Settlement Council of Australia

Two-years on from COVID-19: The perspectives of migrant and refugee communities on vaccination and the ongoing pandemic

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18 March 2022

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

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

About the Settlement Council of Australia

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

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

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Executive Summary

With funding from the Australian Department of Health, The Settlement Council of Australia (SCOA) has been actively working with their member organisations to provide culturally relevant and timely opportunities for CALD community members to access COVID-19 vaccine information. While these activities have primarily been focused on vaccine uptake, it has become apparent through SCOA's engagement that it is impossible to discuss vaccines in isolation of the broader COVID-19 context and impact. Conversations about vaccines that do not allow room for discussing other pressing COVID-19 issues can lead to disengagement if participants feel their core concerns are being ignored. Importantly, the broader experiences of COVID-19 and related restrictions also have a significant impact on attitudes to vaccination.

COVID-19 is having significant impacts on the lives of recently arrived migrants and refugees. These impacts are either caused or exacerbated by a range of demographic characteristics specific to this cohort such as:

- Limited English language proficiency,
- Employment in low skilled itinerant and out-of-home work situations,
- Large family structures often in multigenerational households, and
- Small home sizes.

Responses to COVID-19 are also affected by greater confusion about or even a lack of relevant information on COVID-19. More specifically this refers to the ongoing and different jurisdictional changes in COVID-19 vaccination information, behavioural restrictions, and isolation requirements. The key issues within this are:

- Significant time lags between changes being announced by governments and the preparation and distribution of relevant translated information.
- The added complexity of the ease of access to international sources of information and the greater risk of contradictory information (when compared to Australian government information) or even misinformation.
- The practical issues around information consumption and capacities and stated preferences for audio/visual forms of COVID-19 information to accompany text-based information resources and communications.
- The increased need for community validation of COVID-19 information and the efficacy of face-to-face information delivery for this cohort, through trusted community intermediaries and structures.

For those who have had COVID-19 or lived with family members with COVID-19, their stated experiences of the virus ranged from severe and long-term to mild and short-term. This included severe fatigue, aches and pains and loss of taste to mild symptoms such as headaches and a general feeling of being unwell, with a few requiring hospital care.

Overall interactions with the healthcare system were impacted by either a lack of confidence in the healthcare system, the difficulties around accessing the healthcare system at this critical juncture, and the preference of family care to meet immediate care needs. This has resulted in many care givers in families reporting being under significant stress particularly where they themselves may have had the virus.

Generally, all participants understood COVID-19 vaccination requirements for adults (18 years and older), though there was more confusion about the requirements for children. Overall the impression given by most participants was that while they had a level of general knowledge, they expressed a lower level of knowledge around specific supports and provisions for people with COVID-19, as well as relevant compliance and behavioural information.

The area of COVID-19 information access suggested a range of individual capacities and experiences. Those who are English speaking and tertiary educated were less likely to experience barriers in terms of information access, however there were heightened issues around the ease of accessing international information and whether such information was relevant to the Australian context or indeed contradicted Australian government information. For those recently arrived with low English language skills and lower levels of education, information access was seen to be delayed and impacted by the need for accessible information in their first language. Equally this latter segment indicated a preference for audio/visual information over text-based information, and a preference for face-to-face community specific information delivery through trusted intermediaries and organisations.

The need for Polymerase Chain Reaction (PCR) tests and Rapid Antigen Tests (RAT) was generally understood, with most negative experiences being concerned with accessing RAT tests. Within this the perceived lack of available information on using a RAT test was notable across a large number of participants who spoke English poorly or not at all.

The broader impacts of COVID-19 were also particularly felt by participants.

In terms of impacts on the home, most groups were aware of at home isolation requirements however many indicated difficulties with isolation. These included:

- Large family sizes within limited living space which increased the potential to spread the virus.
- The lack of information technology required to support home-based learning or English language courses that were only being offered online.
- The frustrations of having large numbers of children at home.
- The capacity of homes to be able to accommodate isolation. The reality for newly arrived communities especially refugees is that it is difficult to afford larger accommodation in the public rental market. This placed significant stress around isolation.

The impacts of COVID-19 on employment and income were particularly felt by participants many of whom had experienced job losses or a reduced income. The examples given demonstrate the particular vulnerability of the employment in which many of the participants were involved. Those with low skilled, low-paid, out-of-home, and itinerant work were most likely to have lost their jobs or not been able to undertake work commitments due to isolation

requirements or fear of contracting the virus. This resulted in increased levels of anxiety with many of these new arrival migrants and refugees needing to work yet not wanting to put their families at risk.

The difficulties and impacts of home-schooling were particularly felt by respondents. Overall participants with children felt that home-schooling was greatly inferior to school-based learning. There were also reported feelings of inadequacy and inability to support children during home-schooling and abandonment by school systems not providing adequate support for migrant and refugee non-English speaking parents.

In terms of community and spiritual life, COVID-19 has had significant impacts on the ability to gain support from community structures and religious institutions. While many participants retain the capacity to access the internet and social media platforms, there was a significant level of isolation experiences. This isolation resulted in ongoing stress and concern, especially as in many cases it was exacerbated by not being able to travel home overseas, especially to visit sick or dying relatives.

Of course, these types of issues have been experienced by the broader community, there is a sense that the impacts are more severe and nuanced when considering the individual capacities of newly arrived migrants and refugees.

Background

Since June of 2021 The Settlement Council of Australia (SCOA) has partnered with member organisations, supported by funding from the Australian Department of Health to deliver consultations and forums across Australia These forums were delivered either in-language, or with an interpreter, and tailored to the target group. In total, 67 forums were held reaching nearly 2000 individuals across Australia. Attendees had an opportunity to get simple, and accurate information about the COVID-19 vaccine and how to get the vaccine. They had the opportunity to participate in a discussion about the vaccine, ask questions, and give feedback on the vaccine roll-out and any issues they are identifying concerning the roll-out.

Key elements learned:

Barriers to Vaccination	Concerns and Fears	Communication preference
Inability to access vaccines (or preferred vaccine while limited supplies were an issue)	Side effects, long-term and blood clots	Spoken or face-to-face
Limited digital literacy	Fertility, initially female, expanding to males and whole families	From trusted people (e.g. religious leaders, GPs)
Limited English proficiency	Not specifically anti-vax community members, but people with genuine questions they felt they couldn’t get answered satisfactorily.	Through closed messaging groups

During the outbreak of COVID-19 in Western Sydney in July, SCOA collaborated with 22 member organisations in relevant locations in NSW to deliver public health information. Over six weeks (19 July 2021 – 20 August 2021), each member organisation provided outreach to the community members primarily through phone calls, as well as social media, direct messaging, and other tailored communications channels. This activity was critical in responding to the outbreak, and was made possible with additional funding and support from the Department of Health. In aggregate, the activity had the following reach:

- **14,256** individual phone calls were made
- **11,065** WhatsApp, WeChat, or other instant messages were sent
- There were **569,461** engagements with social media content
- **4,988** people attended Facebook Live vaccine information forums
- **565** individuals attended zoom forums on the COVID-19 Vaccine
- **16,466** vaccination status data points were gathered through various surveys, phone calls, and messaging apps

In addition to those lessons learnt from the longer format vaccine forums, some specific takeaways during the Delta outbreak that impacted Greater Sydney included:

- ***Social and economic impacts***
  This included feelings of isolation, stress, financial impacts, and feeling marginalised. As well as being isolated from family and friends within NSW, the sense of isolation was exacerbated by prolonged separation from family overseas, and concern for family overseas who may be at increased risk of COVID-19 or have contracted COVID-19. There was an increased utilisation of financial assistance and requests for more assistance made to different support programs. Community members reported increased cost of food due to the need to shop in smaller stores in their local areas, which were often expensive and did not provide for all their needs. There was also significantly higher electricity usage, as with whole families being at home there was increased consumption.

