them one hundred per cent. But there's also a lot of behind the scenes gossip and innuendo and drama and all that kind of stuff. It's also here.

Some of the misunderstandings between sections of the community were revealed. For some volunteer organisations that struggle to recruit new members, the perception is that the rest of the community is increasingly 'lazy'. For another, snobbery within the town, coupled with changing demographics mean that people are now 'too busy being yummy Mummies to see who's in their backyard'. People from LGBTI backgrounds are also highly likely to leave the area in order to find social acceptance and inclusion.

Overall, there are strong social supports and networks within Bordertown but these are not all inclusive and the acceptance of diversity is patchy. For example, migrants that readily 'fit in' are warmly accepted. Those that are culturally more distant are regarded with caution.

Services: Bordertown boasts some strong central services, with a hospital, a highly regarded secondary and primary school and Council administrative services based in the town. The town has an increasing tourism infrastructure and is well served with sporting facilities. However, there are also gaps – both social and commercial. As a relatively small town, social services are shared across the region and so most health and community service provision is only part time. Some services are shared across the entire Limestone Coast Region, a region that includes five local government areas. For example, '...our occupational therapist is based in Keith and covers the entire Limestone Coast. So she has an enormous role'. The Migrant Resource Centre itself is a part-time service and the one settlement worker is employed for 30 hours a week. The distance between services extends to retail trade. For example, 'We don't have a Bunnings and we don't have Harvey Normans, those sorts of things. The closest Harvey Norman is Mount Gambier'. There is also concern that the retail centre of town is 'run down' and people commonly travel outside of Bordertown for services.

For multicultural communities, services are particularly patchy depending on the circumstances and culture of the particular communities. It was widely noted that most multicultural communities are likely to regularly travel to Melbourne or Adelaide for various reasons. For example, the closest mosque to Bordertown is in Adelaide and so this is likely to be an important reason for Islamic communities to seek services out of town. Other communities are focused on property investment and higher education for their children. They are thus drawn to the major cities to invest in property and provide access for their children to higher education.

...they go to the bigger centres because there is opportunity. Bordertown is a stepping stone...especially for the higher achieving migrant students...they've always aspired to university courses and their parents go with them.

Funding and providing access to the range of services required for older people, people with disabilities, carers of people with disabilities and people who are from minority backgrounds such as refugees who have suffered trauma is a real challenge for the town. This is particularly in the context of a conservative local



government and cuts to state funded services. Efficiency measures, such as the use of social media for communications with service providers are not necessarily effective and there are gaps.

Location: While Bordertown is a significant distance from both Adelaide and Melbourne, it is not remote in the sense that it lies on a major highway and is also a part of Limestone Coast Region with relatively easy access to other regional towns and less than an hour from the coast. It is also served by a train line and bus services. At the same time, it has a relatively low population and is, as the name suggests, on the Victorian/South Australian border. The town is also a major centre for freight and transport related businesses and is a significant stopping place for those travelling between Melbourne and Adelaide. This location makes travel out of the town relatively easy and facilitates access to goods and services. Those without private transport, or are unable to drive, however, are restricted by the location. This impacts particularly on people with disabilities, people on low incomes and older people.

The location also contributes to sustained conservatism in relation to diversity issues. Those seeking education and professional careers move away from the area. The need for LGBTQI people to leave town is particularly evidence of this.

The location is also a contributing factor to high 'turnover' of migrant labour. While some groups of migrants have chosen to stay in the area in the long term – most notably migrants from the Philippines, many migrants who arrive to take up employment don't have aspirations to stay in the long term. Once they have been reunited with families and/or achieved citizenship, it is likely they will move to bigger centres to access education opportunities for their children. This is evidenced by the trend of secondary migration noted by Hugo et al. (2013), but it is also a trend noted by interviewees. There is concern that at least a proportion of arrivals are not really aware of, or prepared for, living in a rural context pre-arrival.

I think that sometimes, people just get chucked here. Sent on buses and they didn't really want to be here. "Here's a bus ticket –go." So there is a lot of disorganisation.

The circumstances of arrival, and the need to stay while becoming eligible for citizenship, has an impact on the extent to which people either want, or are capable of, inclusion. The rural location of Bordertown is a major determinant of how diverse community members are included.

Local and/or national decision making: Several themes relating to inclusion in decision making emerged. First, there is somewhat of a vacuum in community leadership occurring in the context of the ageing of the town. A number of clubs and community groups are led by older people who are increasingly unable to continue in those roles as they age yet are unwillingly to promote the inclusion of younger members. While there is a conversation in the town about the need to prepare for succession, this is not necessarily occurring. As one interviewee put it, '...there's a lot of criticism happening, and not a lot of action'. The comment was also made that there is a real reluctance to 'hand over the reins' and that even though some clubs have recruited young people, they haven't been able to participate. '...once they are at that committee level, they get dominated. So then...their voice isn't being heard and of course they're not going to be



involved in the community'. There is concern by some that some traditional forms of community organisation risk dying out if current trends continue.

A second theme that arose was the about the under-representation of women at a Council level. While there are several women on Council, they are also ageing and the view was put that there was a need for not only more women, but younger Councillors who might have greater interest in progressive policy developments rather than an all-consuming focus on the three RRRs (roads, rates and rubbish). In a related theme, there was too little concern by Council in relation to the provision of community services and supporting the inclusion of people who are marginalised such as people with disabilities. People on temporary visas are also marginalised from community decision making due to their stage of settlement, circumstances of employment and the absence of the right to vote.

It should also be noted that new overseas born residents are primarily on temporary visas and as such, are able to participate in employment, but have limited access to some services and are not entitled to vote. The path to citizenship is also being extended and it is not uncommon for 'temporary' residency to be longer than a decade. As Mares (2017) points out, this raises some major ethical questions relating to how reasonable it is to expect that migrants should contribute to the community without access to the full rights of citizenship. Many of the migrants to Bordertown are in this situation.

Such comments are potentially driven by the changes and occurring within the town discussed earlier. Shifting demographics, economic and technological change, increasing cultural diversity and the continued evolution of social change agendas mean that new challenges of representation are emerging. One interviewee stressed the need for greater development of partnerships between industry, government and community in order to rise to the challenges emerging along with the change. Greater financial support for services such as migrant settlement is being negotiated as part of a longer term effort to fill gaps in support and services. 'It will be the next journey – well we are doing it now – but those partnerships between the three of us (business, government, community) is crucial and they are recognising that and being really supportive.

Health and well-being: The need to improve the health and wellbeing outcomes of rural areas is a public health issue that is recognised nationally with the recognition that the health of some regions of country South Australia is lagging behind metropolitan counterparts (Health Performance Council, 2013). Respiratory disease and infections as well as unintentional injury are two of the key factors that stand out as impacting rural communities at greater rates than metropolitan residents. Excessive alcohol use, smoking and domestic violence are also identified as risk factors in rural South Australia and the delivery of timely and appropriate services is a particular issue given the low population density of much of the state.

It is also well recognised that health and wellbeing outcomes are determined by social characteristics. For example, rurality has noted impacts on women. Women have lower educational attainment, higher death rates, higher rates of risky drinking, obesity, lung cancer and heart disease than metropolitan women.



These differences are explained partly by lesser access to services such as maternity and medical specialist care (National Rural Health Alliance, 2012).

Through the interviews, the existence of such issues for parts of the community were raised consistent with issues identified at the state level. Some of the issues highlighted included: mental health issues in parts of the community – refugees waiting for the arrival and settlement of their families are a particular concern; increasing use of methamphetamine or ICE by young people; and, isolation of people with disabilities and their carers.

Overall, however, interviewees believe that Bordertown is largely a very healthy community but like the rest of Australia, levels of wellbeing are shaped by social position and inclusion. There are pockets within the community that are more vulnerable to health issues than others.

1.4 PERCEPTIONS, BARRIERS AND OPPORTUNITIES FOR COMMUNITY/EMS ENGAGEMENT

The final part of the Bordertown case study aims to identify examples of good practice, barriers and opportunities in relation to EMS/community engagement. This section starts with identifying community perceptions of EMS within the town.

Perceptions of EMS

As a town with high levels of volunteering and community engagement, there is a general attitude of EMS being part of the fabric of the community and, while perhaps taken for granted, are highly regarded. Services consist of the SES, the ambulance and the Country Fire Service, and there is generally a sense that they have been so much a part of the community infrastructure, that little thought is given to them.

So they're very much heroes, really, for lack of a better word. But, particularly the CFS, because everyone volunteers. I mean, when I went through school, we all learnt and had training through CFS. So in small communities, they're sort of part of life.

In terms of inclusion, participation by women is accepted and normal with the ambulance services being primarily made up of female volunteers. The SES is also approximately 50% female and involvement is regarded as a 'good thing'. Reasons for volunteering included the good feeling of 'being part of a club', 'learning new skills' and the satisfaction of 'doing a job that no one else could do'. As discussed earlier, the women volunteers say that they feel welcome and recognise that this doesn't necessarily occur in other services.

Within services, however, there is an exacerbation about the lack of young people who are now volunteering which one volunteer believed was because young people are 'lazy' and 'apathetic'. Others identified problems with rules and restrictions on young people's capacity to operate certain equipment for example. A further perception was that there were few employment opportunities available in EMS, making it a relatively unattractive option for young people to volunteer.



Other community agencies believed that there was potential for greater communication and engagement with diverse groups. Providers of settlement services, for example, believe that there was great potential for volunteering by newly arrived communities, yet there had been difficulties in setting up communication to facilitate the transition of new arrivals into EMS. There was also concern that, as with the broader community, there was potentially a fear of people from other cultures that might create barriers to engagement. These were not irreconcilable issues, however, did require some ground work, communications and education to occur before volunteering could be successfully and sustainably supported. Similar comments came from disability support agencies and local government officers. Interviewees believed that there was resistant to outreach.

Overall, EMS are perceived very much as part of the community and highly regarded. An emerging perception, however, is that they are relatively resistant to change and could make greater attempts at outreach to parts of the community that are currently un-represented.

Barriers to EMS engagement

Many of the broader implications of social and economic change and implications for inclusion manifest as barriers to community/EMS engagement. These include: conservatism; widening inequalities; demographic change; and, immigration policy and its local manifestations.

Conservative attitudes: As discussed, Bordertown is a conservative town. While changing, and grappling with the impacts of change, the community is characterised by class division and some dominant attitudes that reflect a fear of difference. Interviewees reflected on the difficulties faced by new arrivals and people with disabilities on fully participating in community organisations. 'So I suppose it would be very, very difficult for people from CALD backgrounds to infiltrate'. One of the fears in relation to new arrivals is concern about how long they will stay in the town. As one interviewee put it, the perception is that, '...they don't intend to hang around, so there's no point joining in'.

Similarly, other forms of difference were recognised as facing barriers to engagement. People from LGBTI have only been recently recognised in the town and the issue of marriage equality was highly contentious. While describing the town as 'tolerant', other interviewees were also concerned about the difficulties in finding the forums to have address fears about Islam.

Because there's all those misconceptions around Muslim faith and people being scared to talk to them, because there's a fear they might not understand them. And that exists both ways too.

Conservative attitudes towards women were also mentioned as a barrier despite their good representation with the ambulance and SES. There was a perception that women were not as capable to carry out physical work and there was a preference for men. An interviewee gave an example,

When I was talking about recruiting, I said 'do you want to recruit more women? He's like, hmmm, let's see who else we've got.



These attitudes were seen to extend to people with disabilities. As an interviewee argued, people with disabilities are not considered for the capabilities that they could bring to EMS under the guise of their need for 'protection'.

We all have risk and life is a risk. I don't think people with disabilities should have - it's called "community risk" and we need to be able to take risks. If someone wants to go in there, we cannot exclude them. Mind you, they may not be the one that climbs up a bloody mountain and gets somebody down, but they could be the one that is down there doing something. So it's called "dignity of risk" looking at a sustainable job, something that the person can do and something that the organisation needs.

