



Muslim Women Australia

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Muslim Women Australia: Responding to COVID-19

AN INTERIM REVIEW OF THE ON-THE-GROUND EXPERIENCES OF CALD COMMUNITIES IN THE INITIAL PHASE OF THE COVID-19 PANDEMIC

INTRODUCTION

Muslim Women Australia (MWA) acknowledges the difficult and exceptional circumstances that the community finds itself in during this health crisis and in particular our clients who are some of the most vulnerable in the community. We are committed to ensuring that those who need support the most during this time of difficulty will continue to be supported.

We also acknowledge that as the COVID-19 situation continues to evolve and progress and how we serve our clients and protect their health and well-being, and that of our own staff, also needs to evolve. We continue to access health authority updates to ensure that our service delivery is responding to the rapidly changing conditions.

It is important to note that the COVID-19 pandemic has occurred after Australians have dealt with the ongoing climate disasters of drought, followed by a severe bushfire season as well as flooding across some parts of NSW. The cumulative effect of these national disasters in such quick succession has been overwhelming and those parts of our society that are least able to withstand such tragedies are often the ones most impacted by them.

The implementation of social distancing requirements, the closure of non-essential workplaces and the general tightening of restrictions, and preventative measures taking place across all levels of society, have had real social implications.

This paper provides a brief review of the impact the global pandemic, and the Australian response to it, has had on the clients of the MWA, its response to the escalating crisis and recommendation for short-term actions required to address these issues.

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IMPACTS OF THE PANDEMIC

1. The MWA supports a number of key cohorts of clients. These include:
 - a. Families at risk of homelessness
 - b. Women & children who are victims of family and domestic violence
 - c. Newly arrived migrants and refugees needing settlement support
 - d. Senior women who are already at risk of social isolation and require support to maintain community connections and an active lifestyle.
 - e. Children and Young People of CALD backgrounds struggling to manage distance education, social isolation, being at home with their families all the time, lack of connection with friends, closure of all sporting and recreational activities.
2. While some of the above services are funded by government, not all are and the MWA is continually looking for community and philanthropic support to sustain these programs.
3. Over the last month, in particular, the MWA has seen a significant and sustained increase in demand across all groups. With the introduction of even stricter restrictions on social movements and businesses that demand is envisaged to grow exponentially with the pandemic.
4. The most significant impacts that we have seen to date are in the following areas.
 - a. **Domestic and Family Violence**
 - i. Due to the increased pressure that has been experienced by families we are already seeing the higher risks of domestic and family violence starting to manifest. The contributors to this are the commonly recognised factors including the financial strain from loss of/reduced income, the added stress of having children at home and needing to educate them, and the general uncertainty of the current situation. For CALD communities in particular, however, there is another level of complexity that, sometimes, is not appreciated.
 - ii. Access to extended family plays a crucial role in the support structures of CALD women and children generally, but even more so for those at risk of violence from a partner. The social distancing regime introduced in response to the pandemic, while necessary from a health perspective, firstly removes access of CALD women to their most accessible support structure and secondly adds a level of stress in the current situation that is over and above what other families may be experiencing because of concern for elderly relatives and the general isolation such a situation has created.
 - iii. Families need to be provided with strategies to cope with these pressures. Even the most harmonious of families are struggling to maintain the harmony in their homes because of the added pressure.

b. Information and Messaging

- i. Constant feedback our front-line staff are hearing is in relation to the information and messaging circulating both as to the risks of COVID-19 as well as the new requirements that are being introduced at a rate that is often too fast for people from CALD communities to digest.
- ii. A good example of this is the confusion regarding schools with people being told schools are open in some places but some, independent, schools closing, and in the same sentence while being told schools remain open, they are also being told to keep their children at home. Our clients are generally from the lower socio-economic demographic and rely on both parents working just to meet their basic essentials. To keep children at home often means that one parent is unable to attend work and so this issue has placed added stress on them in trying to determine whether they can send their children to school or whether it is even safe for them to do so.
- iii. Further, it needs to be remembered that CALD communities rely on non-mainstream channels for much of their information. A televised press-conference late at night or early in the morning, that is often couched in technical terms and full of multiple key messages, gets little reach or traction into those communities. Generally, they will rely on that information then being reshared either through ethnic media, social media or through their personal family connections. This process, under normal circumstances, takes time to filter through. In the current environment this lag in our clients accessing this information has led to heightened levels of anxiety, a greater reliance on non-official sources of information and a greater level of confusion.

