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The impact of the COVID-19 pandemic on delivery of services to CALD communities in Australia

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Executive summary

The global COVID-19 pandemic has intensified social fissures, contributed to greater economic inequalities, and has particularly affected the health, social and wellbeing of vulnerable communities. A recent survey identified migrant workers as one of the most vulnerable groups in the pandemic. Where measures to protect global economies, such as pivoting to work-from-home arrangements, has affected 93% of the world's workforce, those in frontline and essential jobs are not able to do so and this work is often carried out by migrants (International Labour Organization, 2021: 14). This places migrant workers at higher risk of exposure to the virus and poverty. Moreover, migrant workers that are 'women, children, people with disabilities, the marginalized and the displaced' are at greater risk (United Nations, 2020). Sustainable Development Goal (SDG) targets are already lagging and the pandemic has further widened the wealth gap between countries (SDG Integration, 2020).

The pandemic has exacerbated fault lines along social, economic and ethnicity divides and has uncovered structurally entrenched inequalities within and across societies. Australia is no exception. This policy briefing paper is presented as part of an Australian Research Linkage Project on mapping social services in multicultural communities, where one of its key objectives is to understand the experiences of service delivery and provision modes to culturally and linguistically diverse (CALD) communities in the areas of health, housing and employment (and job training) at different temporal junctures along their settlement journey. This paper will focus on the impact of COVID-19 on CALD communities, the challenges they face, why they are particularly vulnerable in such crises and how service providers are similarly affected.

In light of the above, this paper makes the following policy recommendations:

Contents

1. **Improve access to online services**: The digital shift has facilitated higher engagement between service providers and clients, despite some challenges. More support for digital training, innovation and training, especially for vulnerable groups such as the elderly, women and people with disabilities, will facilitate greater, and more creative modes, of engagement and participation.

2. **Increase number of bicultural workers**: There is increasing recognition that bicultural workers are needed for more effective coordination and collaboration between government bodies and CALD communities. As such, governments need to consider best practices for working more closely with multicultural organisations as a way forward, rather than as an afterthought.

   Bicultural workers and consultants have been increasingly identified as having a critical role in the effective provision of services to multicultural and multifaith communities. Mainstream providers must consider increasing the number of bicultural workers in their employment, where they are culturally equipped to respond to intersectional challenges. Where relevant, this can enhance CALD communities' engagement with health services and the new digital delivery model.

   Ethno-specific providers still have a unique role to play in multicultural Australia and are more effective in the delivery of services, especially to newer and emerging CALD communities. Channelling funding to ethno-specific services, over mainstream services, can deliver more-effective outcomes for CALD communities.

3. **Reduce gaps in CALD data collection**: The collection of relevant CALD data can address a more immediate need in the current crisis and facilitate more effective health communications, especially during the vaccination rollout. It can also be used towards more effective and targeted service delivery and strengthen support in settlement for migrants in the long run.

Discussion of policy issue

What is the issue?

Social service provision for Multicultural Australia

The core basis for building and maintaining a multicultural Australian society has always been setting up a robust infrastructure for delivering culturally and linguistically appropriate services to the diverse communities that make up contemporary Australia. Key principles outlined in the Galbally Report (1978) set out this new policy approach, that all members of society should have equal opportunity to fulfil their potential and must therefore have equal access to services while being able to maintain their heritage, language and culture.

Types of services for CALD communities

Within this historical context, supports for diverse communities in Australia employ a mix of service delivery modes that broadly included: governmental, non-governmental, not-for-profit, for-profit, mainstream, ethno-specific, community-specific, and specialist (among others). Yet these categorisations do not capture the complexity of service-provision models and experiences. Public discourses often refer to the binary of mainstream and ethno-specific services, yet these are merely two poles of a continuum; in reality, service providers often adopt hybrid models.

Vulnerabilities and needs of CALD communities

Service provision for CALD communities can vary depending on the particular migration pathway to Australia. What are collectively termed as 'CALD communities' can include generations of migrants who have arrived in Australia via a range of temporary and permanent visas. They can also include refugees and asylum seekers, who may require additional support, especially if they come from backgrounds of torture and trauma. There is also a temporal dimension to their needs, depending on how long they have lived in Australia. Intersectional identities such as religion, gender, sexual orientation and disability may also require more specialised services.