  Many families also had decreased income due to family members who were unable to work from home and did not have an “essential worker” position.

  The targeting of restrictions in culturally diverse LGAs, and the tone of messaging fostered feelings of migrant and refugee communities being targeted. The heavy reliance on law enforcement mechanisms and the use of military personnel raised questions as to whether the government was truly concerned about the community. These factors all led to significant levels of stress and had deep impacts on mental health.

- ***Accessibility of COVID-19 information***
  Significant numbers of members from their respective communities with limited English language proficiency found keeping up to date with the rapidly changing situation nearly impossible. The language barrier coupled with the misinformation produced fear and confusion concerning the vaccine. Official resources were limited, and difficult to share.

For this reason, many members produced their own content that was tailored to their community groups. Generating content at this very local level meant that it could be tailored in ways that are simply not possible at a national level, or even state level.

- ***Accessibility of COVID-19 vaccines***
  During the Delta outbreak in Western Sydney, member reported issues with accessing COVID-19 vaccines even when individuals were seeking to get vaccinated. These barriers included limited supply of their preferred vaccine, inaccessibility of the online booking systems, limited digital literacy, and limited English language proficiency.

These activities have been extremely valuable in identifying and representing the issues of communicating vaccine take-up and addressing vaccine hesitancy in refugee and migrant communities. The importance of this contribution continues to be the representation of experiences and concerns of those groups most recently arrived in Australia or who have been made vulnerable by their experiences and status as migrants and refugees.

In considering its forward work plan and advice to government, SCOA is now seeking to broaden the basis of its evidence by seeking to understand how the current COVID-19 pandemic environment is impacting on the same communities. As part of the project SCOA have commissioned Cultural Perspectives to facilitate and report on a series of consultations organised through its member bodies.

The consultations have explored a range of issues from the impact of COVID-19 at an individual, family and community level. As such this report focuses on the following:

- Consideration of the impact of the COVID-19 pandemic on migrants and refugees,
- Identifying and documenting the current challenges and issues for migrant and refugee communities in the current COVID-19 pandemic, and
- Recommendations specific to these challenges and issues.

Methodology

For the purposes of this community consultation task, Cultural Perspectives delivered four online 90-minute focus groups across Sydney, Melbourne, Bendigo and the Gold Coast. The focus groups were organised through SCOA's member bodies specific to each location: Multicultural Families Organisation Inc (MFO), Sydney Multicultural Community Services (MCS), Australian Assyrian Chaldean Syriac Advocacy Network and Loddon Campaspe Multicultural Services (LCMCS).

Focus group discussion material was developed between Cultural Perspectives and SCOA. A copy of the final discussion guide used in the focus groups can be found at Appendix 1.

Cultural Perspectives staff led the facilitation of the focus groups, supported by language interpreters when required and were joined by a SCOA representative. Most participants arrived between 3-7 years ago, with some having been in Australia for much longer but

belonging to communities with a mix of new arrivals and more established families. While settlement is a non-linear process and there is no agreed definition of what constitutes 'newly arrived,' most participants were still actively undergoing the process of settlement and still adjusting to life in Australia.

Details for each group have been summarised below.

	Host Organisation	Location	Date	Participants	Languages
1	Multicultural Families Organisation Inc (MFO)	Gold Coast	10/02/2022	12	Arabic, English, Turkish, Russian, and Indonesian
2	Sydney Multicultural Community Services (MCS)	Sydney	12/02/2022	13	Bangladeshi, Arabic, Farsi, Swahili, Indonesian, Assyrian,
3	Australian Assyrian Chaldean Syriac Advocacy Network	Melbourne	15/02/2022	10	Assyrian, English, Chaldean, Arabic, Syriac
4	Loddon Campaspe Multicultural Services (LCMCS	Bendigo	17/02/2022	8	Dari, Hazaragi, Burmese, Karen

For the purposes of reporting each group will be referenced by their location.

COVID-19 has taken its toll

As with the general community, a significant number of participants had either been diagnosed with COVID-19 or had family members diagnosed. While responses to the question of experience of COVID-19 were voluntary, participants were comfortable in discussing their experiences of contracting and living with the virus.

It was notable that the Bendigo group which was predominantly made up of non-English-speaking new arrivals from Burma and Afghanistan indicated the lowest level of prevalence and personal experience. The possible explanation for this is that they live in a regional area, with regional areas in Australia experiencing lower levels of COVID-19, and that they came to Australia through the humanitarian services program (HSP) that provides wraparound services for initial settlement including health assessments and strong links into other services and supports. In addition, several of the participants were retired.

Language barriers, lack of access to family supports and confusing messages over isolation requirements created anxiety and stress for participants when they, or family members tested positive to COVID-19.

As well as this, there were strong indications that participants had tired of ongoing messages to promote vaccination without more nuanced messaging addressing their particular issues around vaccination and related requirements. Constant messaging about vaccination appears to underplay the extent to which communities have complied with requirements.

Equally concerns were expressed about why vaccination was not reducing the spread of COVID-19. Participants indicated a lack of understanding about how the virus continues to spread and its relationship with vaccination levels, both in terms of the effectiveness of vaccines and the nature of health consequences related to getting the virus after having been vaccinated. There was no reference to understanding the need for ongoing boosters or vaccinations as a management mechanism for the virus.

Stigma and Personal Response

Participants who had contracted the virus early in the pandemic expressed reluctance in being open about having the virus. This reluctance was based on a perception of stigma at the beginning of the pandemic lasting for the first six months.

> *"People are afraid to contract the virus, afraid of being isolated, not being able to contact others and the fear of it spreading to others. They don't want other people scared and they do [not] want to be in a position to be rejected"* Group 1 participant

As the virus spread and the numbers of people in the community increased, attitudes to disclosure became more relaxed and associated with social responsibility in terms of letting other people know as a way of protecting them.

"*COVID(-19) has been a tough time for us. People fear judgement through stigma and associated sensors of responsibility. But we need to remember if we don't disclose that we have it all are a close contact then we are jeopardising other lives. We shouldn't feel that we are a walking disease, but we will all be walking diseases if we don't start sharing (our COVID-19 positive status)"* Group 2 participant

"Now I'm not worried. Before I did feel uncomfortable. Now it's not so hard and so many people have it. Now I share and I know the rules" Group 2 participant

A small number of participants suggested both concern and reluctance around wearing facemasks in the early period of the pandemic as they perceived negative responses from people they interacted with. For two participants responses were seen to be related to feeling targeted because of their appearance, and associated racism.