Across the scope of community organisations in Bordertown, including EMS, there were suggestions that there needs to be a wider conversation about fear of difference and the need to include those who have been traditionally marginalised from organisations such as, and including, EMS.

Widening inequalities: Bordertown, like the rest of Australia, is experiencing widening inequality. Those forced to find affordable housing in neighbouring towns are more likely to experience isolation, a lack of transport, poorer access to ICT and lesser social networks. These conditions combined are barriers to participation in EMS, as well as creating barriers to receiving emergency information. Those in this position are likely to be dependent on welfare, have some form of disability or dependence on drugs and alcohol. The social spatial reconfigurations and distribution of people experiencing social and economic disadvantage work to entrench gaps in participation.

Changing demographics: The ageing of the population is a symptom of the migration of young people to larger urban centres – in particular, Melbourne and Adelaide. With very low unemployment, young people have a wide choice of part time employment and are less likely to volunteer in EMS where the opportunities for future employment are perceived as limited. A further barrier identified for young people was the unwillingness or incapacity of established organisations to engage with young people. As one interviewee commented, '...they're not being heard and so of course, they're not going to be involved in the community'.

New arrivals: As discussed at length, there are many and varied barriers to EMS engagement for new arrivals depending on cultural background, language, religion, visa conditions, stage of settlement and gender.

For recent Afghani arrivals, volunteering is a low priority in the context that they are living in Bordertown without their families. According to one interviewee, while the men are waiting for their families, they are 'in survival mode', with little capacity for volunteering or doing anything much other than working and staying in touch with their homeland networks.

A lack of confidence is a further barrier to engagement. One noted example in the town is of a man who now volunteers with the ambulance. It took considerable time, however, for him develop the courage to show his interest out of fear that his English wouldn't be good enough.



Another barrier is, in fact, the plans to move on from Bordertown once they have been granted citizenship and/or they decide to move for different employment or for their children's education.

Overall, there are multiple barriers to engagement that extend from changing social and economic conditions, the presence of a new and dynamic demographic mix, and conservative attitudes that shape who is in 'the in-group and the out-group'. As one interviewee put it, 'I know that in the supermarket, there's kind of like two groups. It's not homogenous but it's not, it's not uncomfortable. Everyone tolerates everybody. The use of the term 'tolerate' is perhaps an indication that, while there is not necessarily disruption within the town, there are divisions. EMS reflects these divisions.

Opportunities and examples of engagement

While the barriers described above are well recognised characteristics of Bordertown and its operations, each of the barriers described suggest opportunities for change building on the substantial community resources for volunteering and community services. These initiatives build on the considerable strengths of the community including: a strong volunteering ethic, an appreciation of the value and contribution of new arrivals to the town, the development of new services and initiatives to facilitate community integration, a 'can do' attitude stemming from the tradition of agriculture and farming as the base of the local economy, and, the expression of tolerance in the midst of population change. Building on these strengths, there are multiple examples of how change and diversity has been embraced.

Examples

Bordertown has received considerable exposure for the town's capacity to welcome and support a new and diverse migrant community, as well as to adapt to wider forces of change. Examples that relate directly to EMS include:

- The recognised inclusion of women within Bordertown's SES and ambulance services;
- The community of people from the Philippines living in Bordertown are highly respected and included within the community. Filipino volunteers are also engaged with the SES and provide role models for other culturally diverse community members;
- There is one Afghani volunteer now with the ambulance service and the MRC believe that there are several others who are close to being ready to volunteer as a way to 'give back' to the community;
- There is acknowledgement of the capacity of people with disabilities and the potential for greater engagement; and
- There is strong support from local employers, and JBS, to support volunteering by its diverse employee base through providing flexible work arrangements to respond to emergencies when necessary.



Opportunities

At the same time, the barriers to community engagement also suggest opportunities to further expand diversity within EMS. These include:

- The need for greater outreach to community support agencies to proactively engage with people with disabilities, young people and people from CALD backgrounds. Several interviewees from community agencies indicated the desire to meet with EMS to explore possibilities for greater engagement yet these efforts were yet to come to fruition. For example, it was suggested that an EMS representative get involved at a board level with local disability services;
- The development of greater platforms for conversation between new arrivals and established community members and services. This might take the form of building on initiatives designed to promote cross-cultural contact and address underlying questions and fears about cultural difference;
- Consideration of how to address barriers to the participation of young people in the town;
- The continued support of new arrivals in the settlement process to consider volunteering and employment opportunities in the EMS. As described,

Those that are ready, and it's only a handful...give them an opportunity to step into a community. We have to create the relationships and there's some people that are really ready – we just have to make it happen. Because what we've got sitting in our town is a huge volunteer work force, looking for something to do, keen to get involved.

- Consider targets for cross-cultural inclusion in EMS volunteers to ensure greater bi-lingual capability. This need for this stems from the recognition that, increasingly, people involved in emergencies, such as car accidents, are increasingly from non-English speaking backgrounds.

Overall, Bordertown is very conscious of the need for inclusion strategies but there are gaps and challenges in a time of rapid population change. As a small town, there is a strong awareness of the need for strong volunteer organisations and the community is prepared and open to looking at how to ensure that the town remains strong, resilient and inclusive. A widely recognised characteristic of the town, however, is that Bordertown's strengths are also weaknesses. While the town is extremely focused on building and sustaining a strong community, it is also resistant to change. As one interviewee commented,

...their strength is their weakness. The community is so community focused and they're very proud and parochial. They also know what's going on, but are very set in their ways. They can be a bit stuck in their routine and so some of our community groups are dying out...and there's lots of different opinions about that.



1.5 CONCLUSION

The purpose of the discussion above is to describe Bordertown as a community, to identify the key drivers of change and to reflect on what those changes mean in terms of social inclusion. Changes in the town include a growth of population due to the arrival of skilled and refugee migrants from diverse backgrounds to the point that now more than 20 per cent of the town's population speak a language other than English at home. The town is also impacted by broader demographic change with an ageing population and a strong trend of the urban migration of young people. Each of these migration trends is a manifestation of the local impacts of global trends with the evolution of ICT and global mobility. As a traditionally conservative town, the town is also grappling with forces of social change. Advocacy movements related to ATSI, gender and LGBTQI are confronting and reveal pockets of exclusion.

Employment opportunities are shaped by gender, settlement status and age. The LGBTQI community have little presence in the town and there is a relative silence on ATSI issues. Access to resources is also variable depending on diversity characteristics and the lack of housing is a particular pressure on new arrivals and those on low incomes. As a rural area, services are shared across the broader region and, while central services are sound, specialist and welfare services are patchy. Local decision making is dominated by older men. At a local government level, women are under-represented and traditional sporting clubs and associations play an influential role in the community. People on temporary visas are excluded from decision-making irrespective of the length of residence in the town.

All of these changes and characteristics have implications for risk and vulnerability. Bordertown has strong local community volunteer services, however, and EMS have made strong efforts to be inclusive of women and diverse community members. There are gaps, however, and opportunities to encourage the inclusion of new community members and those who have been traditionally marginalised such as people with disabilities. There are also opportunities to rethink how young people might have greater participation and to address current barriers that are currently contributing to their exclusion.

Overall, Bordertown is a community that is resilient, relatively prosperous and boasts a strong community infrastructure. It is also a town that has shown that it is welcoming and responsive to change. It was also evident that not all residents enjoy inclusion in the full sense of the term. The town is illustrative of wider Australian forms of segregation by gender, disability, aboriginality and age. These changes all have implications – both challenges and opportunities in relation to engagement with emergency services. These are discussed above and also summarised in Section One in the context of two other case studies: Bendigo and Parramatta.



ATTACHMENT 2: BENDIGO CASE STUDY

2.1 THE CITY OF BENDIGO

Bendigo was established as one of Australia's most significant gold mining towns in the 1850s and is now Victoria's fourth largest city laying 150 kilometres to the northwest of Melbourne. Bendigo has grown steadily from a population of less than 90,000 in 2001 to 112,000 people in 2016 (ABS, 2016). Bendigo is known for its mining history, its grand architecture as well as its cultural history. For example, Bendigo is home to the Sun Loong dragon, which is the centre of widely renowned annual Easter Festival that celebrates Bendigo's Chinese heritage.

Economically, the city is thriving with economic growth indicators well above Victorian averages.⁶ In 2017, gross regional product (GRP) rose by 21% compared to the Victorian average of 9% growth. In the same period, the number of local jobs grew by 4.6% compared with the Victorian rate of 1.7%. Much of the employment growth is in the industries of 'Health care and social assistance', 'Retail trade', 'construction' and 'Manufacturing' reflecting the expansion of the Bendigo Hospital, an increased demand for housing as well the growth of a number of food manufacturing companies in the region such as Hazeldene Chickens. There are also a number of major employers in the banking and finance, defence and manufacturing sectors. Direct and indirect employment in the tourism industry is also a growing source of employment, with 5.7% of all employment being in the tourism industry. At the same time, however, the unemployment rate of 6.4% is slightly higher than the regional Victorian average of 6%. The 'level of highest educational attainment' is also lower in Bendigo compared to Victorian averages. For example, 17.5% of Bendigonians have a Bachelor Degree or above compared to the Victorian average of 24.3%. Importantly, there are also marked disparities across the local government area (LGA) in terms of socioeconomic status. Within the municipality, seven of the small areas within the municipality rank above the Victorian average in terms of the SEIFA index,⁷ while the remaining 16 areas ranks below. There are several small areas that are below the 20th percentile, reflecting a relatively stark division within the municipality in terms of relative socioeconomic advantage. Overall, Bendigo ranks only slightly above the median in terms of relative socioeconomic disadvantage, economic resources and education and occupation (ABS, 2016b).

As discussed, ABS statistics indicate that Bendigo is less culturally diverse than regional Victorian averages. According to the 2016 Census, out of the total population of 112,00 people, (82.8%) were Australian-born, and of the 17% born overseas, approximately half come from English speaking backgrounds (primarily from the United Kingdom and New Zealand). This is substantially less than across Victoria, where an average of 35% is born overseas. While this representation is

⁶ Source of economic data found at the City of Greater Bendigo's website, at <http://economy.id.com.au/bendigo/home>.

⁷ The SEIFA index of disadvantage measures the relative level of socio-economic disadvantage based on Census characteristics including income, educational attainment, employment rates and occupations. The lower the score, the greater the disadvantage.



low, there has been a 100% increase in the proportion of people speaking a language other than English at home from 6% in 2006 to 12% in 2016. In terms of new arrivals, however, there is a shift towards people from non-English speaking backgrounds (NESB) with the arrival of Indians, Burmese, Afghans and Thai people representing the largest groups of overseas-born new arrivals. This is followed by, in order of representation, people from the UK, China, New Zealand, Philippines, Sri Lanka, South Africa and Malaysia.

While corrections have been made in the 2016 Census to better capture migration and cultural diversity, Census data is still widely understood as not accurately capturing population characteristics. First, groups such as seasonal workers, new arrivals, international students and the elderly from established migrant communities are all known to have low Census response rates. In addition, a number of trends have occurred in recent years to boost the CALD population. This has been driven primarily by a demand for highly skilled labour to address identified skill shortages in the health, manufacturing, banking and finance, education and training, and building and construction sectors – all of which are expanding due to infrastructure developments and industry growth. As identified in the Bendigo Economic Development Strategy (City of Bendigo, 2014a), skill gaps are exacerbated by strong economic growth, coupled with the relatively low skills levels of the local workforce. Skills gaps, particularly for health services, ICT and engineering and construction, are being met by the skilled migration program.

In addition, since the early 2000s, Bendigo has become a destination for refugee settlement. During the 2000s, approximately 1,000 Karen refugees from Myanmar have settled in Bendigo and, since 2012, refugees from Afghanistan have settled in the area. Growing numbers of international students, enrolled primarily at La Trobe University's Bendigo campus, but also at Kangan-Batman TAFE, also contribute to Bendigo's cultural diversity. The numbers of international students are relatively low, with approximately 180 international students enrolled at La Trobe's Bendigo campus in 2016. Combined, these population trends have been in operation in recent years, and so it is recognised that the 2011 data underestimates the cultural diversity of Bendigo's population. In response, the City of Greater Bendigo is working with the ABS to improve the accuracy of population data for the next Census.