Why is this an issue of strategic importance?

There are strong economic and human rights justifications to ensure the full participation and contribution of CALD migrants to Australian society (Fudge, 2014). Mansouri and Mahkoul's (2004) earlier report pointed out some of the key challenges that prevent migrants from achieving full citizenship and participation, that persists through gaps in migrants' settlement, integration and adjustment to a new country.

Barriers to accessing mainstream services

Settling in a new country can be a daunting challenge, and social service providers facilitate CALD migrants' smooth settlement. These services can include more immediate needs, such as the provision of English

classes, job training and support; they also include social and community activities that are based on culture and language so that migrants can cultivate and maintain their cultural identity (Wali et al., 2018: 94, 96). Yet, challenges remain for CALD migrants in accessing these services that affect their sense of belonging, social inclusion and citizenship. Issues such as 'language barriers, economic difficulties, housing barriers, unemployment and cultural barriers' continue to persist (Millbank et al., 2006). CALD migrants can also lack awareness of the services and their eligibility to access them (Wali et al., 2018: 86–7). These knowledge gaps raise critical questions about the extent to which CALD migrants' immediate needs are being met by service providers (Vasey and Manderson, 2012: 57). A lack of professional translators also continue to impede migrants' access to services (Correa-Velez et al., 2015: 324). Service providers often have to take on additional responsibilities of assisting CALD clients to navigate complex systems and fill out the paperwork required (Wali et al., 2018: 86). Refugees and asylum seekers face additional challenges and often require more complex, specialised services. Yet, to alleviate the demands on more densely populated areas, the Australian government often settle refugees and asylum seekers in regional areas (Piper, 2017).

However, these regional areas tend to have 'limited capacity to meet the diverse language, health, housing, education and employment needs of new settlers' (Vasey and Manderson, 2012: 50). Trauma treatments continue to be limited in supply in these areas where needs are high (p. 51). While urban areas are usually better resourced to handle these needs, they face other challenges, such as the diverse cultural and linguistic needs (Runci et al., 2012). Employment is a key factor that determines the quality of long-term settlement outcomes, yet CALD migrants consistently face discrimination in this area, such as reporting that mainstream services like jobactive are not culturally responsive to their needs. Job providers are often perceived to adopt a 'tick-box approach' when assessing migrants' employability, without considering their backgrounds and needs (Wali et al., 2018: 86). Gaps in service provision have been made more evident during the pandemic, when there has been an increase in demand on these services by CALD clients.

What is the impact of COVID-19 on this issue?

Impact of COVID-19 on CALD communities

CALD communities have been disproportionately affected throughout the extensive and recurrent lockdowns, most evident through lockdowns in Melbourne and Sydney. Government and media narratives focused on CALD communities during the second wave of infection and lockdown in Melbourne in 2020, when the Victorian Government realised that multicultural communities were affected in viral 'hotspots' (Jakubowicz, 2020). This issue has reoccurred among CALD communities in Western Sydney in 2021 (Jakubowicz, 2021). Inequalities in class, ethnicity, religion, culture and language have evidently exacerbated differences and these social fractures require greater examination and consideration if we are to aim towards a more cohesive and equitable Australia (Scambler, 2020).

The lockdown affected the most vulnerable in our society

CALD communities were particularly affected throughout the various lockdowns, especially when the socio-cultural dimension of viral spread became more apparent in 2020. Workers in certain industries, such as meat processing plants, aged care and hospitality, were some of the most impacted. These jobs tend to be lower-waged and are usually made up of workers from CALD backgrounds (Bucci, 2020). The Federation of Ethnic Communities' Councils of Australia (FECCA) reports that '47 per cent of highly skilled migrants are underemployed, compared to 23 per cent of similarly skilled Australian-born workers, and after five years in Australia, 40 per cent of skilled migrants still work in lower skilled jobs' across Australia (FECCA, 2020: 12).