"I wore masks when the virus first got to Australia. People stared at me assuming I was Chinese, and I heard people say 'don't get close to her'"
Group 1 participant

"COVID(-19) has brought more racism" Group 1 Participant

While the topic of racism and differential responses to people based on their ethnicity was not a focus of the discussion groups, this type of experience should be noted especially when the spread of the virus was more limited and associated with identifiable localities or Local Government Areas.

The following experiences were detailed by participants.

"Neighbourhood people yelled " COVID-19*" at my 5-year-old son"* Group 1 participant

"When we wear masks on the street, people point and blame. I don't want any children to be pointed at because of how they look" Group 1 participant

The coupling of perceptions of racism with the environmental difficulties of isolating can be assumed to have enhanced the negative experience of COVID-19 in some migrant and refugee families.

COVID-19 Symptoms

Many of the participants had contracted COVID-19. For some, this was during the Delta outbreaks, and others had more recently contracted the Omicron variant. For those who have had COVID-19 or lived with family members with COVID-19, their stated experiences of the virus range from severe and long-term, including family members being hospitalised, including

being in the ICU and mechanically ventilated, to mild and short-term, being able to drink hot tea and rest. While there were many references to experiences from the virus these were not framed with regard to objective categories of symptoms specific to either the COVID variant nor the vaccination completion. The nature and type of responses indicated a lack of detailed information about COVID-19, its consequences and the critical points at which further medical intervention or treatment would be required.

Many participants reported themselves or others in their households experiencing moderate to severe symptoms, with a few requiring hospital care. Some reported mild symptoms. One participant suffered with strong symptoms but felt afraid to go to hospital and never tested, therefore missed the health messaging and follow up. A family member was taken to hospital, felt 'harassed', and was told to sit in a separate area for over two hours without explanation.

Language barriers created issues for those who were very ill.

> *"My father was very ill, and he went to hospital. He needs interpreters but they don't have them at midnight - so I was on the phone interpreting at midnight while I myself was very sick. Once he didn't need medical intervention, we preferred him to come home because of the language barriers."* Group 3 participant

In general, there was a low level of confidence in accessing medical interventions for treating COVID-19, however worryingly, this did not necessarily align with the level of severity of the symptoms. This suggests there are key gaps in knowledge about how and when to access medical interventions for COVID-19, and issues in the accessibility of health systems. This could be problematic from a health perspective because if medical intervention is delayed when it should be sought, it can lead to further complications. Of particular interest were the number of participants who identified the use of home remedies as their response to COVID symptoms rather than seeking more formal medical advice and interventions.

Caring for COVID-19 Positive Household Members

Given existing patterns of caregiving among CALD families there is strong evidence that family members carry a significant burden of care beyond those in families in the broader community. Family duty, responsibility, and the notion of obligation can be seen to increase the pressure on family members to provide care in the home. This pressure is further exacerbated by the stated reluctance or difficulties in accessing the formal health system.

Caretakers of COVID-19 positive family members reported being under significant stress, particularly when they themselves were COVID-19 positive. There were also increased stresses due to lack of family support. Families and support networks, usually freely visiting the country, were unable to come for any stay. Mothers in particular were under stress, as support for caring for children was not available due to family being unable to visit from overseas.

Social distancing and isolating amongst families with COVID-19 also made an impact:

> *"I didn't get COVID-19 but my 18-year-old son and ex-husband got it. Me and my big family are close – we are used to hugging and when he got it, I couldn't touch my son or hug him until he was negative, and I felt so bad about it"* Group 2 participant

One observation about these experiences was that COVID-19 symptoms were less severe for those who had been vaccinated.

Overall two aspects of participant experiences need to be highlighted:

- The first was feelings of exhaustion and frustration in dealing with COVID-19, testing, isolation and dealing with symptoms. This reflects both the burden of care carried by family members and the ongoing and significant impacts on people's lives brought about by COVID-19.

- While there were varying capacities to receive and process COVID-19 information there remains a strong sense that for the majority of participants the navigation of the plethora of information was difficult, especially as will be discussed later due to the added complexity of needing information in language and therefore sometimes using overseas information which was more readily available in language.

COVID-19 testing

General Experiences of Polymerase Chain Reaction (PCR) & Rapid Antigen Tests (RATS)

PCR and RAT tests were recognised by all participants as COVID-19 tests, as the acronyms had become an increasingly popular term appearing in many forms of communication.

Most participants had either personally experienced a PCR and RAT test or supported a family member in undertaking a test. Testing experiences for both PCR and RAT tests differed significantly between participants. This was particularly due to the varying COVID-19 case numbers and restrictions imposed across the states in which participants resided.

Experiences in accessing both PCR and RAT tests for participants residing in urban centres New South Wales, Victoria and Queensland skewed towards negative, in comparison to participant's experiences in regional Victoria. However, a consistent finding from all four groups was that of the increased difficulty in both accessing PCR and RAT tests from December 2021 to late January 2022.

Accessing and using RATS

Accessing purchasing/locating

Participants expressed a range of difficulties around accessing and using RAT tests. Several participants said they spent hours or a whole day phoning and driving around trying to access the tests. Another particular issue was the financial burden associated with accessing RAT tests, especially over the more recent past where these were in short supply and the subject of price gouging. The costs associated with purchasing RAT tests disproportionately affected those with more limited incomes and household finances.

> "*Living with my sibling, their young kids and parents means there is a need for many RAT tests which is too much. They're so expensive and having to buy one for each family members make it really difficult when you have a big household."* Group 3 participant

Participants and family members without ELP found it difficult to comprehend the instructions for use and relied on each other for support. Additionally, a lack of knowledge and/or confidence in reading the test results was cited.

Other issues were the difficulty in accessing tests and lack of prior knowledge about interstate travel requirements to show a negative RAT result. Of particular consideration was the view in which RAT tests are seen to be very expensive. One participant used the tests given by schools however, school supplies are not consistent.

For those without ELP, reading instructions for the RAT required support. A participant cited seeing a demonstration on television. One participant said they used Google Scan (translation application) and indicated surprise from discussion from other participants who indicated that it was ill-advised to use Google Scan is not very accurate and not advised to use for translating medical materials and this was met with surprise. There was limited awareness of online translated instructions for using the RAT tests.

Confidence in Using

Several participants said they had RAT kits at home but didn't use them as they didn't know how to. One participant used a test but didn't know how to read the result until they saw an example on TV. Others had no trouble.

One group expressed concern about how the infection rates are being tracked now that the population are using RAT tests, which raises questions around clear messaging of reporting requirements. There was consensus of preference for PCR testing, as groups felt it should remain in the hands of professionals.

In one group (Group 4), no participants had used the RAT tests. It was suggested that there was no identified need for its use or preference to use PCR tests *"as someone else is in control and able to do it on your behalf".*

Getting PCR Tests

Given the timing of the groups and the de-escalation of PCRs as the only means of identifying COVID-19, the issue of PCR tests was not of particular concern to participants. Regardless, PCR testing experiences differed across groups scaling from very easy to access, to one of such difficulty that process was a deterrence in getting tested.