Overall, the cultural diversity of the City of Bendigo is lower than comparable regional centres and the large majority of the population is Australian-born, Christian with Anglo-Celtic ancestry. At the same time, while the numbers of people from CALD backgrounds is still a small minority, it is a rapidly growing proportion of the population. The arrival of immigrants is also relatively recent and not fully understood. In population terms, Bendigo is currently in a period of transition and change, which is not fully captured by the Census data.

It is also relevant to note that Bendigo has also recently been the site of social disruption in recent years due to protests about the construction of a Mosque within the city. In June 2014, the City of Greater Bendigo approved a development application to build a mosque by the Bendigo Islamic Association. In response, a group of anti-mosque protestors appealed the decision at VCAT, the Victorian Supreme Court and the High Court. In addition, anti-mosque protestors organised three public rallies, have sustained public protest during



Council meetings, and generated media attention through social and broadcast media, as well as a number of other protest actions. At the same time, there has been widespread and intensive community action designed to support the Muslim community's rights to religious freedom, as well as to promote the value of cultural diversity and social inclusion. The issue has generated considerable disruption and community polarisation, and has been both socially and economically costly.

While the anti-mosque group continues to voice their views, the disruption has died down after the failure of their High Court appeal in 2016, and the community and local government have made major efforts to build a multicultural infrastructure to support cultural diversity as a city that is welcoming. Responses are not limited to but have included:

- The formation of a group of community leaders 'Believe in Bendigo', who organised a series of activities and events promoting cross-cultural inclusion and cohesion;
- The staging of events and conferences by various government agencies and community groups to promote cross-cultural dialogue and generate the image of Bendigo as an inclusive and proactive place to visit and do business. For example, the Victorian Tourism Industry Council (VTIC) ran its annual conference in Bendigo to contribute to healing any reputational damage that might have occurred due to the protests;
- The formation of an interfaith council to promote interfaith understanding and collaboration;
- The development of a cultural diversity policy by the City of Greater Bendigo;
- The implementation of numerous programs such as youth leadership programs, community picnics, etc., with strong support from the City, the police and other emergency services; and
- The development and dissemination of media and communications materials designed to promote intercultural understanding and promote awareness of Islam.

This disruption, and Bendigo's consequent response, is important to highlight in the context of this report, given that this type of disruption is relatively rare in Australia and the circumstances leading to the event were, at least indirectly, an outcome of wider social processes as well as opportunism on the part of globally networked far right activists. The events exposed a vulnerability that is increasingly faced in the context of rising immigration and increased population diversity. The events surrounding the anti-mosque protests represented a major shock to the City that prompted a major response by the community.

Bendigo is also highly vulnerable to natural hazards, particularly bushfire. The 'Bendigo Fire' in 2009 burned 341 hectares, resulted in one death, forty-one casualties and destroyed 58 houses (VBRC, 2010). A related risk in the area is drought, which is currently affecting the area. At the same time, Bendigo is also



flood prone, and has experienced regular flooding within the city at increasing frequency (Water Technology, 2013).

Overall, the City of Greater Bendigo is a major Victorian Regional Centre that is rapidly growing, is economically thriving, and is historically significant as central to the Gold Rush in the 1800s. It is also rapidly changing, and has pockets of high levels of wealth as well as pockets of disadvantage. It is a City that has recently experienced several shocks and is vulnerable to bushfire, flood and drought, and has recently been the site of social disruption.

Drawing from interviews with community representatives from across the community, business and government sectors, the following discussion highlights the drivers of change in Bendigo and the implications for social inclusion.

2.2 DRIVERS OF CHANGE

The City of Greater Bendigo can be described as an area undergoing substantial and continuous change. These changes are multi-dimensional and inter-related, and include economic change, population growth, demographic change, infrastructure development and increased mobility of its constituents. It is also increasingly socially progressive, and has embraced numerous social policy advancements in relation to diversity as it applies to diverse members of the community including refugees, ethnic communities, ATSI, people with disabilities and those that face disadvantage.

Bendigo has been called an 'archetypal transitioning economy' (Vallely, 2017), with the value of production by traditional industries such as manufacturing, declining in comparison to service industries in finance, health care, education, social assistance and scientific and technical services. At the same time, manufacturing continues to generate the most of all sectors in terms of regional exports and economic output, however, it has declined in terms of generating employment due to automation and outsourcing. Health care, retail trade and education and training are the sectors that generate the greatest employment (City of Greater Bendigo, 2014). For example, in 2013, Health Care and Social Assistance generated approximately 6,500 jobs (a 30% increase over a five-year period) compared to manufacturing, which generated approximately 3,500 (a 15% decline over a five-year period).

Economic growth has been strongly supported by the Victorian and Commonwealth governments through investment in transport road and rail infrastructure, the expansion of two hospitals in the city, investment in education and training facilities, small business support programs, and health and community, education, training and employment services. Each of these developments facilitates labour mobility, and the generation of employment.

This growth has also generated demand for skilled labour. Skilled migrants have been encouraged to settle in Bendigo through various state and government schemes aimed at promoting regional development. Currently, the Regional Sponsored Migration Scheme (RSMS – visa subclass 187) allows employers in regional areas to sponsor overseas workers to fill skill shortages. The demand for unskilled labour in the food manufacturing sector has provided employment for



refugees who have settled in Bendigo. Hazeldene Chickens is a notable employer of newly arrived refugees.

As discussed above, the rapid increase in overseas arrivals has represented a major change to the Bendigo community, but Bendigo has also generated considerable domestic and regional migration. Similarly, improved transport links to Melbourne mean that there has been an increase in those commuting to Melbourne for work and vice-versa. This also represents a considerable change to the community. As one interviewee commented, 'You would have assumed 20 years ago that if you lived in Bendigo, you worked in Bendigo. I reckon there's probably 20 per cent of the workforce that works somewhere else'. Similarly, there is considerable movement within the region with residents from surrounding towns such as Castlemaine, working in Bendigo.

Concurrently, there is pressure on housing due to population growth, prompting planning to improve the provision of affordable housing. Housing prices are being pushed up, not only due to population growth, but also increased levels of private investment in Bendigo by Melbourne-based investors capitalising on the growth in the region, the comparatively lower house prices, the benefits of negative gearing, and the expectation of reasonable rental returns (Power, 2016). Impacts on Bendigo include a shortage of affordable housing, high rates of mortgage stress, and the forced movement of low-income people to cheaper localities outside of Bendigo city. A recently endorsed Council Housing Strategy aims to create greater housing diversity, increase the supply of affordable housing, promote housing in locations with easy access to services and transport, and improve design quality of housing in Bendigo (City of Greater Bendigo, 2017).

The nature of economic change as a transitioning economy is transformative of many aspects of the nature of Bendigo in ways typical of many regional economies across Australia (Regional Australia Institute, 2015). As discussed, this transformation is shaped by, and shapes, population trends. The impacts of change are also experienced variously depending on diversity characteristics, and the following section discusses some of the implications of change in relation to social inclusion.

2.3 SOCIAL INCLUSION IN BENDIGO

One of the key indicators of inclusion relates to access to employment. Unemployment rates in Bendigo are slightly higher in the City of Greater Bendigo, with an unemployment rate of 6.4% compared to the regional Victorian average of 6%. Levels and type of employment vary according to diversity characteristics including gender, ATSI, people with disabilities, country of birth and settlement status.

Women and men have similar rates of unemployment, with 6.1% of women unemployed compared to 6.7% men. While these rates are very similar, changes in industry composition and employment type have had very different impacts on men and women. For example, from 2011–2016, there was a decline of more than 400 manufacturing jobs that were previously held by men. The decline of manufacturing jobs has had little impact on female employment, but declines of more than 200 jobs in retail trade has mainly impacted women's employment.



These declines in jobs have largely been offset by increases in jobs in other sectors, but again, employment outcomes by industry is highly gendered. Close to 1,000 jobs were created in 'Health Care and Social Assistance' from 2011–2016, and these jobs are held by women. In contrast, there has been a growth of close to 300 jobs in construction, which are held predominantly by men. Overall, the labour market in Bendigo reflects the gendered characteristics of the wider Australian labour market. So while there is considerable employment growth in Bendigo, this growth is largely in skilled occupations providing qualitatively different opportunities for men and women.

While, overall, there has been a net decline in jobs in the manufacturing industry, jobs in meat and food processing plants offer unskilled employment opportunities. These jobs are held predominantly by men, and are a major source of employment for refugees settling in the area. Unskilled jobs filled by women are available in accommodation, food services and retail trade.

Those that experience difficulty in accessing employment include those groups that are recognised as facing barriers, as well as those who face multiple disadvantages. For example, according to ATSI representatives, employment is an issue for the Aboriginal community, but that this is largely due to health issues that disproportionately impact on ATSI people compared to the general population.

... But the issues are all together – if someone's got bad health, they're probably not going to have a job. They're probably lucky to be living in a house, so it's that domino effect and financial impact.

An overlapping issue is faced by people from low socioeconomic backgrounds. Economic change and the decline in unskilled employment opportunities means that there are sections within the community who are faced with fewer options than existed previously. As one interviewee commented,

Bendigo has changed over the years – there used to be a lot of hosiery businesses, labouring jobs and just everyday jobs where people didn't need a lot of skillsets for ... there are still jobs like that but they aren't in the quantity that they used to be. So for a lot of people, there are less options. There might be as many jobs but they might be part-time or casual.

There is also a strong relationship between disability, socioeconomic status and other measures of disadvantage. People with disabilities commonly face multiple barriers in accessing employment. For example, while a physical disability might be considered a primary barrier to employment, it is commonly associated with mental health issues as a secondary condition. As an interviewee commented,

... mental health is a big category...whether it be primary or a secondary condition...so they'll have some physical disability or something as a primary condition, and then I guess with the sort of lifestyle they're leading, whether it be disengagement or whether they're overcoming their condition...the actual nature of disability is very broad.

Within Bendigo, there is a relatively high incidence of disability (as indicated by Centrelink figures), that show rates higher than Victorian averages with 6.2% of the population who access a disability pension compared to the state average of 4.7%. One interviewee believed that this could be due to the need for rurally-



based people to move closer to support services based in Bendigo (City of Greater Bendigo, 2015). The reception by employers to considering the employment of people with disabilities was also reported as patchy by interviewees. While there are many who are receptive, there are also,

... 'bigots' and 'there's a lot of barriers with big employers. They'll talk the talk and they'll use these words and it will be in their agreements and so on, but you won't see them doing too much about it.

Overall, people with disabilities themselves are not a coherent category of people, in the sense that the range of disabilities is wide and commonly associated with multiple forms of disadvantage. People with disabilities face considerable barriers in a context where unskilled job opportunities are shrinking.

Migrants to Bendigo are also extremely diverse. Between 2011 and 2016, there were 1,449 overseas-born new arrivals, and more than half of all new arrivals (55%) have vocational or higher qualifications, and almost half (48.9%) are engaged in professional or managerial occupations (City of Greater Bendigo, 2016a). The largest group of new arrivals are from India (15%), and 76% are from non-English speaking backgrounds. Depending on the visa category, skilled migrants have the financial and human capital to access employment (City of Greater Bendigo, 2016a). Regional migration programs also facilitate employment opportunities, and many skilled migrants fill jobs generated by the growth in the health, finance, engineering and education sectors within the region. At the same time, the migration literature highlights that while the skilled migration program might offer opportunities, new arrivals operate in labour market under different terms than Australian-born workers, are more likely to have to find employment outside of their profession, and have higher rates of unemployment and underemployment than the local population (Goldsmith & Lynne, 2011). A further issue related to social inclusion is the extent to which new arrivals build social connections with the local community, and there is a tendency to leave regional areas after visa conditions have been met (Department of Immigration and Border Protection, 2014).