Various reports from FECCA and the Ethnic Communities' Council of Victoria further demonstrate some of the pre-existing issues that reveal a less-than-cohesive multicultural society than the Australian Government regularly promotes in their political rhetoric.

Survey responses from multicultural organisations reveal that when asked how CALD communities have been most affected by the COVID-19 pandemic, the top three responses were 'unemployment, financial wellbeing and social isolation', with mental health as a fourth priority (Ethnic Communities' Council of Victoria, 2020: 5). CALD communities also faced limited information and access to services despite the increased need for them; this is reflected in survey respondents' concern about 'access to information regarding COVID-19 isolation, loss of income, access to Centrelink and myGov, immigration restrictions, funding for cultural and social activities, and the risk of increasing socioeconomic disparities' (Ethnic Communities' Council of Victoria, 2020: 5).

Existing and amplified discrimination experienced by CALD communities

Temporary CALD migrants have faced greater precarity and vulnerability during this health crisis, and are usually the first to experience job loss in such crises (Berg and Farbenblum, 2020: 6). Temporary visa holders can include international students, seasonal workers, asylum seekers and refugees. Their temporary visa status excludes them from government benefits such as JobKeeper and JobSeeker, even while other comparative countries, such as the UK and Canada, have supported their temporary migrants (Berg and Farbenblum, 2020: 6). This visa status excludes them from receiving any form of support from social service providers, although in reality service providers may make exceptions at their discretion. The loss of employment for temporary migrants also disrupts their pathway to a more secure belonging in Australia, as their visa applications are usually tied to their permanent residency or citizenship application process. These '"tied visas" require workers to be dependent on their employers' for sponsorship of their visa (Houghton, 2020a: 2).

The persistence of racism and discrimination adds a layer of challenge for these migrants. Nearly a quarter (23%) of temporary migrants in one survey reported experiences of verbal abuse, and this figure increased if they came from a Chinese and/or East Asian background (52% of Chinese and East Asian respondents reported experiences of racism) (Berg and Farbenblum, 2020: 8). News stories that criminalised certain CALD communities and their behaviour during the pandemic further serve to increase public suspicion and discrimination towards certain CALD communities, and worsen pre-existing stigma, social exclusion and racism (Weng et al., forthcoming).

Language and knowledge barriers prevented clear health communication

The inability to respond quickly to the spread of COVID-19 in affected CALD communities revealed a long-standing lack of cooperation between Victorian State Government and multicultural organisations (Ethnic Communities' Council of Victoria, 2020: 1). The lack of data about these CALD communities further hindered the health communications (Jakubowicz, 2020), and was a significant issue during the 2020 Victorian outbreaks and the 2021 Western Sydney outbreak (Jakubowicz, 2021). The only data collected about CALD communities – limited to country of birth and language spoken – does not fully reflect these communities' ethnic and cultural heritage, and especially not for those who traverse different countries before their final settlement (FECCA, 2020: 14). This lack of data impedes effective health communications, especially in such times of crisis, where health and government authorities are not able to get accurate, factual (and evolving messages) out to relevant communities faster than the spread of the COVID-19 virus. There is a 'history of poor practices of collecting data concerning ethnicity in Australia' and this practice has come under more intense scrutiny of late (Allen, 2021: 57), especially as this gap in knowledge about the diversity of CALD communities continues to have an impact on health communications and will continue to be even more relevant in communications about the vaccine rollout.

Impact of COVID-19 on ethno-specific service providers

Service providers face several challenges, some of which are unique, in their service delivery in the current climate. Restrictions on mobility during the lockdowns amplified pre-existing issues and challenges and created more work for an already under-resourced sector. Pivoting to online services incurred unique challenges with implications that include 'difficulties accessing interpreters, lack of access to internet and computers at home…[where] varied levels of English and tech literacy, have all generated higher demand for material, emotional and culturally appropriate family supports' (Ethnic Communities' Council of Victoria, 2020: 16). For smaller ethno-specific providers that already struggle to secure grant funding in a competitive market, the provision of pandemic reliefs and funding plugged an immediate need, with uncertainty about the foreseeable future.

