

Submission on Insights from the pandemic: Independent Inquiry on COVID-19

Settlement Services International (SSI) is a community organisation and social business that supports newcomers and other Australians to achieve their full potential. As a community organisation providing settlement and a range of other social services, SSI has experienced the impacts of COVID-19 on vulnerable communities. Our submission is informed by consultation with leaders across our settlement, disability, child and family and employment programs. We also draw on research conducted with refugee clients and consultation with our community partners.

What impact did the pandemic have on your community?

While early in the pandemic there was often a narrative around 'everyone being in the same boat' it soon became clear that the impacts of the health crisis did not fall equally. The pandemic exacerbated inequity and hardship for disadvantaged communities including migrants and refugees.

Many of SSI's clients lost their jobs because they were employed in casual jobs in sectors such as retail and hospitality. The cohort SSI has seen most put at risk by the pandemic are people seeking asylum and temporary residents. This was compounded by Government policies on income support measures (see next section). In May 2020, SSI conducted a survey of over 400 clients on temporary visas who had accessed our programs in NSW which found that: more than 80% had lost their job or had their hours reduced in the previous eight weeks; 62% had gone without meals and 76% could not pay their rent or mortgage on time.

Infectious disease outbreaks create feelings of fear that can heighten racist behaviour. The COVID-19 pandemic has been accompanied by increased reports of racism and scapegoating of people born in Asia and temporary migrants (see <https://scanloninstitute.org.au/research/mapping-social-cohesion>). At times this was exacerbated by divisive and negative media reporting.

The health consequences of the pandemic have fallen more heavily on CALD communities. A recent report by the Australian Institute of Health and Welfare found that deaths from COVID-19 (to April 30, 2022) were 2.5 times higher for people born overseas. This is likely due to a constellation of factors including failures of governments to engage people from migrant backgrounds early in pandemic planning (see next section) and concentration of migrants in essential industries where the risk of exposure is higher.

The pandemic has taken a harsh toll on the mental health of CALD communities. Extremely high levels of psychological distress resulted from the compounding effects of loss of employment, physical health impacts, social isolation and experiences of racism. The international border restrictions also heightened psychological distress as migrants and refugees had no opportunity to visit family overseas or for family members to be reunited with them in Australia. SSI also saw sharply increased referrals to our Domestic and Family Violence program.

SSI experienced significant challenges relating to the rapidly changing service environment. Our staff worked hard to keep our clients connected to information and support. However, one of the key challenges we experienced was that families did not have sufficient electronic devices to participate

in video-conferencing – many families could only afford one device and needed to prioritise that to children’s remote learning.

What worked well, and what didn’t work well, in governments’ policy responses?

Income support measures

Temporary migrants were excluded from the Federal Government JobKeeper and JobSeeker support packages. This contrasted with responses of countries such as the United Kingdom, New Zealand and Canada which extended wage subsidies to temporary migrants. Along with the extreme hardship this caused, there are indications it has seriously damaged Australia’s reputation as a destination for migrants and students and contributed to many temporary migrants having a sense of being ‘dispensable’.

Engagement with multicultural organisations and CALD leaders

The pandemic exposed major gaps in government communication and engagement with multicultural communities. Communication with CALD communities was initially problematic with major negative impacts, including barriers to accessing vaccines in a timely way. Lack of engagement with multicultural communities eroded trust, leading to poor reach and support for diverse communities. This was exacerbated by rapidly changing advice and the spread of misinformation.

In contrast, communication with CALD communities in later stages of the pandemic was successful because it was supported by settlement providers and community leaders sharing information with newly arrived communities. These organisations played a critical role in facilitating engagement between government and communities.

The pandemic created a new level of community strength as CALD community leaders stepped up to keep communities informed and safe. Community leaders were proactive in engaging their community and addressing misinformation. They played a crucial role in garnering community support for health behaviours such as physical distancing and testing. Community leaders used social media, phone calls and virtual information sessions to help people stay connected and provide information. They also ensured that people had essential supplies such as food and medication.