The remainder of new arrivals are made up primarily of international students, the children of new arrivals, and humanitarian entrants. A major source of employment for refugees is in food manufacturing, particularly Steggles Chickens, which has high demand for labourers. According to settlement services in the area, however, there are significant barriers for refugees in seeking employment other than labouring work that is undesirable to the local population. First, employment in labouring jobs prevents the acquisition of English and other skills that would facilitate creating wider and more sustainable employment options. Second, employment opportunities are primarily open to men, and refugee women have greater difficulty finding employment, largely due to family responsibilities and their relative isolation from the English speaking community. '... they see themselves as chief parent – it's more difficult for them to learn English because they put their children first'. Third, the desire of refugees to become financially established and potentially support family and friends to join them means the pressure to take employment instead of staying in education results in many refugees becoming 'trapped' in low skilled occupations. Further, many refugees suffer health issues due to malnutrition, physical impairment and/or experiences of trauma, meaning that the imperative



to engage in employment inhibits a healthy settlement process. Overall, while refugees, generally find employment in Bendigo, this employment is often at the cost of their broader health and wellbeing and longer term employment options.

Inclusion in the labour market is also strongly associated with networks, and interviewees pointed to the importance of social networks in finding employment, with the most productive networks being based on established Bendigo ties with sport being a primary vehicle. For example, '... if you've played footy you're fine, there's jobs everywhere. But if don't ... you'll probably struggle'. New arrivals, people with disabilities, ATSI and some women depending on other characteristics such as ethnicity, are marginalised from those networks.

Overall, Bendigo has a healthy labour market, with growing employment opportunities in emerging service and advanced manufacturing industries. Access to the labour market, and the range of opportunities, however, depends on many characteristics including gender, indigeneity, physical ability and settlement status.

Inequalities in relation to employment are also reflected in growing social inequality across Bendigo, and this has been the focus of local government planning in recent years (City of Greater Bendigo, 2016b). This is recognised as largely an 'East-West Divide,' with poor localities and neighbourhoods located in the western region of the municipality and wealthier localities in the east. Detailed mapping of social, economic and health indicators show that there are wide and growing disparities across the municipality in relation to wellbeing indicators. Key indicators of inequalities from the 2016 Bendigo liveability report include:

- Rates of avoidable mortality are 80% higher in disadvantaged areas compared to the least disadvantaged areas;
- Wide disparities between areas in terms of access to transport;
- Significant differences across local areas in terms socioeconomic (SEIFA Index);
- Close to 40% of residents describe themselves financially as 'financially distressed, struggling or just getting by';
- Wide disparities in terms of unemployment rates ranging from 7% in the most disadvantage area to 3.8% in the least; and
- High rates of disengagement from local decision making, with close to 60% of people believing that they have no influence on local government decision making.

So while Bendigo, overall, is experiencing growth, the impact of economic growth is experienced unevenly. Similarly, exposure to risk and engagement with EMS is uneven.

2.4 COMMUNITY PERCEPTIONS AND NEEDS IN RELATION TO EMS

The following section reports on themes arising from interviews in relation to the community perceptions of EMS, and community needs and expectations in relation to risk management and support. First, several themes emerged in



relation to how EMS are perceived in response to a set of open ended questions including: To what extent is your community involved with EMS? As volunteers? As employees? How important are EMS to your community? Are there any services in particular that are most important? How are EMS regarded by your community?

Perceptions and needs: Across the interviews, general and particular community needs were identified in relation to EMS. These are summarised below:

Impact of the 2009 fires: Given that Bendigo was severely impacted by the Black Saturday fires in 2009, comments were made in relation to the change that this had made to the city in terms of an appreciation of the impact of disaster. The fact that the fire impacted all sectors of the community – from the very wealthy to those who are very disadvantage – there was a heightened sense of the need for widespread community engagement with emergency services.

Well it was everybody, we had people that arrived at the emergency centre without anything including their teeth because everything had been burnt, and never before had to put their hand out for welfare.

In this context, and that the whole community has been impacted, the idea that 'emergency response is a community response' highlighted the need to promote a sense of inclusion across the community in relation to emergency management.

Members of the ATSI community are exposed to risk: Parts of the ATSI community were identified as being at particular risk due to a combination of ill-health, social isolation and poor housing. Community elders are particularly at risk of heat exposure in particular:

Things like community elders that aren't linked in ... if an elder is not working anymore – it's not uncommon, they might have lost power and haven't reported it. They're in their house and it's hot, it's not going to be good for their health.

Refugees are particularly vulnerable to risk: Major concerns were expressed about the risk and vulnerability of new arrivals from overseas, and particularly refugees. This concern was based on several grounds:

- That a misunderstanding of the Australian climate and conditions meant that refugees are poorly equipped to recognise and understand risks. For example,

They don't understand the heat here. Well if it's the first time they've had a car and their baby is asleep in their car they've finally got peace and they wind the windows up to keep them safe, like it's all so new. They lived in bamboo huts where the air circulated.

More broadly, the use of cars and other forms of transport is commonly a relatively new experience, and it takes time before many refugees (and in Bendigo's case this is particularly the Karen community), develop a perception of the speed and transport systems in Australia.

(The children) can't anticipate the speed of the car because they haven't grown up with universal symbols and your mother saying



'look right, look left and do not walk across the road'. The first time they've been in a car is when they go from the camp to the airport so how can they? Then they get bikes, oh my God. I feel it's a nightmare when I go out there and look.

- On a related theme, refugees often act in unpredictable ways in response to perceived risk, based on unique and traumatic experiences. For example, one older refugee woman in Bendigo was so traumatised by the idea of fire, that when placed in public housing, surreptitiously killed and removed all of the trees on the property.

Their house had a beautiful native garden ... a huge peppercorn out the back and gumtrees all around. The mother ... had everything chopped out. She was petrified of the fire.

While such actions may be a rational response to past trauma, it is an indicator that refugees, at least in the early stages of settlement, may respond misguidedly to perceived risk.

- Written communications, even when translated to community languages, are an ineffective mode of communication. Rather, it is necessary to engage bilingual and cross-culturally aware community members to engage with the community in terms that will be understood by specific language and cultural groups.
- At least in the initial stages of settlement, refugees commonly have a fear of authority figures due to past trauma. As one interviewee commented,

They were very frightened of anybody in a uniform because they represented soldiers. They wouldn't have approached police or fire officers and things like that, anyone in a uniform but gradually, they realised that this is okay.

Patchy awareness of EMS: There was patchy awareness of EMS in relation to what EMS really do. Some vague assumptions were expressed such as, the only engagement I have with the CFA is they come and check the fire extinguishers every six months. I give them some money – it's a fund raising thing. Others, however, viewed EMS as woven through the community and general encounters with EMS was a normal event. For example,

I know when I turned up here, the first people that knocked on our door were the local CFA and I do meet a lot of people through the front door (of a disability service) that keep themselves busy by volunteering.

The gendered impacts of disaster: One of the comments made was that there is too little focus on the aftermath of disasters, and the role that women play in restoring and managing the recovery process. The impression was that emergencies were largely defined in terms of the immediate response, or, 'putting out the fire' rather than the whole process of emergency management.

There can be a bit of a focus on putting out the fire but not the aftermath of any emergency situation, and it's usually the community that responds more deeply to that, which is usually women. And so that sense of the focus on the original emergency response which you tend to think – I



mean, I tend to think is male dominated – is really false in a sense of the overall management of an emergency situation.

Women's roles in relation to risk and disaster also varies widely across groups. Refugee women, for example, are less likely to be in employment and responsible for managing children and extended families through the emergency and recovery process. Women are less likely to have a good grasp of English, and less able to prevent and respond to the impacts of an emergency.

Gap between resilience planning and 'what's happening on the ground': One comment from a local government officer related to concerns that there is a mismatch between the goals of community resilience building and what is happening on the ground. There are community resilience frameworks and they talk about diversity. But that's a really high-level strategy. Its very vision focused, it's very aspirational – but I'm thinking, that's all really nice work, but what's happening on the ground? The general point was that while community engagement in resilience planning was being emphasised by governments, the extent to which communities were genuinely involved was unclear.

The points outlined above identify some of the needs and perceptions of particular parts of the community in relation to EMS. In the context of the population changes occurring in Bendigo, refugees were highlighted as being particularly vulnerable and potentially disengaged from EMS. Gender, ATSI and people with disabilities were also highlighted.

A further objective of the interviews was to identify barriers and opportunities for closer community EMS engagement. The following section highlights the themes that emerged on this point. First, barriers to engagement are discussed.

2.5 BARRIERS TO EMS ENGAGEMENT

Barriers identified throughout the interviews referred to several inter-related themes including the perceived culture of the EMS, resourcing of community engagement activities, tokenism and cross-cultural awareness.

Culture and intimidation: One of the themes to arise related to the male dominated culture of EMS and behaviours that were intimidating, particularly to women, in communicating. A representative from a government agency, in particular, made the observation that, '... a lot of those blokes don't have any idea about how they come across, and they don't recognise how intimidating they can be'. This comment was made from the perspective of someone who had observed and participated in meetings, where discussions relating to EMS/community engagement were very male dominated. The interviewee gave an example.

I think there were about 30 men, and this one woman was being hammered because she was the one from the local council. No-one said, 'This is not appropriate behaviour'.

While this was a serious barrier for women in particular, but for community members more generally, this expression of culture was not seen as universal across services. Rather, it is patchy, and while sections of EMS were perceived as intimidating and defensive, other services and parts of services were genuinely



open to changing practices for genuine community engagement. ‘... you’ve got some brigades that are really committed to being ‘family-friendly’. Other parts of services, however, effectively work against inclusion due to hyper-masculine and aggressive language and practice. One opinion expressed was that the culture of EMS is layered, and the belief that there is an ‘underground’ culture. So while parts of EMS services are open and transparent, there are practices that are difficult to influence.

And some of the layers, it's quite clear what needs to be done (in relation to diversity and inclusion) and there's probably a fairly clear path forward. But some of the more underground stuff is pretty hard to grapple with.

The exclusion of the LGBTQI community should also be considered in this context, particularly given that there are currently no formal plans for LGBTQI inclusion by local government.

‘One-off’ projects: Another observation was that while there had been a number of EMS/community projects implemented within the broader region, their impact was limited due to the short-term nature of the projects. For example, a multilingual resource on emergency planning had been developed, but funding for the project officer had run out prior to the dissemination phase. While there were plans to make sure this was done, the champion for the project was no longer employed, and it was likely that the impact of the resources would be less than initially planned. The opinion was expressed that such projects were unsustainable, and unlikely to make a major impact on community engagement and inclusion.

There is good work that's done that's either fragmented and people don't know about each other's good work, or for some political or other reason things get stuck ... it might be as simple as a changeover of staff, the project not having a champion anymore, and things not being progressed as quickly as they need to be.

Resourcing for resilience planning: A related theme expressed was that while government has stressed the need to promote community resilience, there is little real resourcing or leadership to ensure that this happens.

There might be people in communities who can help drive it, but usually it needs some support, some pushing, some encouragement, some resourcing – whether it be from emergency services or elsewhere. At the moment, they aren't team players.

Lack of cross-cultural awareness: One of the comments related to doubt about the extent to which EMS are actually knowledgeable about the cross-cultural nature of the community. This interviewee stressed the need for EMS to gain a genuine understanding of the backgrounds of diverse community members, their culture and their understanding of risk. This comment was particularly focused on refugee communities who will build in numbers in coming years.

We need to build the intelligence and the knowledge of the sector (EMS) in culture, faith and the experience of refugees. Skilled migrants that come out as doctors, engineers, etc., might be all right. They can read something and say I've got to get out of my house the flood is coming or they can say bugger off, okay, I'm Indian but I'm happy about that.



Whereas the most vulnerable are people from humanitarian refugee backgrounds. And with taking 18,000 or 19,000 in a year, that's a lot.