> *"When I arrived in Australia (two months prior) I did the PCR test, but it was very difficult - as the testing locations were drive through only and I didn't have a car and was turned away. Only one place accepted walk-ins - the hospital. Someone told me where (to get information), but I also tried to search on an online map. It was easy to find but the instructions were difficult"* Group 1 participant

Participants expressed earlier frustrations with the requirements for PCR tests, especially as a pre-requisite for interstate travel. In these cases the frustration around availability and queuing were seen to be a particular deterrent.

"I had bad experiences in New South Wales. I had been there for a couple of months and trying to get back to Queensland was a nightmare to find a place to get a test. I found getting reliable information very difficult and I was often incorrect on either website or Google. I tried calling the COVID-19 hotline, but it was unusable. It was just a guy checking on the website advising the same information I could get myself" Group 1 participant

Impacts at home

Participants were exposed to a high risk of contracting the COVID-19 virus due to difficulties of isolating in small residential spaces with a large household, despite expressing good knowledge of isolation and hygiene requirements.

Isolation Requirements and Facilities to Isolate

Most groups were aware of isolation requirements at home if a participant tested positive to COVID-19, however several participants indicated the difficulty of isolating in their homes.

The main issues experienced regarding isolation were:

- Large family sizes which increased the potential to spread the virus.
- The lack of information technology required to support home-based learning or English language courses that were only being offered online.
- The frustrations of having large numbers of children at home.
- The capacity of homes to be able to accommodate isolation. The reality for newly arrived communities especially refugees is that it is difficult to afford larger accommodation in the public rental market. This placed significant stress around isolation.

"Isolation was a very hard. We only had one bathroom. We couldn't bring kids to school or to childcare. No one could help us it was very hard" Group 2 Participant

The Queensland Health website was referenced in Group 1 as a valuable place to access information about isolation requirements. Equally there was consistent awareness across all groups about health regulation variations from state to state. A participant described being supplied with updates through texts from the Health Department (QLD), phone calls from their general practitioners, and through calling the information line, once a household member had tested positive to COVID-19.

Overall isolation was experienced as a difficult process, that differentially affected newly arrived migrants and refugees due to several demographic, and sociocultural factors.

Employment and income impacts

The discussion of employment and related household income impacts was relevant to only three of the four group discussions. The Bendigo group was made up of refugee men and women who were elderly caretakers in the home or yet to be employed and therefore focused on other elements of settlement such as English language learning. Even though this is the case, participants were aware of broader issues around temporary migrants and refugees who were required to work in situations contrary to the prevailing health orders or because their roles were seen to be essential to 'keep things moving'. This was seen as a particular contradiction in what the government was saying.

In the three other groups many of the participants had either experienced employment issues themselves or the impact of changes to employment of other members of the household.

A significant number of participants indicated that they themselves had lost their jobs. There are a range of considerations in these experiences.

- A number of people indicated losing their jobs as a result of the lockdown and decreased economic activity generally. These included:

    - a disability support worker
    - a security worker
    - industrial and household cleaners
    - a person working in real estate
    - a construction worker

These types of jobs are consistent with low skill requirements, itinerancy, and inability to work from home. It can be suggested that many recently arrived migrants and refugees find themselves in employment types that became vulnerable due to both the economic downturn associated with COVID-19, and the lockdown and isolation requirements precluding the ability to work outside the home.

"I lost my job because I was scared to go out of the house and the kids were home. I was afraid that if I went to work, I would bring the virus home." Group 2 participant

"I am a casual teacher and my campus closed and asked everyone to stay home. The students had to leave the country given the impact on their international student status. I sometimes get the teacher class but most often I don't" Group 1 participant

"My husband works in construction. He had to stop work and there was no payment for two weeks as they didn't have enough work for people" Group 3 participant

- Other participants indicated that the impact was on their ability to seek work. This affected people on JobSeeker as well as other people seeking casual and low skilled employment.

> *"I was looking for a cleaning job because I was listed on* JobSeeker *and had obligations. My husband lost his job in security work. We couldn't look for work because we couldn't go out."* Group 2 participant

> *"I lost a job interview because I came down with* COVID-19 *- I really wanted that job but lost the opportunity to interview because I had to care for my sister who was also sick - I didn't allow my mum to care for her because she is vulnerable due to her age."* Group 2 participant

> *"My mum is a home childcare worker - she got sick and needed to isolate. She was harassed by parents who were desperate for carers for their for their children as they needed to work"* Group 3 participant

This last situation is indicative of employment types that cannot be performed from home and are therefore directly impacted by quarantine and isolation requirements.

- Equally those involved in either small family businesses experienced negative impacts including the scaling back of operations and the lowering of incomes. Small businesses especially those catering to local communities and those operating as low skilled services for corporate and government entities have been financial victims of the pandemic. Newly arrived migrants especially those with English language skills have been encouraged to start small businesses and become entrepreneurial. This has increased their vulnerability as a result of pandemic induced financial impacts.

> *"We have a small family business doing commercial cleaning. With most workers leaving workplaces there was a domino effect as there was no need for cleaning"* Group 3 participant

The other notable issue was the low level of participants who were aware of government financial supports currently available to people affected by COVID-19, and even when they were aware they were disappointed at the narrow interpretation of who could get assistance further increasing their frustration with messaging about support.

This lack of this information can be seen to compound financial vulnerability, and related anxiety.

The overall picture is indicative of the tendency for newly arrived migrants and refugees to be employed in low skilled, and itinerant jobs that have become an early casualty of both the economic downturn and the direct impacts of lockdown and COVID-19 isolation. It should be noted that these experiences extend beyond government timing frameworks for settlement

services resulting in people from CALD backgrounds remaining in vulnerable employment for significant amounts of time.

The responses also express the anxiety concern that many recently arrived migrants and refugees experience in needing to work yet not wanting to put their families at risk. Respondents indicated an understanding of the need for COVID-safe behaviour but were also under pressure to work to ensure that income was coming into households.

Children and schooling impacts

Participants were asked to talk about the COVID-19 impacts on schooling and their children. The picture that emerges is of a cohort that feels ill-equipped and ill-prepared to provide the level of support and guidance required by home-schooling. The area of home-schooling can be seen as one of the greatest challenges facing participants during the pandemic. Responses covered a number of inadequacies including capacity to assist with studies, lack of access to IT infrastructure, restrictions, and difficulties to accommodate children and adults in small households.

Overall parents felt that home-schooling was greatly inferior to school-based learning and felt especially inadequate in their inability to support their children during home-schooling. Participants were also left feeling abandoned by school systems not providing adequate support for migrant and refugee non-English speaking parents.

One comment stood out as particularly poignant with a teacher being quoted saying *"we are all in this together*". This response can be seen as inadequate and significantly adding to the stress that parents were experiencing.

The following comments and quotes capture the essence of this frustration.

