

MIGRANT, REFUGEE AND MULTICULTURAL YOUNG PEOPLE

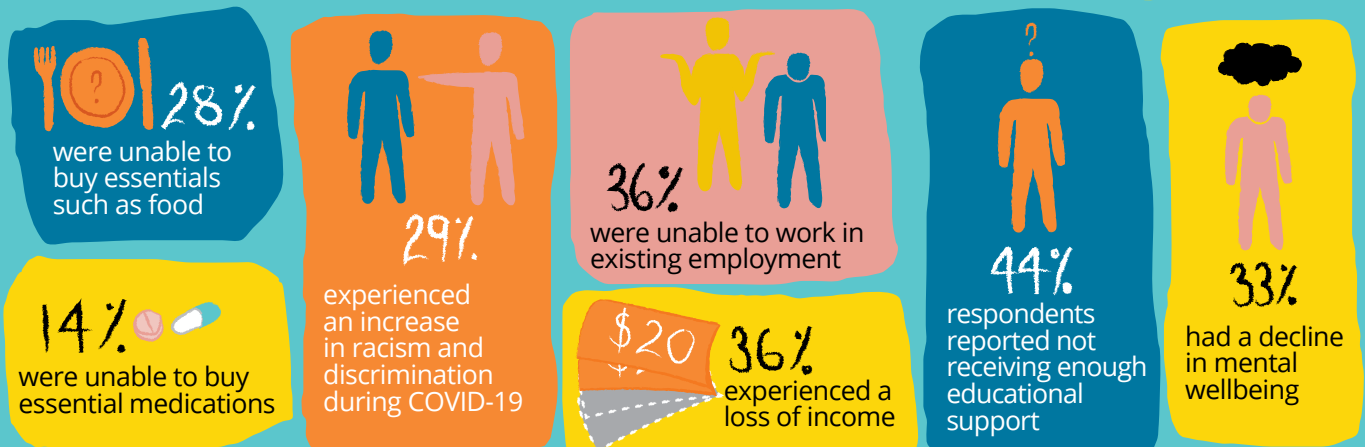
EXPERIENCES OF COVID-19

The following paper represents the experiences of young people consulted by YACWA between June and September 2020. While by no means comprehensive, it aims to provide a snapshot of the experiences of migrant, refugee and multicultural young people across Western Australia through the COVID-19 pandemic and recovery. This paper was co-authored by the YACWA staff and the YACWA COVID-19 Youth Steering Group. This paper should be read in conjunction with the ["Framework for Young People's Recovery from COVID-19"](#) in Western Australia produced by YACWA in August 2020.

THANK YOU TO THE YOUNG PEOPLE WHO GAVE THEIR TIME AND SHARED THEIR EXPERIENCES WITH US TO PRODUCE THIS PAPER.

KEY FACTS

DURING COVID-19 THE MULTICULTURAL YOUTH ADVOCACY NETWORK OF WA (MYAN WA) SURVEYED MULTICULTURAL YOUNG PEOPLE ON THEIR EXPERIENCES OF THE PANDEMIC¹. THIS SURVEY REVEALED THAT AMONGST RESPONDENTS:



AYESHA'S STORY²

Ayesha is a 20-year-old student who migrated to Australia from Sudan at the young age of 8 with her family. Prior to COVID-19, she was working 2 jobs to support her large family of 10. Ayesha's parents are currently unemployed and are receiving Centrelink benefits, as her father has been recognised as a disability pensioner for the past 10 years and Ayesha's mother is her father's carer. Ayesha is currently working approximately 20 hours a week at a supermarket as a cashier, and also tutors English to young members of her community. Following the announcement of the global pandemic, Ayesha's university has transitioned to online learning.

When panic buying within the community started, her supermarket job instructed Ayesha to work an additional 20 hours per week, meaning she is now working full time. This has meant Ayesha is now falling behind in her university studies. Ayesha's family and culture place a high value on education, which means Ayesha puts enormous pressure on herself to academically succeed and catastrophizes academic failure, as it may hinder family acceptance and contribute to shunning within communities. However, Ayesha has been unable to directly contact her tutors or lecturers for help during this period, and has recently failed two assignments. She is also experiencing burnout due to her ongoing full-time work commitments. All of this is contributing to her experiencing poor mental health. Additionally, Ayesha's family has encouraged her to self-isolate after work to avoid causing any health related issues for her ill father, and her large family. Ayesha has become isolated, and helpless about how she can overcome these difficulties and this has significantly contributed to feelings of mental, physical and spiritual fatigue.

KEY THEMES FROM CONSULTATION

EDUCATION

When young people were sent home from school, they were expected to consistently engage with online learning. For young people who speak English as an additional language,³ the support to engage in a difficult education system was not provided to the same standard or quality in a remote learning environment. This was compounded for young people from schools in low socio-economic areas that had even fewer resources to support young people to stay engaged. Additionally, many young people from migrant and refugee backgrounds didn't have the technology to continue to engage with education online. It is likely that the barriers facing young people with English as an additional language will cause them to return to school behind their peers.