Tokenism and lack of coordination: Across interviewees, their engagement with EMS was commonly 'one-off' and lacking in coordination and/or focus. Agencies such as schools or welfare services invite participation by EMS, but this is commonly in the form of a type of Expo or demonstration that does little to promote longer term engagement or a sense of how the communities might be engaged.

We've had the fire brigade come and talk to them and show them a big truck and all that stuff.

Similarly, a comment was made that there is little coordination across services in relation to their community engagement activities, with the similar result that the visits were simply 'one-off' activities.

I know the schools get really frustrated because the SES turns up one week and the CFA turns up the next and the coastguard with turn up the next. Why can't you emergency people get it together and provide us with one package?

For some interviewees, this type of practice was a wasted opportunity. Few links are drawn between these visits and potential opportunities for volunteering or employment.

We go to the fire station (refugees learning English), but I've never actually had anyone say 'How do I get to be a fireman?' We need to make these links.

The lack of clarity about employment opportunities in EMS was a common theme. For one community service provider, the perception was that there were few employment pathways, particularly for people with disabilities.

...to be honest, we don't see a lot of opportunities...those who are paid are pretty stable in their jobs...so I can't imagine that there's much a turnover.

While the comments above refer to barriers to engagement, multiple examples of community engagement practice were provided, as well as opportunities for stronger community engagement and inclusion.

2.6 OPPORTUNITIES AND EXAMPLES OF EMS ENGAGEMENT

Across the interviews, examples, suggestions and ideas were put as to how the general and specific communities might be better involved.

Young people: examples were given in relation to how to improve young people's knowledge and experience of industry and potential employment pathways. For example, industry associations, TAFE and secondary colleges collaborate on a 'Passion and pathways' program that engages students in industry-based projects with support from employers. It was suggested that engagements with schools might similarly include EMS organisations as a means to enhance awareness of young people – particularly those from disadvantaged backgrounds – of the potential employment pathways.



Diversity planning: One of the suggestions included the need for a greater appreciation of diversity in the community that was not simply about specific categories of people, but a cross-section of people who might experience vulnerabilities that are not normally appreciated. For example, in rural and regional areas, one-car families might be particularly vulnerable if the car is not available to a parent caring for children at home. The suggestion was that there is a need for broader diversity considerations in community emergency planning.

So we're talking about people who may be more vulnerable than others. It might be disability, it might be age but it could be a one-car family or a sole parent family, and the kids are on their own, and it's a code red day and there might be a fire coming. What do you do? So vulnerability can be multi-faceted.

ATSI: An important priority of Aboriginal services has been to develop services that are culturally safe and focused on relationship building with the wider community. The police have been particularly responsive in building authentic relationships and knowledge with the ATSI community. For example,

The police are fantastic. We invite the police to a lot of the events and things that we have so that they (the Aboriginal community) get exposure to them. Last Christmas, we have a local Christmas party down at the park and this year, Santa arrived in a police car. We are just trying to break down that fear of the police. It's been really good for the adults to see that we have a relationship with the police. We don't have enough with fire services.

This engagement extended beyond events to a shift in service delivery. For example, the Sherriff has a regular day at an Aboriginal community centre to encourage communication, reduce trauma and sustain relationships. The Sherriff comes here to see them, so it's culturally appropriate.

One of the suggestions made to improve links with fire and other EMS was to link with and participate in existing programs. For example,

We've just had our opening of our Men's Shed. So, there might be an opportunity there, or even with the women, to have them come in and just run information sessions or – say for instance, in Bendigo – here's a big bushfire risk. There might be the opportunity for CFA to come in and just run a little information session workshop. And yeah, I think education – especially getting the Emergency Services involved will be a great opportunity. So, you might get the Police in too – you might have some that are good with hands-on – you might be able to have a workshop or wood-making or something like that.

The over-riding point was that while there are opportunities for engagement, these needed to be generated in partnership with the community, and made relevant to communities' priorities and practices. Given ATSI's history of exclusion through colonisation and current priorities to improve community wellbeing, the community is extremely sensitive that they not be imposed on or told what to do. In particular, engagement and links need to be culturally safe, and undertaken from a perspective of mutual respect, cultural understanding, and based on long-term relationship building.



People with disabilities: Disability service providers expressed that there were many people with disabilities already engaged as volunteers with EMS. Depending on the nature of the volunteer role, and the nature of the disability, there are many mutual benefits in reaching out widely to people with disabilities. 'One of the kids I'm thinking of is one of his conditions is ADHD I think, so he's enthusiastic. He's got great stamina and energy'. So to an extent, volunteering is occurring already, although with potential for greater communication about potential career pathways. Such comments suggest the opportunity for greater agency outreach. In this particular case, the links were being drawn as a matter of course. Greater communication with disability agencies is likely to yield greater participation.

Women: As discussed above, one of the issues identified was the intimidating and male dominated culture of emergency services that was seen to be discouraging of women's engagement and participation. At the same time, examples of programs and projects were identified that suggested some genuine and successful efforts towards the inclusion of women. This comment was made in the context that the extent to which EMS practice is inclusion is patchy, and that while there were some sections of EMS that are not very inclusive, others were providing a vehicle to implement gender inclusion strategies. For example,

...you have got brigades...where there's been predominantly younger people, who kind of get it and are really committed to making their brigades more – they often use the word family friendly. They don't usually talk about gender equity as such, but by family friendly they mean mutual respect. And everything from looking at lighting in the carpark through to what's the latest with toilets. So, it gets pretty practical. If they're saying they want to be inclusive but they still don't have toilets that women can use, which is the case in a number of rural brigades, that needs to be sorted. So, that's just one example of a local project.

Refugees and new arrivals: There is strong support in Bendigo generally for the settlement of refugees in the area on economic and humanitarian grounds, and consequently, the inclusion of refugees and new arrivals was identified as a high priority. As discussed, refugees have particular vulnerabilities to risk as well as resilience characteristics. Within the Karen community in Bendigo, these resilience factors are evident due the fact that they have actually survived the refugee experience, are successfully settling within Bendigo, have strong community networks, and are making rapid progress in terms of building financial, social and human capital. In order to be genuinely inclusive, a number of suggestions were made:

- The first priority for EMS and services more widely, is to develop an appreciation of the lived experience of refugees, and to understand the faith and culture of those who are settling within the community. The purpose of this is to change the culture within EMS as a necessary prerequisite to being inclusive, as well as to genuinely understand refugee understanding and vulnerability to risk.

We need to change the culture within set agencies so that they're more open. Because you're never going to get employment...or



understand the level of knowledge of community about heat health, fire and flood. We need to build the culture, we already know the culture (of EMS) is not great, we need to build the intelligence and the knowledge of the sector in culture, faith and experience of refugees.

- The second and related priority expressed was the need to build bridges between EMS and refugee communities through the employment of a bilingual worker based in a community development setting such as a settlement service agency. This suggestion was based on a pre-existing model that is in place with workers liaising with communities in relation to other community health and wellbeing priorities. The possibility exists to expand the role of bilingual workers to be inclusive of EMS priorities and act as a liaison between EMS and refugee communities.
- On the basis of a clear understanding of the refugee's culture and lived experience, devise strategies to support volunteering and employment pathways for the mutual benefit of refugees and EMS capability. The employment of refugee members in EMS would ultimately provide the most effective vehicle for communication within communities on emergency planning, response and recovery.

Then we need to look at how we expose our refugee folk to the possibilities of working in these areas and what would be the barriers. There is interest...they'd love it. Look they're used to drama, they've had drama all their life so saving people, this would be amazing. That employment will create in itself a broadening awareness. If my Karen friend is the captain going out on that red truck, he'll tell all his cousins about it...decreasing the risks will naturally occur. That's what I think.

- It was further suggested that there needed to be a requirement that all EMS in the area including the police, ambulance, fire services and the SES include at least a proportion of members from emerging communities. This was suggested with the caveat that employment was not an immediate option post-arrival, and that refugees need to reach a stage of settlement and English fluency before this was a reasonable proposition. Second, plans for employment need to be based on a thorough understanding of the community, their culture and circumstances. Employment of diverse community members, however, was seen to be a high priority.

We need to have a commitment to engaging people of refugee background, the ethnic group that reflects the community and so here it would be Afghani and Sudanese and Karen. If we could say okay fires, one percent of your population has to be of a diverse background, well yeah great. Including emergency, ambulance, police, fire yeah I think that's absolutely the workforce.

Some of this work has already been initiated by the police in Bendigo, and the police were again held up as being proactively involved in the inclusion of diverse communities.



The police were really actively involved with. We've had information nights for our refugee folk with police looking at careers, etc. ...the police are fantastic. We invite the police to a lot of the events and things that we have so that they get exposure to them.

2.7 CONCLUSION

The purpose of this case study is to provide an illustration of some of the dynamics impacting on community inclusion in relation to EMS community engagement in one regional Australian centre. As noted in the background of this report, Bendigo is unique in many respects yet, at the same time, is experiencing and managing social, economic and environmental changes that are impacting regions across Australia. Economic restructuring and growth, population growth and increasing diversity, housing pressures, widening social inequalities, and ongoing social change generated through campaigns for recognition by diverse groups all have implications for social inclusion that are being responded to in various ways across the municipality.

The case study explores community perceptions of EMS, barriers to engagement and opportunities to enhance the extent to which greater community inclusion can occur. Perceptions of EMS are mixed. On the one hand, EMS are almost a 'taken for granted' part of the community that engage a wide range of community members in volunteering and fund raising activities. In Bendigo, the police are particularly praised for proactive and genuine community engagement activities. At the same time, parts of the EMS are considered to be opaque with a culture that is hostile to the inclusion of women and other diverse community groups. Numerous opportunities for greater inclusion within EMS have been identified. As a first step, it has been highlighted that there is a need for EMS to build awareness about how they communicate with, and present to, the community. There is also a need for EMS to develop an in-depth understanding of the lived experience of community members in order to appreciate community perceptions of risk and resilience, and to build community relationships based on mutual understanding.

A range of practical measures was also suggested. Strategies such as better coordination between EMS in community engagement, the promotion of employment pathways to diverse community members, the need to harness and engage the skills and talent of people with disabilities, amongst others, have been suggested. Overall, the case study does not claim to be exhaustive in identifying all of the Bendigo community. Rather, the aim is to identify priorities and considerations if EMS is to better reflect, respond and harness the capacities of a diverse community.



ATTACHMENT 3: PARRAMATTA CASE STUDY

3.1 INTRODUCTION

The third case study was Greater Western Sydney (GWS) – an illustration of a metropolitan context and the challenges and opportunities for community/EMS engagement. Western Sydney, however, is extremely large in scale and dynamic in relation to social, economic and environmental change and diversity. Given time and resource constraints, the focus of the case study has shifted to the City of Parramatta as one of thirteen municipalities within Greater Western Sydney.

The purpose of this case study was to canvass the key characteristics of the municipality to identify:

- Key drivers of change;
- Some of the implications of these changes in relation to social inclusion; and
- Barriers and opportunities for more effective EMS/community engagement.

3.2 CITY OF PARRAMATTA

The City of Parramatta is considered within the wider Greater Western Sydney (GWS) region. The GWS region is located in the western part of the Sydney metropolitan area, and has a rapidly growing population and economy. As flagged, the City of Parramatta is one of thirteen councils within GWS, and is in the sub-region of West Central. The region is characterised by diversity – environmentally, culturally and economically. Some key facts about the region include that it is:

- Home to roughly 1 in every 11 Australians;
- Has the third largest economy in Australia following Sydney and Melbourne CBDs;
- Has more than 240,000 local businesses; and
- Inclusive of significant areas of national parks, waterways and parklands.

The population in GWS includes more than 1.9 million people, with 37.7% born overseas, with 33% of overseas-born from non-English speaking backgrounds (.idcommunity, 2017). The largest groups of overseas-born people are from India, China and Vietnam. Between 2001 and 2016, the largest changes in birthplace countries of the population were from those born in India, China, Iraq and Pakistan. Overall, residents come from more than 170 countries, and speak over 100 different languages.