- All participants with school aged children described challenges with home-schooling. The main issues described were difficulties in comprehending the schoolwork supplied (both students and parents), and not having the skills required for teaching. It was very difficult for newly arrived children to start school online and concerns about home-schooling outcomes compared to face-to-face schooling were expressed

> *"It was only a few weeks, but it felt like months because my English was terrible. I was under stress my child is under 10 and I was very stressed, and I didn't know what to do. The teacher was waiting every day to hear from me, and I couldn't help in because I couldn't understand"* Group 1 participant

> *"I have little kids. Last year my son was in grade 2 and my daughter was in prep, and I needed to home school them. If I help the girl, the boy would be upset and vice versa. I didn't have time to clean or cook. The school wasn't helpful it didn't provide support just gave homework and said you just need to help them we are all in this together. It affected me mentally a lot"* Group 3 participant

"It was hard because I'm not a teacher. I became a teacher by force, and my English isn't good. I had to teach my 12- and 15-year-old. Sometimes I would try to contact the teacher, but they were often busy helping someone else. They would send things the kids don't understand" Group 2 participant

"It was hard to help because I'm not used to this school system. The kids lost confidence and motivation to study" Group 2 participant

- The second major consideration was the comparatively inadequate capacity to meet the information technology requirements for home-schooling. While some examples were given of schools providing resources and assistance, the overarching response was one of feeling less than adequate in technical requirements of supporting children's learning at home. The most difficult experiences were in the early stages of the pandemic with some participants indicating that they did receive equipment during the second year. Even though the information technology hardware was made available the issue of internet access and speeds were seen to impact on many families.

"I have four children… Home-schooling is very hard for any parent to have four children at home with homes schooling and I was also a student in 2020 so we had five students learning from home. The outcome of home-schooling is no comparison to schools" Group 2 participant

- While parents are demonstrably experiencing difficulties and frustrations with home-schooling and wanting to get the kids back in classrooms, they are also indicating fear and concern in having their children go back to school due to the greater risk of contracting COVID-19.

Overall, the impacts of home-schooling policy can be seen to have a disproportionate impact on newly arrived migrants and refugees across a range of access and capacity issues. Placed within a period of high stress, the experiences related increase the vulnerability and difficulties faced by newly arrived communities.

In terms of policy responses related to home-schooling, the individual needs of students and family's needs to be considered and catered for.

"I feel the kids are the only one that pays too much for the pandemic, they are (less hurt from) the disease but they're the one who pays a lot. Because (there's) no school, and at the same time they can't see their cousins, they can't see their grandfather, their grandmother, (like) nobody. And at this same time, they're not going to school and they are not that scared from the disease, it's just normal for them. What was hard to explain for them was like why they need to be scared of things and why they not going to school and why they can't see anybody." Group 3 participant

Impacts on community life

The last area of focus for group discussions was on the impact of COVID-19 on social, cultural, and religious aspects of community life. This part of the discussion drew many personal stories regarding impacts of isolation from family, friends, and community members, both in Australia and who are overseas. Social distancing also caused sadness and stress for communities who are used to close physical contact. This has caused stress, anxiety, depression, and a sense of helplessness. There are a range of responses which can be categorised into the following section.

- The first is a personal response to isolation and being alone in a new country and distance from available cultural and religious supports. Some participants expressed feeling isolated and lonely as they didn't know many people in this country. These feelings were exacerbated by concerns and worry about overseas relatives and the impact that COVID-19 was having on them. Even in situations not involving COVID-19 the inability to travel and have contact with overseas relatives was seen as an added stress and concern.

"There is so much COVID-19 in Africa - it was hard to watch our families get sick and die and we felt so helpless - we couldn't help them; we couldn't see them" Group 2 participant

"My 80-year-old parents are not well, and I haven't seen them for four years" Group 2 participant

"My brother passed away one month ago, and I can't go and see my family. I can't sleep for thinking about the family" Group 2 participant

"I couldn't go and see my mother for the last time, and it made me very sad" Group 2 participant

- The second are a range of mental health impacts being expressed by participants. Despite being mindful of their health by exercising, one participant who suffered from lack of contact with friends and family became depressed. They reached out to online support, both Australian and in their country of origin, but it did not feel sufficient. Another participant lived alone, with family overseas, only contactable via phone and video calls. Working from home increased isolation and stress.

"I felt lonely, with no one to talk to. In the past, when I went home from work, I would rest, now I work from home and go out to have a break - it's a complete perspective change. Home is supposed to be restful but now I go out to have a break - it affects me mentally" Group 1 participant

"I have no friends on the Gold Coast, I couldn't visit my Sydney friends, I could only just go to the gym, running and I got depressed. I got help from Beyond Blue, and an online support (for Egyptians but in Kuwait). Professional options are there but it's all sourced online" Group 1 participant

Information provided by participants indicates that mental health is a consistent issue for newly arrived migrants and refugees who are particularly vulnerable given predominantly traumatic experiences. Addressing and considering mental health issues for this cohort during events such as the pandemic should be given priority.

- Third is a significant cultural response in which participants identified a range of behavioural requirements and restrictions being counter cultural expectations and norms. This was specifically pertinent to personal interactions and social gatherings as well as not being able to attend church. In one light remark a participant stated that "zoom sessions are just not enough".

Overall, there is strong suggestion from participants that community life has been greatly impacted by COVID-19. This has increased feelings of isolation, lack of support, as well as limiting the opportunities to enhance COVID-safe behaviour and responses through community information sources.

"We are used to hugging and kissing – now we can only touch elbows, and we can't go overseas to see our families, and it has caused us to be depressed and stressed and anxious" Group 1

It should be noted that while a range of community supports were identified and said to be accessed, the area of community supports was not given significant priority by participants.

Views and experiences of vaccination

The discussion on booster requirements was only discussed with groups 2-4, since the change in definition of "fully vaccinated" occurred after the first group session was held. In these subsequent groups participants expressed understanding of the need to be vaccinated and boosted.

Concerns raised by participants from group two were that people that were vaccinated with two doses and had their booster dose, were still getting sick while in isolation. This caused confusion for participants as it made them feel like the COVID-19 vaccines weren't working. The other issue that came up in that group was that there was no clear understanding of when to get a booster after testing positive to COVID-19.

In groups three and four, everyone was aware of the third dose requirement. Participants from group four said they had just heard about the new third dose requirement and were supportive or that they were simply aware of its availability to combat the Omicron variant.

Generally, all participant's understood COVID-19 vaccination requirements for adults (18 years and older), though there was more confusion about the requirements for children.

Participants in all four focus groups had shared their vaccination status, stating they had received two doses of a COVID-19 vaccine.

When discussing the availability of a booster dose and changes to the status of a person being 'fully vaccinated' now with a third dose, there were mixed responses and a lack of clear understanding across groups. Participants across all groups acknowledged they were aware of the availability of a booster dose. However, only participants in Group 3 understood the rational for booster doses and that it was now required in order for a person to be considered as up to date with their COVID-19 vaccines. This group was notable as most participants had high levels of English language skills and were predominantly from professional backgrounds.

In contrast new arrival and refugee participants in Group 4 were far less likely to have detailed knowledge about the current vaccine requirements. For this group, health access and support were provided by settlement services.