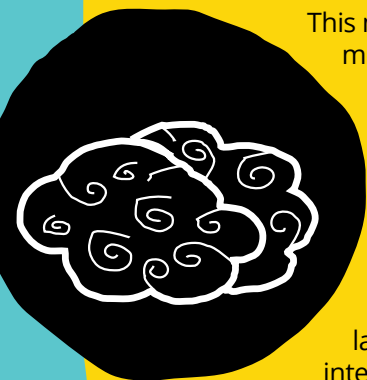


HEALTH AND MENTAL HEALTH

There has been an alarming increase in experiences of mental distress for young people in Western Australia, however, migrant, refugee and multicultural young people have been disproportionately affected by the lack of services available to them. Conversations challenging the stigma of mental health have often left behind multicultural communities, and in many cases this stigma continues to persist. While multicultural young people are leading the charge in changing the conversation around mental health, they have not historically had the support of the mental health service system and institutions behind them.

This means there are additional barriers for multicultural young people to address the stress and mental health impacts of COVID-19. This is compounded by a system that many multicultural young people felt was not ready to support their unique health concerns and challenges, particularly with topics such as racism. For those who are not Australian citizens, not being able to access Medicare subsidies for psychological services places a financial barrier to accessing support.

Many young people with English as an additional language found it difficult to navigate the telehealth system, either because they did not have the technology or interpreters to support them, or they had a harder time understanding their General Practitioner (GP) without body language cues. Migrant and refugee young people faced additional pressure during this time to interpret for their family and support them to navigate the new telehealth system.



EMPLOYMENT AND FINANCIAL INSECURITY

Refugee and migrant communities already face significant inequality when securing employment and this has been exacerbated drastically during COVID-19. In many families, refugee and migrant young people bear the burden of working to support their families. Whilst financial support was provided to Australian citizens, many new migrants and refugees were ineligible for these benefits. This exacerbated financial insecurity and ultimately increased the burden on mental health of migrant and refugee families. Many refugee families have had to rely on donations and food banks to support their families during these difficult times, however many of these programs were short-term which has only increased anxiety about the future. Many local food banks experienced shortages in supply during COVID-19, which contributed to longer wait times, and further exacerbated the nutritional inequality that new migrants and refugees were already experiencing.



RACISM

Racism is already an entrenched feature of Australian society and the COVID-19 pandemic revealed existing impacts of unjust and actively discriminatory systems. COVID-19 also increased overt incidents of racism in the community. In particular, Chinese and East-Asian young people reported an increase in incidents of racist abuse⁴. One young person described avoiding shopping centres for the period of the pandemic so as to avoid racist abuse. The Sinophobia experienced has been both overt and covert, however, it is identifiable to the victim, and for many young people this contributed to an increase in mental ill health and a fear to leave their home. Policy decisions of the Australian government also perpetuated these attitudes. For example, the decision to quarantine an arriving plane of Chinese-Australians on Christmas Island, while quarantining a plane of European-Australians in Darwin. With Christmas Island notoriously known for the inhumane incarceration of asylum seekers, young people felt that Australians were sent the vivid message that Chinese-Australians should be treated by this standard and this fueled the fear of people from East Asian backgrounds. The progression of COVID-19 in Australia has further discriminatorily portrayed many communities of colour. This has been seen in the public vilification of Aboriginal and African communities for holding “Black Lives Matter” rallies, even when these abided by COVID-19 government regulations.



RECOMMENDATIONS TO START OUR RECOVERY

WHAT

Provide additional financial relief for refugee, migrant and international students, recognising the poverty and hardship that has emerged following from COVID-19.

Develop an Inclusive Education Strategy, with focus on investment to bridge the gap in educational support and outcomes for vulnerable students and those living in areas with the highest educational disadvantage, particularly young people from refugee and migrant backgrounds and young people living in poverty.

Provide additional support for schools to assist young people with English as an additional language to catch up on missed schooling, particularly those in Intensive English Centres (IECs).

Develop targeted engagement and communication strategies for young people from refugee and migrant backgrounds and their families to increase access to information about social supports in culturally appropriate ways, including multiple languages and offline engagement.

Fund dedicated youth peer support programs for young people from refugee and/or migrant backgrounds, with a particular focus on supporting young multicultural leaders to lead conversations on mental health.

Provide training, such as “Gatekeeper training”, to cultural leaders in multicultural communities that assist them to tackle stigma, and support individuals to connect with mental health support in their communities.

WHO

Department of Communities

Department of Education

Department of Education

Department of Premier and Cabinet and Office of Multicultural Interests

Mental Health Commission

Mental Health Commission



1. Multicultural Youth Advocacy Network of WA (2020) The impact of COVID-19 on WA CaLD young people, Retrieved from: <https://www.yacwa.org.au/research/2020-myan-wa-cald-youth-survey/>
2. Ayesha is a fictional story made of composite experiences representative of stories from real young people.
3. *the term English as an additional language is used here to acknowledge that for many young people English is sometimes their second language, however it can also be their third or fourth language and to capture the nuances of the situations of multicultural young people.
4. Multicultural Youth Advocacy Network of Western Australia (2020) The impacts of COVID-19 on WA CaLD young people. Retrieved from: <https://www.yacwa.org.au/research/2020-myan-wa-cald-youth-survey/>