GWS has a rapidly growing population, and it is forecast that the population will reach 3 million by 2036 and will absorb two thirds of population growth in the Sydney region. GWS also has enormous diversity in terms of levels of social advantage and has a high proportion of low-income families. According to SEIFA



rankings, four out of five of the most socioeconomically disadvantaged local government areas are in GWS.

Housing is a major issue in GWS, and across Sydney there is an estimated shortage of 45,000 homes. The housing shortage impacts most heavily on disadvantaged communities in GWS, and a major priority is to house more than one million additional people by 2031 (WSROC, 2017).

The economy is large and growing. A major issue for GWS is that the economy is heavily reliant on the declining manufacturing industry, which is causing unemployment issues in many parts of the region. At the same time, other sectors, such as building and construction are booming and experiencing labour shortages. Labour shortages and unemployment co-exist across the region, with unemployment a particular issue for some parts of the community including ATSI, people from CALD backgrounds, and a growing number of disengaged young people.

The combined impact of population and economic growth also raises major planning and environmental challenges. The disposal of waste, threats to biodiversity, declining air quality, and a greater carbon footprint are all identified as major challenges for the foreseeable future.

The City of Parramatta is about 24 kilometres from the Sydney CBD. The City is bounded by The Hills Shire and Hornsby Shire in the north, the City of Ryde and the City of Canada Bay in the east, the Strathfield Council area and the Cumberland Council area in the south, and Blacktown City in the west. It covers an area of 84 square kilometres and has a population of 243,464 people. The original inhabitants of the Parramatta area were the Darug Aboriginal people.

Parramatta holds particular significance for ATSI people. There has been Aboriginal settlement for over 60,000 years, and Parramatta was an important meeting place for the Darug people. It was also the first site of Aboriginal displacement by European settlers after 1788, as well as the site of colonial institutions that symbolise Aboriginal incarceration and subjugation, including the Native Institution and the Parramatta Gaol. While the population of ATSI people in Parramatta is estimated at 1,695, Parramatta remains of significance to the 40,782 ATSI people living in GWS, which has more Indigenous residents than either South Australia or Victoria, and is the largest single Indigenous community in Australia.

European settlement of the area dates from 1788, and the population has grown gradually until the 1970s, with population growth accelerating from the 1990s rising from about 152,000 in 1991 to about 195,000 in 2011. Recent growth was due mainly to urban consolidation (medium and high-density housing) in existing residential areas, and the redevelopment of former industrial areas in the south-eastern suburbs.

Almost half (49.5%) of the population is born overseas, and 45% are from a non-English speaking background, compared with 36.7% for Greater Sydney. The largest non-English speaking country of birth is India, where 10.6% of the population, or 24,037 people, were born. This is followed by China (10%), South Korea (4%), Hong Kong (2.2%), and the UK (1.9%). Between the 2011 and 2016 Census, the number of people born overseas increased dramatically by 29.7%.



The City has a relatively young population, with a higher proportion of people in the 25–49 year age group than Greater Sydney (42% compared to 37%), and the population has a relatively high level of education, with 40.2% of the population having a Bachelor or Higher degree compared to NSW (32.6%). There is a relatively low unemployment rate of 3.3% compared to the Australian rate of 5.5%, however the City has the highest rate of youth unemployment in NSW (Brotherhood of St Laurence, 2014). Household incomes are also relatively high, however 15% of people come from a low-income household (City of Parramatta, 2017b).

Parramatta has experienced economic growth rates of 1.4% in recent years – rates slightly higher than Australian average growth trends. The major economic trends in Parramatta include population growth, the growth in housing development as well as prices, and a decline in the manufacturing industry and retail sectors. At the same time, there has been significant jobs growth in many industries including health care, public administration, finance and insurance, construction and professional, scientific and technical services. Parramatta is an important centre for education institutions and is the base for 13 major university campuses and research institutes. Key economic development priorities for the area are to continue to generate jobs to match the growing population, and addressing housing affordability problems. An ambitious target of generating 20,000 new jobs has been set for achievement in 2021. This exceeds targets in Sydney CBD, with the rationale that Parramatta needs to provide employment for the GWS region where even greater rates of population growth are forecast. This target will be reliant on 16 major infrastructure and development projects planned for implementation in the near future, such as a new campus of Western Sydney University and the upgrade of the Westmead Hospital (City of Parramatta, 2017a).

The key issues for Parramatta in terms of social inclusion relate to economic and population growth. Social inclusion plans identify key challenges for the City as including population growth putting pressure on resources, lack of social infrastructure, high density development and diminished social cohesion, unemployment and transport access to jobs, unaffordable housing and homelessness, health inequity, lack of accessibility and inclusivity, and safety issues (City of Parramatta, 2017b).

In summary, Parramatta is a migration hub, a CBD, and a focus for employment for GWS. It has a high representation of young people and its residents are highly qualified compared to Greater Sydney. At the same time, inequality is a major issue, exacerbated by a shortage of affordable housing and economic restructuring. The city is challenged by population growth, rapid housing development and strains on social, economic and environmental infrastructure. While the City has many strengths and opportunities arising from growth, the social and economic challenges are also of a magnitude that are comparable only perhaps with Melbourne.

3.3 RISKS AND VULNERABILITY

As discussed, in the context of Parramatta specifically, and GWS more broadly, there are multiple emergency risks, and different sections of the community are



more vulnerable than others. Primary risks include heat, flood, fire and domestic violence. Given the scale of immigration to Parramatta, the many layers and types of culturally diverse communities require major consideration in terms of risk and vulnerability. The cross-cutting categories of gender, physical ability, indigeneity and age are also central considerations. The following discussion highlights the key themes emerging from the community interviews, however, these themes need to be seen in the context of the kind of 'super-diversity' (Vertovec, 2007) that now characterises GWS generally, and Parramatta particularly. The trend is unprecedented population growth from a greater number of countries, under different and changing settlement circumstances, and from a wider range of language groups. Risk is also exacerbated by increased housing density, shortages and patchy quality, as well as congestion. Groups and individuals are vulnerable and resilient to risk in different ways. Given this extreme diversity and the sheer complexity of community dynamics in the region, the following discussion makes no claims to be exhaustive. Rather, it highlights themes that emerged from interviews undertaken as indications of the type of risk that GWS residents face.

Heat: Heat is a big problem in the region, but particularly for those with compromised health and mobility such as older people and particular groups within the Council. For example, refugees are less likely to respond to the heat.

If we're talking about recently arrived people who have arrived in Australia because of trauma that they've gone through, then there is an assumption that then here they need to push themselves to the point of illness before seeking help. They think, surely I should wait till my – even with their own children – if their child is having a fit, before I take them to emergency.

Heat risk is also a factor in relation to the high proportion of high-rise buildings. There's a lot of high rises that are older that don't have air conditioning.

House fires: A major risk in Western Sydney is fires that are started in kitchens or within households – a particular threat as housing density increases. These occur for multiple reasons, such as the use of hot oils for cooking or the use of hazardous fuels. These risks vary across cultural groups and types of communities. For example,

It's worse in winter but I will give you an example – in winter when asylum seekers arrive, which was around 2013, 2014, we had a few incidences of fire because they didn't really have enough money to keep warm – they didn't have heaters. Instead, they would have coal, they'd burn coal and that will catch fire.

And also the cooking styles. I will give an example. And because of our cooking style, the alarm will always go off. Our (Kenyan) cultural cooking, we have a lot of frying, and the alarm will always go off.

These risks can be compounded by multicultural micro-contexts where there might be different risks arising within the one context due to diversity in age, language, culture and settlement stage. A very clear personal example of the risks was provided by an interviewee from a Kenyan background who lived in a high rise apartment block tenanted by a multicultural population.



I have a three year old – by then she was two and a half – and I was frying fish and the smoke alarm is very sensitive, so we are only two of us – I'm a single mother – I said okay, let me open the door to get this, to stop the alarm. And I stop the alarm but the other alarm in the corridor went off. We're going to wake the neighbours. So I went outside thinking 'let me see how I can do that', and I locked the door with my child inside and the stove and the fire alarm is going crazy. But my next door neighbour is a Chinese lady, she's a Chinese grandmother and she was taking care of her two grandchildren. So, I kept on knocking telling her I'm locked out, can you please call triple zero, to call triple zero, and she couldn't understand a word of English. And I was going zero, zero, zero, and she didn't understand what it meant, you know? Instead, she just brought me a stool, which we had to break my window for me to go in because I didn't have a phone or anything. My experience that day really made me realise that we really need to engage CALD workers, CALD communities, migrant communities.

The danger of this type of risk was reiterated across interviewees who identified similar dangers for varied cultural groups as a result of varied conditions such as cultural practices, low income, low awareness of safety regulations and climate conditions, language barriers and isolation.

Floods: While flooding impacts parts of GWS differently, they are nonetheless a safety risk when major flood events occur.

When we had in Sydney the floods, I think it was last year there were big floods here, or the year before; and they actually came around the Canterbury Bankstown area as well. We (migrant service) realised we really needed to raise awareness about flood driving into the areas.

Isolation: Social isolation is a risk factor for many sections of the community, including older people, people with disabilities, newly arrived and/or marginalised communities. One of the issues raised was the isolation suffered by some Muslim women – particularly older Muslim women who may have arrived several decades ago. Many Muslim women are fearful of going out due to the threat of abuse due to wearing head-scarves or hijabs. Older Muslim women are a particular focus at the moment. These are women who've raised their families in Australia, and are possibly now responsible for the care of grandchildren.

So women who have contributed significantly to building the country through their children and themselves, who are just literally sticking inside their homes and not going outside; not catching public transport; not going outside of their local areas; not visiting outside family, or cancel specialist appointments because they have to go further out. So that is one of the most vulnerable parts, for our community.

A related cause of isolation arises due to the fear of abuse and discrimination. Muslim women are particularly vulnerable to this. It happens, physical as well. So it's verbal and physical (abuse). There are women who have had their scarves pulled off, pushed, shoved, trolleys rammed into them, just a whole range of things like that.



Temporary migrants and new arrivals: As discussed, a large and growing proportion of the population of GWS is comprised of temporary and new migrants. This category includes a wide range of people including international students, skilled migrants, partners and so forth. There are also new visa categories being implemented. For example, there is a current government emphasis on a new visa category, 202. This visa allows a member of a community or family in Australia to propose a refugee to come to Australia on the condition that they are financially supported. The sponsored refugee, however, is not entitled to a range of welfare and settlement services, which are regarded as the responsibility of the family or community concerned. While the visa category supports family reunion, it also places families under financial stress and introduces a new layer of vulnerability within communities.

In a related theme, there are also risks for all new migrants, such as international students and skilled migrants, who may be financially self-sufficient, yet are unaware of, and/or excluded from, access to mainstream services.

We have such an influx of high level skilled migrants who don't identify as disadvantaged because they have good incomes and English, which is our two basic criteria if you're disadvantaged – you can't speak English and you're poor – but if you can, you still have all the other issues of settlement, like loneliness, depression, sense of disconnect from your community, not acculturation, you know, that whole sense of not understanding what culture you're in. You might layer domestic violence in there, just for good measure; it's everywhere. You're completely blocked out at community services now because you don't meet their two criteria of no English and poverty.

I would say international students are a big risk, and then people who are on waiting lists for social housing and aren't able to get in, people with mental health issues. Newer migrants, people who are waiting for visas, so asylum seekers living in the community.

Domestic violence: Addressing domestic violence is a high priority for the region and all interviewees discussed the risks that are faced, primarily by women, across all communities.

I don't think we're the worst in terms of incidents of domestic violence, but it's still definitely a noticeable problem, and like everywhere, it has relationships to things like gambling, and football teams winning or losing, or, you know. So there's many touch points that are present here, but domestic violence doesn't reflect socioeconomic factors that might just exacerbate sometimes the drivers, but the drivers are predominantly gendered drivers, so we're trying to address the gendered nature of violence.