There was limited understanding for some participants of the required interval time between receiving a second and booster COVID-19 vaccine dose. As a result, participants suggested there was somewhat of a reluctance to book in for a COVID-19 booster dose as the recommendations were not clear.

The constant updating and changing of requirements is seen as a major contributor to this lack of detailed knowledge and confusion about current requirements.

Two specific considerations within this area are the role of overseas media sources and information from other countries, and the perceived lack of updated and readily available information in other languages especially for those with low English language skills.

- A number of participants identified that their understanding of COVID-19 and vaccines was informed by overseas information and media. This was particularly the case for participants who had recently arrived and who have low English language skills. This issue is considered in more detail later in the report.

- A significant number of participants indicated that they were needing to rely on GPs, service providers and other community members to keep them updated as they were not receiving updated information on a regular basis in a language they can understand and through media that they accessed.

- One participant expressed a lack of confidence in following the regulations, even while citing the correct isolation requirements:

> *"I didn't know anything. I knew I had to isolate, how long to isolate. I knew I would receive a message after isolation finished and that I would have to do a test"* Group 1 participant

The delivery of factual, relevant, and trustworthy information remains a significant issue in the management of the pandemic and in the capacity of recently arrived migrants and refugees to understand requirements and comply with them.

Level of Ease in Accessing Information

Overall participants expressed few difficulties in accessing COVID-19 information, though there was significant variation in the sources for this information and the relative positioning of credibility and relevance amongst information sources.

- For English-speaking and professional background recent arrivals, information was seen to be accessed across government, medical and community-based sources.

- For non-English speaking refugees, information was still seen to be accessible directly from overseas and home country sources, though local information was supplemented by the role of settlement workers and health services.

Of particular note, even though a high level of ease was stated the responses to many specific discussion points associated with detailed knowledge, it was obvious that the consumption of information is not leading to detailed understanding and related behaviour. This is particularly relevant for those with more limited education and English language capacity.

The key factors contributing to this were:

- A perceived lack of accessible information on changing health orders and requirements.

- Difficulties experienced with the most current information only being available in English.

- The relative ease of accessing (translated) information in language from overseas sources.

- A perceivable gap between information received and willingness to act on it based on factors such as trust in the health system due to contradictions in information from different sources.

Delivering up-to-date and current information to recently arrived migrants and refugees remains a significant issue during this pandemic.

Understanding of vaccination requirements for children

While significant issues remain around boosters and their role, all participants among all four focus groups identified as either being a parent, grandparent or having an immediate family member aged between 5 – 17 years old. In discussions most of the participants acknowledged they were aware of the vaccine requirements for children aged 12 – 17 years old and newly available vaccines for children aged 5 – 11 years old.

Participants were able to support this by identifying the type of vaccines which are only available to children aged 5 – 17 years old.

Intergenerational households and living conditions were identified as one of the primary reasons behind staying informed and up to date with vaccine requirements for children. Where a few participants were supporting other family members with COVID-19 information. Specific circumstances referenced by participants included:

The perspective of a sibling supporting their niece and nephew…

"I had to help my brother and his wife with my niece and nephew. I've even had to help them do some of the RAT tests before they had to go to school" Group 3 participant

The perspective of a grandparent supporting their adult children and grandchildren…

"My kids' young children (grandchildren) go to primary school and live with us… so I make sure I know what is needed for testing because my wife and I look after them after" Group 4 participant

High level awareness of COVID-19 recommendations and requirements

One insight that can be made is that the Federal government has previously successfully provided a significant amount of persuasive information to communities on the initial two doses of COVID-19 vaccinations.

There is a significant and notable lack of persuasive information on booster doses and vaccination requirements for children aged 5 – 12 years old being made available or recommended to communities.

Persuasive material on initial two doses

The discussion around information sources delivered a rich and broad set of contributions.

The varying nature of information sources requires a consideration of relevance and trust of information sources for newly arrived migrants and refugees.

- The main source of reactive information was from news media reporting across English language TV channels and SBS. This was notable across the range of participants regardless of English language capacity. A consequence of this is that for participants with limited English language skills, information and message uptake can be affected by lack of detailed understanding or confidence.

- Government information was identified consistently as a trustworthy source of information that was either directly sourced or referred to through language specific media. In terms of the specifics of this information, participants identified state-based information sources and spokespeople over the Federal government's website. Specific references were made to New South Wales Health, the Premier of New South Wales, Victorian Department of Health, the Premier of Victoria Dan Andrews, Queensland Health, and the Premier of Queensland.

While the Federal government retains significant control around the overall response to the pandemic, the preference was for state-based information sources and associated trust with government figures. This is seen as relevant as jurisdictions do differ in their public health orders around COVID-19 which was acknowledged by several participants.

"I get up-to-date information from the New South Wales health service. It's believable when it's from the government Department and I also receive emails and messages" Group 2 Participant

"I usually just go to Dan Andrews Twitter page and find the updates there" Group 3 Participant

The role of state and territory governments as information providers was appreciated and valued by participants in all groups.

- Online information and overseas websites were consistently identified in the discussion groups. These varied from Burmese YouTube videos to country-based news outlets and webpages. One participant stated that the Australian media did not give a wide enough range of information and views and preferred media from the USA, where varying/opposing professional opinions would be published, thus accessing a range of views.

- One participant from group four reported vaccination and isolation requirements that had been gleaned from a source from their country of origin. Overall, there is a significant use of internationally sourced information.

"I use different sources of information rather than official websites from other parts of the world other scientific professional organisations relevant to my own medical background. Queensland government official websites don't refer to the complications of the vaccination. I learned from research about different types of vaccines on international websites. I would like more available resources to learn about the side-effects of the vaccine" Group 1 participant

- Information that was not necessarily relevant to Australia or was from unreputable sources was mentioned by several participants, suggesting that information sourced overseas or from home countries is not necessarily correct. While this information is more accessible to many of the participants there was a suggestion that it could be misleading or contradictory to other things they had heard.

- Community based information sources were also prominent in discussions and seen as a valuable source of information access on COVID-19. The delivery of information through trusted community conduits was a preferred source, especially for those with limited English language skills. Information sessions in language were highly regarded, as well as appreciated. Participants in Group 2 specifically identified the role of churches and mosques as important places for information access.

"The news becomes accessible when it's being shared at a community level. I used to attend an African Mental Health Men's circle – when someone comes to speak to us in the most accessible language – I find this the most useful. This is better than reading the headline of the newspaper." Group 2 participant

- One participant, a community leader, (from Group 3) indicated that he maintains accurate and up to date knowledge of the changing requirements to inform the community, also attending fortnightly information sessions (facilitated by the Victorian Multicultural Commission) specifically directed at community leaders of multicultural communities.

- The role of trusted community conduits as information providers was evident in the groups especially those with limited English language or who are refugees and should be continued as an important information delivery channel.