During 2021, SSI worked with NSW to establish a pop-up vaccination clinic out of a western-Sydney SSI office. We initiated this collaboration to increase confidence in vaccination among CALD communities. The high demand for this service shows the need for innovative solutions that create safe pathways for migrants and refugees to health services and information.

Policing approaches

During the height of the pandemic, there was a widespread feeling that people living in 12 LGAs of Western Sydney – dubbed by the NSW Government as “LGAs of Concern” – were targeted for stricter and more punitive policing measures than those living in wealthier and less ethnically diverse parts of the city. CALD communities felt that they were being blamed or not trusted to follow health directives and there was a widespread feeling of “two cities” emerging. For many, the punitive policing approach retriggered the trauma they experienced in their homeland where government authorities perpetrated persecution. Community perceptions that the government response had been biased,

together with inconsistent and rapidly changing health messaging, increased negativity and eroded trust in authorities.

Notably, SSI observed differences in the approaches used by police in the 12 “LGAs of Concern” of Western Sydney. In Paramatta, for example, the police brought together CALD organisations and community leaders to discuss ways of keeping communities safe. This contrasted with the highly punitive approach used by police in Fairfield and Liverpool.

Lessons to inform planning and response to the next health crisis

- **Federal and state/territory governments should work together to develop more holistic and coordinated pandemic response strategies:** The pandemic exposed how pre-pandemic preparedness plans were insufficient for the scale and nature of COVID-19. Future pandemic planning needs to have a broader lens which goes beyond containment to consider the social impacts – including mental health and domestic and family violence – especially for disadvantaged communities including CALD communities.
- **Federal and state/territory governments should ensure early engagement and consultation with settlement services and multicultural leaders:** Newcomers and members of vulnerable communities are more likely to adopt government advice when delivered through someone they trust. Ensuring all people receive crucial information regardless of their cultural backgrounds needs to be a core component of government communication strategies. Federal and state/territory governments should establish a multicultural coordination committee with representation of government, multicultural organisations and health experts to proactively develop tailored health messaging. Similarly, there should be early engagement with Indigenous and disability NGOs and leaders.
- **Communication to CALD communities about health crises needs to be tailored** rather than using a one-size-fits-all approach: Tailored approaches are especially important to reach older people and those more recently arrived in Australia. CALD community leaders are a vital asset for peer-to-peer communication to keep CALD communities safe and informed.
- **Strengthen digital inclusion to ensure that migrants and refugees have equitable access to essential information and services:** SSI’s *Foundations for Belonging* research with newly arrived refugees has found that difficulties in using technology is one of the most common barriers, alongside language difficulties, to accessing essential government information and services (see <https://www.ssi.org.au/ssi-insights/insights/2797-foundations-for-belonging-2021>). This points to the importance of developing government websites and apps that are more intuitive and which minimise language barriers (i.e. in-language, plain English). Governments should also implement digital literacy programs tailored to CALD communities to support the increased use of online services.
- Governments have a central role in maintaining a positive climate towards newcomers which is critical for social cohesion. As part of this, governments should ensure that **health directives such**

as lockdowns are not implemented in a way that heightens racism or stigmatisation (or perceptions or racism).

- **Work to ensure that disadvantaged communities can access basic needs and resources:** for example, critical information, food and medical supplies, computer access and data needed for remote learning. During a pandemic all residents including people on temporary visas should have access to the safety net provided by government pandemic measures such as Jobkeeper and Jobseeker.
- **Build health literacy including tailored approaches to engage CALD communities:** the pandemic has underscored the need for increased focus on building health literacy when we are not in a disaster. Improving health literacy will mean that people are more likely to trust information from health experts and better placed to filter out misinformation.

Authorised by: Violet Roumeliotis, CEO

Web: www.ssi.org.au