People with disabilities: People with disabilities are well recognised as being particularly vulnerable to risk and emergencies. People with intellectual disabilities are at a different type of risk – due to limitations on communications. An identified issue within disability advocacy networks is the vulnerability of people with an intellectual or cognitive disability who are commonly misunderstood, misdiagnosed or ignored due to the perception that their behaviour, or calls for help, are due to the disability rather than a real founded



illness, danger or threat. One of the interviewees quoted the statistic that 38% of people with disabilities were preventable. This was partly due to carers and service provider believing that the person involved was 'acting up' rather than having a genuine problem to be addressed. While this vulnerability may be inherent, at the time of data gathering there is a danger of gaps in service provision and advocacy emerging. In the NSW context, this was due to a shift in disability service funding from providing specialised services to 'mainstreaming' the responsibility across government departments. This process was currently underway, and while 'mainstreaming' may offer an effective model, the reality is that disability services are currently in a state of flux – a problem compounded by the early stages of the implementation of NDIS.

Risk and vulnerability overall: The discussion above highlights some of the key risks and vulnerabilities faced by changing communities in GWS. These risks arise in the context of rapidly changing living conditions, and social and economic pressures. There are many vulnerable groups who are not mentioned here, but the intention is to highlight that the rapidly changing community mean that there are new and emerging vulnerabilities relevant to community engagement efforts of EMS.

3.4 COMMUNITY PERCEPTIONS OF EMS

The following section discusses responses by interviewees in relation to their perceptions of EMS in relation to their agency and communities. The responses fell into five main intersecting themes.

High regard and strong engagement: There were many instances where the agencies and communities represented by interviewees were working with various sectors of EMS towards common objectives. Refugee settlement services, for example, rely on EMS to be part of a settlement program and take part in education and support programs for newly arrived refugees. Local government officers work with EMS in the staging of community events, and liaison with between specific communities via community liaison officers. Disability advocates were engaged with EMS in the development of specific resources and services aimed at reducing the vulnerability of people with disabilities. This engagement was generally seen as positive and necessary.

Our community events area mostly have contact with fire and ambulance and sometimes you might even get a fire engine to rock up. My greatest exposure is to crime prevention strategies in emergency services, which I'm a big fan of, and I think it's very important work that police do in trying to not always be reactive, and trying to be proactive in their relationships, connections that they have out into the community.

Ambivalence and lack of awareness: Another theme was that some interviewees had difficulty in identifying the connections between EMS and their particular community, with the exception of one-off projects or situations.

I'm not sure if everyone in the community is aware of EMS. There is one day a year where they have an open day, but I'm not sure who goes to that or why they would go.



Several interviewees struggled to identify a relevant connection, although with prompting, made suggestions for potential strategies for engagement that are discussed in the following section.

Unwelcoming for women and diverse communities: A clear theme to emerge was the perception that fire services, in particular, project a very masculine image that sends the message to women that the services is 'closed' and resistant to women's participation.

And that's what I think of when I think of emergency services, it's all male. There is an identity issue there. They feel that they're heroes. I would like to imagine how many men in the emergency department, if they have any mental health issues. I think there is a bonding there. It's sort of like a men's shed. They try to protect it...they don't like anyone to come in.

Another interviewee who collaborates closely with EMS believed that, at some levels, there was an attempt to bring women in to the organisations – an initiative that she believed to be important. At the same time, her experience of these efforts was that while the invitation to participate was made, there was a failure to recognise the barriers for women within current work and organisation arrangements. For example, the work requirement in fire services is to work 24-hour shifts. For single mothers, or women generally, 24-hour shifts are generally unworkable due to care responsibilities.

I mean, if you are to work 24 hours – I mean, they sleep there – there needs to be a way that women can work and go back home to their children. They need to have 24-hour childcare if women are going to be able to do that.

Another example was that there was a failure to also consider each woman within her own capabilities and experience. I remember, that they tried to recruit her and were telling her that she could make it, but she was only about 50 kilos. She couldn't carry a 20-kilogram hose!

The conclusion was that participation by women required more an invitation. It required consideration of the diversity of women and their aspirations and capabilities, as well as addressing barriers to participation. It's not just about inviting you in ... they need to open up.

Distinctions were drawn across types of EMS. Several comments were made in relation to police practices that were effective in community engagement, including the engagement of community liaison officers and work in crime prevention. Other services were perceived to have different barriers and cultures.

From the outside, you know how you can 'smell' an organisation? For me as an outsider, it's closed. When I look at fire services, especially emergency, I think men – tall men. When I look at the ambulance, I think, maybe I need to study more, maybe I need to be in health to be involved in this. But with fire, you just smell men.

An additional point raised was that fire services were not only exclusive of women, and particular types of women, but that men of colour were unlikely to



be involved. For example, 'I haven't seen a black fire-fighter. Maybe they need to get some like in a Black Panther movie'.

Insensitivity: A related point was that EMS, while usually well intentioned, failed often to communicate respectfully or with knowledge of the community that they were speaking to. An interviewee gave an example,

I was at a conference and there was a man speaking from the fire service and he got up and was saying some really good things but then he said, 'You migrants need to change your smoke detectors'. It was just a really 'ocker' kind of statement, and it was very well meaning, but it was patronising. He just alienated everyone in the room.

A further example was given in relation to EMS engagement with Muslim women, and that assumptions were commonly made that have little basis in what the real circumstances and beliefs are for many women. For example, there is a perception from outside the Muslim community that men, such as EMS officers, should be wary of knocking on the door of a Muslim household.

...a Muslim woman who wears a hijab doesn't wear it in her home. But if there are men knocking on her door, she needs just a couple of minutes to just go put on a headscarf. That's all. Not even a couple of minutes, she needs about ten seconds just on her way to do that.

The point being made was that stereotypical beliefs misrepresent most communities. Approaches to communities need to be based on knowledge and familiarity, rather than uninformed and preconceived assumptions.

Resistance to change: On a similar theme, comments were made in relation to the perception that, while EMS might be proactively engaged in community engagement strategies, the approach did not necessarily entail any institutional or organisational change as part of the engagement process. This comment was made in relation to community liaison positions employed by EMS agencies or based in community agencies. One of the unintended effects of the liaison officer roles was that while they may be effective in acting as a 'bridge' between EMS and communities, they inadvertently prevent wider organisational change and capacity building within the organisations.

But you know, with our Aboriginal workers and so on – you can't just have the roles that are engaging with diversity, without thinking about how the rest of the organisation needs to change. So that's the bigger challenge, otherwise all Aboriginal issues are always just going to become that person's, or for gay and lesbian liaison officers. It's good that you have an individual who is well trained to respond well, but then equally, every police officer, for example, also has a responsibility to respond as well to same sex attracted people. So yeah – community-facing roles are really important, but how are they supported to change the organisation so that happens?

I think cultures of any institution are slower to respond to change in communities, so the question is "How willing are institutions to at least think about what they don't know? And what avenues do they have to find out?" So our ethnic community liaison officers look very different to the police, but I don't know internally how they're embraced.



Fear of authority: A theme that new arrivals are potentially fearful of authority and uniforms was one that was repeated through the interviews. This applied to refugees who are likely to have suffered trauma throughout the asylum seeking process by police or by the military, and temporary migrants who are fearful of breaching visa conditions. International students, for example, have restrictions on working hours. As such, some students may be reticent to report an emergency in a workplace for example.

(Refugees) have fears of people in authority, people in uniform, people working for governments. I mean, in countries where they come from, anyone in authority is not someone you just approach any time.

Overall, there were wide and varied perceptions of EMS expressed. Themes included positive regard, ambivalence, unwelcoming to women, insensitive to diversity, resistant to change, and the object of fear. However, while the themes have been drawn out as separate beliefs and comments, they were made as considered observations in relation to their community's experiences.

3.5 BARRIERS TO ENGAGEMENT

Much of what has been discussed above also relates to barriers to EMS/community engagement. These are briefly reiterated within a wider discussion relating to barriers to engagement.

Gendered culture, assumptions and stereotypes: Following from the discussion above, a barrier identified in relation to community engagement is the strongly masculine and 'heroic' image of EMS. The organisational culture is perceived by some as unwelcoming, and efforts to recruit women are not accompanied by organisational change strategies that might make participation feasible or appealing. While such invitations might be successful in attracting some women, or women who are full citizens from English-speaking backgrounds, with no care responsibilities, there is little consideration of the different circumstances, perceptions and cultures of women from across diverse backgrounds. For example, an interviewee commented that Western/Christian cultures were focused narrowly on employment as the basis for inclusion, which is out of step with those from more collective cultures or those that make strong distinctions between male and female roles.

...women from a cultural background, pretty much recently arrived, vulnerable women, young women, their expectations are to have children and get married – which were our expectations back in the 70s, so it's not like anything new here – and so we've set up our service systems to be about employment. We help young people and young adults with employment. You're a young woman and employment is not a social expectation of you, you drop out of that service system, you drop out of that point of contact.

The gendered dynamics across all communities is also highly complex. For example, while the above might be true for some communities, other young women might aspire to careers or volunteering in EMS, yet they face pressures from within their own community to not challenge gender roles. For example, Muslim young women might aspire to a role in EMS, but they may bear the brunt



of, '... challenges from the Muslim community themselves like, "What are you doing? That's not what a Muslim woman does." Well says who? So there are these cultural biases from the Muslim community as well as from mainstream Australia'.

Communication barriers: Communications within a community with such a high proportion of people from non-English speaking backgrounds is an ongoing barrier to engagement. The diversity of languages alongside communities that come from backgrounds with oral rather than written language traditions, means that communications with communities is highly problematic. This is further complicated by the large numbers new arrivals who are on temporary visas and unidentified as voters or citizens. Written or online information in community languages are also no guarantee that messages will be received, understood or responded to. A useful example follows from the story about the kitchen fire discussed above, where a Chinese non-English speaking grandmother was asked to call triple 0 about her next door neighbour's kitchen fire but didn't. 'I mean even if she was given information about fire and how to contact emergency services in her language, who knows whether she would have done it? I don't know whether she just panicked or what her thinking was'.

A further complex barrier to communications occurs with new arrivals who don't have literacy in their first languages. 'You are talking about women who never went to school, so you don't have literacy in your home language so you can't have literacy in a second language. It's really hard'.

Another example was given about older established ethnic communities, such as the Lebanese who arrived in the 1980s, as being increasingly difficult to communicate with. This is due to their response to rapid community change and a heightened fear of Islamophobia. Women are commonly now responsible for care of grandchildren and they are isolated. They also may not have a strong command of English or access mainstream communication channels. As explained,

So there are people who, and this is why I say mostly with the older generation, who will say, "We wish we never came here. We wish we just stayed there." Because yeah, it was good for a time but now, well we finished everything, we've given our kids everything here and they're giving everything to this country, and now we don't feel safe being outside. And that's why there's that isolation and vulnerability.

Different cultural expectations of services: This point is discussed above, but there are wide differences in relation to perceptions of risk, particularly by refugee communities. Many communities have unclear expectations of EMS based on their non-Australian experiences of what constitutes an emergency or when it is appropriate to access EMS.

But I know if my parents' understanding of emergency services was like 'there's no fire, why would we call them?' Someone got stuck up a tree, let's just get a ladder and get them out; why would you call the fire department? It's very much like you only need them for this little thing.



Cultural complexity and mobility: One of the clear barriers is the sheer size and diversity of the municipality and across the region. This was identified as a major barrier for effective community engagement.

I think because they're so regional, and localities are so ... like you go an hour from here to the Blue Mountains and your community will completely change, and it's only a half an hour drive, and I think that's a struggle for an organisation that's so big.

Coupled with this complexity is the very high levels of mobility of people within the region. As discussed, making multiple changes in residence following initial migration is a common trajectory for migrants, as circumstances change with education, family stage, income and employment across the settlement period. Other community groups are also highly mobile as housing becomes increasingly unaffordable and with shifts in employment opportunities. This mobility causes a 'disconnect' between service provision and the communities that the services are intended for.