"Workshops at community level, in mosques and churches to me sounds more interesting. There is social media but for most of us information such as getting the vaccine, we don't only rely on websites. There is contradictory information from website to website. It is better meeting people in their natural setting without comfortable because people know each other and they support each other and if they are all given the same information on the same page, then they can share amongst themselves" Group 2 participant

Social media was identified by all four groups as the predominant source of COVID-19 information. The use of platforms differed across groups which included:

- **Facebook** which was actively used by the majority of participants. References were made to community specific pages that operated as points of information distribution in the community's language. Facebook was consistently identified as the most frequently used social media platform.

- **Viber** was identified by Afghan background participants.

"We don't do searches in English; we have a Viber group which we use and through which links are shared" Group 4 participant

- **WhatsApp** was also identified as an important platform that is used by various communities to keep in touch and to share information.

The explosion of social media options, and their obvious use across many newly arrived refugee communities should be added as another important source of information distribution to this cohort for COVID-19 information.

Language Preference

There was a strong preference for participants to access translated information on COVID-19 in their preferred language. Participants with low English language proficiency (ELP) expressed they have consistently only been accessing information in their preferred language.

> *"We are confused about changing rules, we need more information in our language"* Group 4 participant

> *"Sometimes I try to read in English, when I don't understand, I copy and paste into to (Google) translator then I can understand more, sometimes."* Group 3 participant

For participants who spoke English and participated in English-speaking groups, there was a lower need for language specific information and resources. When questioned about the needs of the broader community all participants acknowledged that a significant proportion of their communities would require translated information. This was referenced either as a generational issue, that is older people from communities, or an issue more specific to refugee arrivals who are not subject to English language requirements for migration.

> *"It's a generational thing for me… I would listen in English but understand this would not be appropriate to another generation who would only be comfortable or confident to follow guidelines aforesaid to them in their language by people they know or can relate to"* Group 3 participant

Almost all participants stressed the importance for appropriate translated information on health-related topics. This was consistent between participants with low and higher ELP.

Information Type

While responses on the type and format in information was not explicitly requested, a few participants indicated that visual and audio material produced in the community's language would be an important means of distributing COVID-19 information.

> *"I need to translate for my husband. Some people are more visual, not interested in reading. If there were visually based materials such as podcasts in multiple languages for people who are not as literate. Audio-visual be beneficial when they won't have to go to international resources and find contradictory information that is confusing, and they can have information specific to where they are living"* Group 1 participant

Lack of persuasive material on boosters and children

Concerns on vaccine effects on children

Unlike in previous phases, the focus now needs to be on convincing people, providing detailed information and rationales.

Although most participants understood vaccination requirements for children and those who were parents of children indicated their child had either been vaccinated or plan to, concerns were raised on the potential negative effects of the vaccine.

Participants from Group 1 stressed they were unsure of the future implications the vaccine may have on their child. This was due to the forms of information they were accessing which indicated there was potential 'negative biological impacts' that could occur. When asked to provide examples of the referenced biological impacts, participants preferred not to comment.

> *"It's daunting trying to make a decision regarding taking them for vaccinations, as I am worried about a negative biological side effect appearing in the long term."* Group 1 Participant

As with all parents, participants identified as parents remain concerned about vaccine impacts on children. What needs to be stressed is that for this cohort, concerns for children may be heightened given their recent refugee experiences, and the lack of detailed knowledge and awareness. This is compounded by the preference of many to access information from overseas sources rather than directly from Australian government sources, even though Australian sources remain credible and reliable sources of information.

Conclusions and Recommendations

COVID-19 is having significant impacts on the lives of recently arrived migrants and refugees. These impacts are either caused by or exacerbated by a range of demographic characteristics specific to this cohort such as:

- Lack of English language proficiency,
- Employment in low skilled itinerant and out-of-home work situations,
- Large family structures often in multigenerational households, and
- Small home sizes.

COVID-19 Information

Generally, all participant's understood COVID-19 vaccination requirements for adults (18 years and older), though there was more confusion about the requirements for children. Overall the impression given by most participants was that while they had a level of general knowledge,

they expressed a lower level of knowledge around specific supports and provisions for people with COVID-19, as well as relevant compliance and behavioural information.

There is a significant lag between new requirements being determined and people who have recently arrived being aware of what is expected of them. This is more likely to be felt by those new arrivals who are not receiving services from formal settlement support organisations who have taken significant steps in keeping their clients informed and up to date with vaccinations. The constant updating and changing of requirements is seen as a major contributor to this lack of detailed knowledge and understanding about current requirements. The delivery of factual, relevant, and trustworthy information remains a significant issue in the management of the pandemic and in the capacity of recently arrived migrants and refugees to understand requirements and comply with them.Their needs are varied and any information dissemination approach needs to understand how information is accessed and processed, the media which is most relevant and the language considerations particularly in the form of translated information is delivered. This covers both the level of detail in communication and the messages associated with the information that will achieve behavioural change.

There is currently a need to focus information to this cohort on the importance and benefits of getting a booster and information about vaccination intervals.

Recommendation 1:

To focus current information production and delivery to migrants and refugees on the efficacy and relevance of boosters. Equally it is important to provide technical information regarding intervals between vaccinations and the current vaccinations that are available.

The area of COVID-19 information access suggested a range of individual capacities and experiences. Those who are English speaking and tertiary educated were less likely to experience barriers in terms of information access, though there were also issues around the access of international information and whether this assisted or indeed contradicted Australian government information.

For those recently arrived with poor English language skills and lower levels of education, information access was seen to be delayed and impacted by the need for accessible information in their first language. Equally this latter segment indicated a preference for audio/visual information over tech space information, and a preference for face-to-face community specific information delivery through trusted intermediaries and organisations

Recommendation 2:

Increasing the efficacy of government information on COVID-19 changes for vaccination and the management of COVID-19. This will be required to be delivered through more timely information that is translated and that is produced in multiple formats including text, audio and visual and face-to-face information delivery.

Recommendation 3:

That the Federal government produce translated information that delivers a clearer understanding of what is meant by 'mild symptoms' and when to seek further medical support so that it aligns with accepted medical definitions.

Recommendation 4:

Information provision to the community through formal media needs to be retained but also needs to be complemented by the utilisation of community intermediaries and organisations to both validate current information and to dispel potential misinformation.

Recommendation 5:

That Federal government data identifying preferred language *i.e. Services Australia* be linked to COVID-19 information activities so that information on COVID-19 can be directly delivered to newly arrived migrants and refugees in their preferred language.

PCR and RAT Tests

The need for PCR tests and RAT tests were generally understood, with most negative experiences being concerned with accessing RAT tests. Within this, the perceived lack of available information on using a RAT test was notable across a large number of participants who spoke English poorly or not at all.

Recommendation 6:

The Federal government needs to increase the level of information provision to eople with low English language proficiency on the correct use of RAT tests as there is little available translated information associated with the tests.

Recommendation 7:

That RAT tests be provided free of charge to recently arrived migrants and refugees and that the number of RAT tests per household be allocated in proportion to the number of people in the household.