CALD communities' lack of health literacy has become more evident during this health crisis (Houghton, 2020b), with the Victorian Government recognising the need to work more closely with multicultural organisations to deliver health messages in culturally relevant ways (Miletic, 2020: 2). Misinformation about the virus and vaccines circulate within CALD communities, that contribute to vaccine hesitancy and impede effective vaccine rollout in a rapidly-evolving health situation (Xiao et al., 2021). The Victorian Government (2021) has since provided $61.4 million in funding to support multicultural and faith-based groups that provide emergency relief, service provision, outreach efforts and translation services. Many within CALD communities, however, continue to face a lack of digital equipment and internet access, or have limited access, and the shift to telehealth services has impacted the quality of healthcare delivery for vulnerable members within certain communities (Miletic, 2020: 2). Effective health communication to CALD communities remains a critical frontier during the vaccination rollout plan and will

require governments at all levels to implement health messages with consistency. A Federal Government plan to implement the vaccination program specifically to CALD communities was published in February 2021, where it recognises the unique cultural needs of these communities (Department of Health, 2021). Through a small federal grant fund, FECCA will work with multicultural organisations to deliver COVID-19 health and vaccination communications (FECCA, 2021). In Victoria, a CALD Communities Taskforce and CALD COVID-19 Health Advisory Group were established in August 2020 and April 2021 respectively, to assist the Australian Government in coordinating effective health outcomes among CALD communities (Gerber et al., 2021).

Impact of the COVID-19 pandemic on CALD women

A recently published National Women's Health Survey, which seeks to understand the health needs of women in Australia, found that more than half of the women surveyed reported being affected in their access to health services, where '3.8% were significantly impacted' (Jean Hailes for Women's Health, 2020: 7). Out of all 9,361 respondents, 20% of female respondents were born overseas (13). Additionally, CALD women tend to 'have poorer health outcomes than the general population and they experience significant inequities in access to health services' (Multicultural Centre for Women's Health, 2021: 11). The main areas of concern for CALD women are 'sexual and reproductive health, mental health and occupational health and safety'; where the latter two present new concerns during the pandemic due to loss of employment and restriction of mobility during lockdowns (p. 11).

Of particular concern for CALD women during the pandemic were issues of domestic violence. A recent survey, based on 1,507 responses from 362 participants who work in the domestic violence sector, found that 67% of providers have seen 'new clients seeking help for the first time' and 47% of them reported that their 'clients [come] from cultural and linguistic[ally] diverse communities' (Carrington et al., 2020: 7). More critically, 313 of these providers (86.46%) reported having to cope with the 'increased…complexity of their clients' needs' (Carrington et al., 2020: 17). One of the challenges to managing domestic violence issues for clients during the pandemic is restrictions placed on formal support services. Restrictions not only limited access to services, but domestic violence victims find themselves at greater risk when confined at home with their perpetrators (Carrington et al., 2020: 20). Moreover, there is a deficit of culturally appropriate services for women and children in domestic violence situations (FECCA, 2020: 9).

Where these services are provided, they are few in numbers and not as easily accessible, especially for women who have limited autonomy in their domestic situations.

Who or what has the power or resources to act?

Local, state and federal governments have become much more aware of the needs of CALD communities during the COVID-19 pandemic, and have begun to act on these needs through engaging with and providing funds for CALD communities and organisations. One recent initiative is the federal grant to FECCA (2021) which aimed to ensure effective health messages are delivered to CALD communities. State and federal governments must continue working closely with multicultural organisations, as they are more effective in communicating with CALD communities. These collaborations also need to be followed up with long-term strategies of engagement, and included across all levels of government, through a recognition that multicultural communities are particularly vulnerable and at risk in such crises, and continue to face hurdles that prevent their full participation as members of Australian society.

Where can current policy be improved?