We have a bit of a disconnect, because services are all place-based. We service this area, we service the people in this area. The people in that area that might need that service may no longer be there, or they might change, and then so how to you change the machinations of funding models with that responsibility?

Diminishing resources for advocacy: A future barrier for EMS engagement with people with disabilities was highlighted in the context of declining resources for disability advocacy services. Such services are seen as essential in being able to advise, collaborate and work with EMS to address individual and systemic barriers to participation by people with disabilities.

One big gap is access to independent advocacy and information services. In NSW, the government funds these services at the moment – at the moment there is a danger of these services disappearing. That will be a huge gap, and all people with disabilities need advocacy and information services. Both individually and systemically.

Overall, there are multiple barriers for EMS/community engagement. A major barrier lies in the sheer pace of change in relation to population diversity, mobility and growth. The complexity of the population generates a major challenge for opening up communications and collaboration. Other barriers lie with the challenges faced within communities themselves, such as English language acquisition, gendered inequalities, Islamophobia, and the outcomes of trauma. Other barriers emanate from the practices and culture of EMS themselves being perceived as lacking a nuanced understanding of diverse migrant communities, being seen as unwelcoming to women and other minorities, and for being reluctant to change institutional practices. At the same time, numerous ideas, suggestions and examples were provided to improve EMS.

3.6 OPPORTUNITIES AND EXAMPLES

Community education: The need for community education about the nature of risk, the role of EMS and opportunities for volunteering and employment were stressed across the interviews.



One important strategy was the inclusion of EMS in settlement support services education for refugees. This relationship was strong and considered a very important opportunity for the delivery of safety messages and also for sustaining communication and relationships between newly arrived communities and EMS.

The engagement that we've had with them is on safety. We wanted newly arrived refugees, especially within their first weeks, to understand emergency systems. So, ours is more information awareness. So, on arrival when a refugee comes to Sydney, we give them information on how to dial triple zero in their language, and we also give visual aids.

The need for education was stressed as needing to be disseminated as widely and as repeatedly as possible.

Sometimes I think we do need to teach people how to suck eggs, and sometimes if they tell us 'we already knew that, you don't need to worry about that', you go 'Oh good, alright, we've covered our bases: sorry, we'll go and do what we need to do'. Like that basic kind of 'this is what you can call a fireman for, don't be worried, call him for questions' and then flick it out to everybody and then you're going to get the migrant, you're going to get the diverse community, because everyone else has gotten it.

As a measure to maximise reach across diverse and mobile communities, it was suggested that school, religious communities and diaspora networks act as a focus for delivery.

That's why people move – they move for schools and they move to connect with their diaspora.

Community liaison: despite the limitations discussed above, bilingual community-based liaison officers were identified as an effective and essential measure to implement community engagement activities, and facilitate understanding by EMS of the needs and circumstances of diverse communities. This example was particularly cited in relation to police services who engage Aboriginal, ethnic communities, and LGBTQI liaison officers.

Community-facing roles are really important...

These roles are particularly important in communities where communication modes and practices were primarily verbal and transmitted through community networks. For example, a Sudanese interviewee said,

Talk to the women, don't talk to the men. And keep talking. You do it through food and dancing. Communication must be word of mouth. That's how our community works.

Attendance and visibility at community events and celebrations were also identified as an important activity to engage in.

Attending things like mosques or temples, particularly when they have their open days. Those communities find that really special, they will think that a wonderful thing has happened to them, because a person in uniform has turned up.



Communications: While the difficulties in communication with diverse communities present as barriers, a number of suggestions and examples of good practice were identified. Use of community radio is an important vehicle, particularly for established ethnic community groups.

They're not going to listen to ABC Radio National for the latest updates, but there are alternative community media that they access. SBS has programs that the older generation will access. But multicultural radio reaches across groups. Even the Greek communities presenting on the radio for example, the Arab community would still be interested in that because it's another cultured community.

The same interviewee illustrated the importance of community media by its use by politicians.

The politicians are really good at accessing community media, so whenever there are elections, so there are two main radio stations, one is called the Voice of Islam and there's another one. There are also a few different community language newspapers that our (Muslim) community accesses. The main national Muslim newspaper is the Australian Muslim Times...they cover all of Australia...it's all in English and a lot of communities access that as well.

A further challenge was raised in relation to the mobility of all communities, but in particular, those that were relatively new arrivals. As discussed above, it is common for communities to relocate numerous times over the course of the settlement process, and place-based approaches don't necessarily reach the people that the messages are intended to reach. One suggestion was the need to communicate via schools or places of worship, as these are the focal points for diaspora and religious networks.

Schools are a good way to reach networks of people because the school diaspora is not necessarily the community that the school is based in. But it depends on the system that you are from – the public system, the Catholic or the Muslim schools but that's why people move.

The broader point was that the mobility of communities is complex and varies by religion, financial resources, culture and other characteristics. Communications strategies need to consider this complexity.

Organisational change and image: One of the clear messages from community representatives was the notion that EMS organisations appear as relatively rigid, male dominated and militaristic. Depending on the service, they commonly project an image that is insensitive to, or unwelcoming of, those who do not see themselves as being able to fit in or participate with EMS. As one interviewee said, It's (EMS) is very intimidating for women. They need to open up. As discussed above, the recommendation is that the EMS needs to consider how they project to the community, and consider how they might convey a more welcoming image.

Part of this comment related to the need to adapt organisational rules to accommodate the constraints of women. For example, the provision of childcare for those expected to work shifts. A further suggestion was the need to reconsider the nature of community engagement activities. A suggestion made



for the engagement of young refugees was through sport. Do something exciting. Advertise a soccer team and say that you would like to play with you guys. The refugees would be interested. This idea was reinforced by a young Sudanese refugee, who said that her engagement with soccer was the key to her becoming part of the community. 'Getting involved in football was the thing that let me shine'.

Role models: A further suggestion made related to the need for role models from diverse communities to be promoted. A representative of Muslim communities talked about a role model from the police who has had a big impact on the aspirations of young Muslim women.

We've run a youth group and we actually did a Skype conference with her (the police officer). Yeah, girls we're talking 12 to 16 year old girls, "Okay, so I can do that." So seeing that someone has trodden the path before you lets them think, "All right, if she can do it, so can I".

A similar suggestion came from an African community representative, who commented on the absence of black people within EMS. I haven't seen a black fire fighter. (To be encouraged), I need a hero.

Targets for inclusion: A clear suggestion was made for the need to establish targets for inclusion. This comment was made specifically in relation to people with disabilities. Targets to double the number of people with disabilities in the NSW public service had recently been announced, and this was regarded as positive step towards greater inclusion. Similar targets could be made within EMS.

Collaborative resource development: The development of community education resources in collaboration with community agencies that have specialist expertise in particular community were further identified as an important strategy to encourage resilience and community participation.

Overall, the opportunities and examples of community inclusion practice included:

- EMS involvement with refugee settlement services and education;
- The need to identify multiple points of contact with the wide diversity of multicultural communities;
- Identification and utilisation of diaspora networks;
- The engagement of bi-lingual liaison officers;
- Development of nuanced communication strategies in consultation with communities;
- The evaluation of how EMS appear to communities and how they welcome diverse members – particularly women;
- Identify and review organisational practices that generate barriers for women and other diverse community members;
- Devise community engagement strategies that are appealing and relevant to young communities. Using sport (particularly soccer) was identified as an example of a vehicle for the engagement of young people;



- Support and promote role models to communities such as Muslim women working in EMS roles;
- Develop targets for inclusion of diverse communities; and
- Develop education and other resources in collaboration with community agencies.

3.7 CONCLUSION

Like the Bordertown and Bendigo case studies, the purpose of this case study is to provide an illustration of some of the dynamics impacting on community inclusion in relation to EMS community engagement. Parramatta, however, is an example of metropolitan conditions experiencing rapid population growth, infrastructure development and economic change. It is perhaps the most extreme example in Australia of 'super-diversity' and the evolution of the impacts of economic growth. As a case study, it is indicative of the challenges being faced in other urban centres, but perhaps at a grander scale. At the same time, the key challenges are shared by the previous two case studies, including economic restructuring and growth, population growth and increasing diversity, housing pressures, widening social inequalities, and ongoing social change generated through campaigns for recognition by diverse groups. Each of these challenges has implications for social inclusion that are being responded to in various ways across the municipality.

The case study explores community perceptions of EMS, barriers to engagement and opportunities to enhance the extent to which greater community inclusion can occur. Again, there are shared themes with both Bordertown and Bendigo. On the one hand, EMS are highly regarded and almost a 'taken for granted' part of the community that engage a wide range of community members. Like Bendigo, the police are particularly praised for proactive and genuine community engagement activities. At the same time, parts of the EMS are considered to be opaque, with a culture that is uninviting of women and other diverse community groups. Numerous opportunities for greater inclusion within EMS have been identified. As a first step, it has been highlighted that there is a need for EMS to build awareness about how they communicate with, and present to, the community. There is also a need for EMS to develop an in-depth understanding of the lived experience of community members in order to appreciate community perceptions of risk and resilience, and to build community relationships based on mutual understanding.

ATTACHMENT 4: DIVERSITY AND INCLUSION IN COMMUNITIES: INTERVIEW SCHEDULE

Interview questions

The following questions provided the overall structure of the in-depth interviews. While the questions were consistent, they were semi-structured, open-ended and were adapted depending on the knowledge and capacity of the interviewee. Interviewees will include a mix of representatives of government agencies, advocacy bodies, community groups and other representatives such as school principals or professional associations relevant to the objectives of the study.

Theme	Types of questions
Background	Interviewee role and position, the organisational function and connection with cultural diversity.
Community characteristics	Can you describe your community/members? (e.g. what is the settlement history, age characteristics, languages, education levels, skills, what was the catalyst that led to the formation/settlement of the group)
Community capabilities	How would you describe the level of community wellbeing? (e.g. levels of cohesion, education levels, resources, other well-being indicators such as income/education/health)
Aspirations	What are the key priorities for community? (e.g. facilities, better health outcomes, employment, family reunion)
Needs	What are the key issues or constraints faced by the community? (e.g. second generation dislocation, discrimination, lack of community facilities, loss of languages, lack of employment opportunity)
Inclusion	To what extent is the community included or marginalised within the broader community. How do you explain this inclusion/marginalisation?
Vulnerability to risk	How was your community affected by the last (flood, fire, drought). Was there anything particular about the community that helped them recover or cope with the crisis. Has anything in the community changed since the event? To what extent has the community engaged in resilience building strategies?
Perceptions of EMS	To what extent is your community involved with EMS (define the services). As volunteers? As employees? How important are EMS to your community? Are there any services in particular that are most important? How are EMS regarded by your community? How would you describe the level of trust that your community has in the services? How aware is the community of what EMS are and what they do?
Potential for engagement with EMS	Can you suggest ways in which EMS could be more relevant to your community? How, and to what extent, do you think EMS needs to change to meet the needs of the community? Is there potential for your community members to be involved with EMS – as employees? – as volunteers? If yes – what do you see as the key barriers to involvement or communication with EMS?



ATTACHMENT 5: LIST OF ABBREVIATIONS

ACOSS	Australian Council of Social Service
ATSI	Aboriginal and Torres Strait Islanders
CALD	Culturally and Linguistically Diverse
CFS	Refers to the South Australian Country Fire Service
EMS	Emergency Management Services
GRP	Gross Regional Product
GWS	Greater Western Sydney
LGA	Local Government Area
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
MRC	Migrant Resource Centre
NESB	Non-English Speaking Background
RSMS	Regional Sponsored Migration Scheme
SEIFA	Socio-economic Indexes for Areas
SES	State Emergency Service
TRA	Tourism Research Australia
VBRC	Victorian Bushfires Royal Commission
VFR	Visiting friends and relatives
VTIC	Victorian Tourism Industry Council
WSROC	Western Sydney Regional Organisation of Councils



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