Recommendation 8:

The Federal government needs to explore innovative ways to deliver instructive information on RAT tests to CALD communities including the potential use of QR code stickers on RAT test kits that link to approved government information online

Employment & Household Income

The impacts of COVID-19 on employment and income were particularly felt by participants many of whom had experienced job losses or a reduced income. The examples given demonstrate the particular vulnerability of the employment in which many of the participants were involved. Those with low skilled, low-paid, out-of-home and itinerant work were most likely to have lost their jobs or not been able to undertake work commitments due to isolation requirements or fear of contracting the virus.

This resulted in heightened level of anxiety with many of these new arrival migrants and refugees needing to work yet not wanting to put their families at risk. The main finding in this regard was the low level of understanding by participants of available financial and other material supports.

Recommendation 9:

While there is little that can be done to address the vulnerability of employment for many recently arrived migrants and refugees more efforts need to be made to communicate available supports both financial and otherwise that could assist workers being affected by COVID-19. This information should be standalone and clearly communicated through appropriate means.

Home-schooling

The difficulties and impacts of home-schooling were particularly felt by respondents. Overall participants with children felt that home-schooling was greatly inferior to school-based learning and felt especially inadequate in their inability to support their children during home-schooling and abandoned by school systems not providing adequate support for migrant and refugee non-English speaking parents. This has resulted in ongoing concern and stress for parents.

The ability to support children at school remains an ongoing issue and much more needs to be done to support parents with limited capacity to provide home schooling or to assist with home-based learning.

Recommendation 10:

In situations in which home-schooling is mandated, particular attention needs to be given to supporting parents with limited English language capacity and digital literacy or assets. This could take the form of a tutoring scheme for parents supplemented by the provision of information technology hardware to meet the needs of families.

Community & Spiritual Life

In terms of community and spiritual life, COVID-19 has had significant impacts on the ability to gain support from community structures and religious institutions. While many participants retain the capacity to access the internet and social media platforms, there was a significant level of isolation experienced. This isolation resulted in ongoing stress and concern, especially as in many cases it was exacerbated by not being able to travel home overseas, especially to visit sick or dying relatives.

Recommendation 11:

Government considerations need to give particular attention to the impact of isolation on recently arrived migrants and refugees. Supports and information provision must be considered for appropriate mental health service options and in supporting community led initiatives to address the impacts of isolation on this cohort.

Appendices

Appendix 1: Discussion Guide

DISCUSSION GUIDE

Project/Activity: Settlement Council of Australia - Living With COVID-19 - Migrant and Refugee Communities Impacts/Experiences

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Interview Discussion Guide

Introduction:

Hello, my name is [INSERT] and I am from Cultural Perspectives. We have been asked by the Settlement Council of Australia (SCOA) to facilitate a number of discussion groups to get an understanding of the issues and experiences that recent arrival communities have faced during the pandemic. SCOA will use the findings from these discussions to represent your experiences to relevant government forums and committees.

As such we are keen to hear from you, hear your experiences, perspectives and stories about how you, your family, and your communities have been affected by the pandemic, as well as the supports you have received and challenges you have faced.

Explain:

- This session will run for 90 minutes and will be an informal discussion.
- I would like to record the discussion on a digital recorder. The recording is just for us to help us with our notes so that the report includes all of your thoughts/ideas. Are you happy for me to record the interview?
- Participation in the discussion is voluntary, and you can choose not to participate in part or all of the discussion.

- These sessions will be recorded and eventually transcribed and analysed but your identity will not be revealed. We are not collecting information about individuals.
- Do you have any questions before we begin? *(If Yes, answer questions)*

Consent:

Do you agree to participate in the interview? Yes/No

Are you happy for our discussion to be recorded? Yes/No

If not I will take notes.

Introduction (5 mins)

As a way of learning a bit more about you please tell us a little bit about yourself and your family situation especially as it may apply to your experiences during the COVID-19 pandemic.

General Experiences of COVID-19 (10 mins)

We are interested in your experiences of the COVID-19 pandemic so far.

1. What is your level of understanding of the vaccination requirements? [To consider: whether this extends to specific information such as boosters, vaccination for 12 to 18-year-olds, vaccination for children over 5?

2. What are your main sources for information about COVID-19 and vaccinations? [PROMPT: for specific sources and whether these are in English or in languages other than English?]

    a. How useful has this information been?
    b. Which resources were most helpful to you?
    c. Who do you consider to be the most trusted source of information? [PROMPT: Federal/State government/community leaders/workplace]
    d. Could it have been improved in any way?

3. Have you, any of your family members or community members tested positive to COVID-19?
    a. How did the virus affect you or the person testing positive? [PROMPT: Types of symptoms/hospitalisation/impacts on daily life]
    b. FOR THOSE TESTING POSITIVE/WITH POSITIVE FAMILY MEMBERS: Did you have appropriate information and support while you/or your family member were COVID-positive? [PROMPT: access to information on isolating/access to GP/Hospitals]
        i. Did you feel comfortable sharing your/or your family member's COVID-positive result with others? IF YES – Who? [PROMPT: Other family members/workplace/other community members]
        ii. IF NO – Why not? [PROMPT: Sense of guilt/sense of stigma]

General Experiences of PCR and rapid antigen tests – RATS (15 mins)

As you would know the cases of COVID-19 has increased significantly over the last few months, which has required many people to seek COVID testing (PCR) or to use rapid antigen tests at home.

4. What have been your experiences in getting PCR tests? [PROMPT: locating testing venues/receiving results/understanding the PCR test results]

5. What have been your experiences in accessing RATS and using them?

6. Have you been able to find information about both PCR tests and rats?

    a. What were the main sources of the information you have received?

    b. What were the formats of the information you have received?

    c. How much of this was available in your preferred language (if not English)

Impacts at Home (15 mins)

7. For those of you [who have had COVID-19 or had to support family/community members with COVID-19], what have been your experiences around isolation requirements within your home?

    a. Were you aware of the isolation requirements?

    b. Where did you access information on isolation requirements?

8. Are there any other issues that you experienced with home isolation? [PROMPT: Access to food/access to medical support/childcare support]

Work & Income (15 mins)

We are interested in understanding if your experiences of COVID-19 have had an impact on your ability to work, and your household finances.

9. Have you or other members of your household had your employment affected by Covid? [PROMPT: for individual experiences, whether they were time specific or ongoing]

10. Has your household been affected financially as a result of COVID-19?

11. Are you aware of the availability of government financial support that may be available to you?

    a. Where would you usually get this type of information? [Let participants know that you can provide them with websites where further information can be accessed]

Children & School (15 mins)

We are interested in understanding your experiences if you have school-aged children.

12. How has COVID-19 impacted on your children's schooling?

13. What level of assistance did you receive from your child's school while they were at home? [PROMPT: for both level of support and its adequacy]

14. How do you feel about your children returning to school?

a. Are you aware of the COVID-testing requirements for them to attend school?

b. How comfortable are you with these requirements?

15. How appropriate and understandable is the information you have been receiving from the school? [PROMPT: for related information]

Community Life (15 mins)

16. How has COVID-19 impacted on your social/cultural/religious life?

17. What community supports are you aware of that are happening in your network? [PROMPT: for information, checking in on isolated community members, food relief, education resources from your social network or religious community]

18. Is there anything else you would like to say about your experiences of COVID-19?

Thank you and close.