There is an urgent need for policymakers at all levels of governments to review their policies to support CALD communities, especially in the area of health, but also in employment and housing. There is also a greater need for concerted inter-government coordination that will include the concerns of CALD communities across all levels of government. The Victorian Auditor-General (2014: iii) report on *Access to Services for Migrants, Refugees and Asylum Seekers* concluded that while there remain gaps in access to services, the 'most significant…is the absence of a consistent, coordinated, whole-of-government approach to service planning and provision'. Moreover, government departments were found to be less equipped to deal with complex, nuanced cultural needs.

Proposals – what should be done and by whom?

1) **Pivot to online**
   As most service providers transition to providing their services digitally, many faced challenges in making the change, which created initial disruptions to the delivery of services. CALD clients are most impacted when a disrupted service has a social dimension, such as cultural and community activities. An immediate challenge faced by CALD

communities is the lack of digital equipment and stable internet access, or even any internet access; this is more problematic for refugees and asylum seekers who live in impoverished conditions (McMullin, 2020: 129-30).

2) Bicultural workers

The disruption to social services and the delay in engaging with CALD communities during the pandemic has revealed a deficit of bicultural workers in the sector. Bicultural workers have proven to be essential as they already have social and cultural trust within their communities and understand the needs of their communities; service providers that hire bicultural workers more successfully engage with these communities (Arashiro, 2020: 2). Bicultural workers are especially necessary and effective in working with elderly CALD clients with limited English fluency and dealing with isolation during the lockdowns. Daily check-ins over the phone by a bicultural worker can improve users' mental wellbeing and reduce their sense of isolation (Arashiro, 2020: 2). Bicultural workers can also be more effective at identifying potential domestic violence cases among CALD women, through relationship building and having more nuanced cultural understanding of these women's family lives (AMRC and Myriad, n.d.: 28).

3) Gap in CALD data and collaboration

The pandemic has revealed that the umbrella term 'CALD' does not fully express the diversity of the communities that it encapsulates, it may even make invisible those who are especially prone to social and economic risks (Jakubowicz, 2020, 2021). Some of this invisibility can be in the form of 'individuals with low levels of English, socially isolated migrant seniors, temporary visa holders, those with lower levels of income or in casual work, residents in public housing and high-density households, as well as groups experiencing racism' (Ethnic Communities' Council of Victoria, 2020: 8). The inability to identify and communicate with relevant CALD communities affected by viral outbreaks across Victoria and New South Wales clearly demonstrates the need for governments to work more closely with multicultural organisations to ensure effective health communication.

What are the impacts of a change in policy?

The pandemic, including the current vaccination rollout, continues to reveal that CALD communities face exclusion from access to critical social services. As demonstrated through various virus outbreaks and subsequent lockdowns among CALD communities in Melbourne and Sydney, such exclusion has risks, with wider societal implications across local, state and national, impacting society and the economy at large. Effective changes to relevant policies will ensure that CALD communities are enabled for greater socio-economic participation in Australian society.

Related areas that need further research and exploration

The COVID-19 pandemic has affected everyone in our society, but it has especially impacted the most vulnerable in Australian society and especially those from CALD backgrounds; it has also revealed where key social and economic fractures exist in multicultural Australia. Social service providers, which are at the forefront of delivering services to facilitate these communities' equitable access to mainstream society and to ensure their social and economic wellbeing, have had to innovate to minimise the impact that restrictions have had on service delivery. The pandemic has brought to the surface pre-existing issues that CALD communities have long endured, which include structural discrimination and exclusionary measures, compounded by language and knowledge barriers. In light of the impacts the pandemic has had on CALD communities, the following key areas require further attention and examination:

- The digital shift during the pandemic has facilitated service delivery and enabled greater participation, yet it has also restricted access for certain vulnerable groups. More research can explore innovative digital ways to engage these groups and ensure their access and participation.

- While local, state and federal governments have begun to include CALD communities in this health crisis and in the vaccination rollout, challenges persist for those in CALD communities in accessing the vaccine, and especially for those who have long experienced discrimination and exclusion from social services. There is a critical need for more research to understand the reception of health communities about the vaccine across CALD communities, and the challenges they face in a climate of misinformation and increasing distrust of institutions.

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