c. Technology

- i. Many of the suggested responses to the current situation involve the increased use of technology and new forms of communication. While this may not pose a material risk to the average Australian, it certainly does for the majority of our clients who are either from a CALD background or elderly.
- ii. This challenge has manifested in 3 key areas – firstly, access to suitable technology. Not every person has access to an internet enabled device or to one that is current enough to handle the increasing demands of live-streaming and videos. Secondly, there is a capability issue in that people who, previously, may have had little or no online presence are now faced with this being a major channel for them being connected. The simple tasks of learning how to engage in this new world is daunting in normal circumstances let alone the abnormal time we find ourselves in at the moment. Finally, there is a connectivity issue. Many of our clients either do not have, or don't have adequate, internet connectivity.
- iii. When we add this issue on top of the obligation to now educate children at home the level of anxiety and stress introduced into the family environment is

unprecedented. This is placing a lot of pressure on families who are not feeling up to the task, but do not want to put their children at risk of either getting sick by leaving the home or missing out on their education because they cannot provide the physical means for them to continue to learn.

d. Financial Distress

- i. The MWA has seen a marked increase in clients reaching out for support who are under financial stress. This may be in relation to their inability to buy basic necessities; increased rental distress; the need to set-up a home environment for their children to access online learning etc.
- ii. While the various support packages introduced by Government are welcome it needs to be acknowledged that these packages will not meet the needs of all people or necessarily be available in a timeframe that will alleviate all financial distress.
- iii. The timing issue has meant that some people have already been dismissed from their employment and may be several weeks out of pocket before they are rehired, or it may be several weeks for government support to flow through to specific individuals even though it will eventually be backdated.
- iv. Also, due to the previously mentioned issue around information, many people are still unclear as to what support is available, how they can access that support and what this will mean in the long term e.g. some individuals have struggled to understand the situation around tenancies and the moratorium on evictions, thinking this has meant that they do not have to pay their rent.
- v. We are finding that we are needing to support clients for the first time who have not previously needed such support because they are unable to manoeuvre their way through the process of accessing support and/or they no longer have direct access to their own social networks that would normally be available to them. This includes International Students who have lost their jobs and are struggling to cope, being away from family and their social networks, their health and well being has been severely affected, on top of the financial distress they are experiencing.
- vi. The above matters are not exhaustive but only indicative of the experiences our frontline staff have encountered in the early stages of the pandemic. In the next section we outline the immediate actions taken by the MWA to better respond to these challenging times.

MWA EARLY RESPONSE TO THE PANDEMIC

1. On 12 March 2020 the MWA triggered its Business Continuity Plan in response to the escalating situation and an assessment by management of the likelihood of significant restrictions being introduced to counter the pandemic. Key components of that plan have included:
 - a. Transitioning all communications to be remotely accessible;
 - b. Provisioning essential staff with resources to enable them to do their work remotely;
 - c. Testing and refining of the MWA technology plan to ensure all key client services were able to be performed with minimum, or no, face-to-face client contact;
 - d. The introduction of new workplace practices to minimise the risk of virus transmission;
 - e. Testing of online collaboration platforms to support remote team communication and case management;
 - f. Communication with all clients in relation to the proposed changes and how they may be impacted;
 - g. The transition of face-to-face programs to online platforms.
2. Having a prepared business continuity plan, and its early instigation, has minimised the disruption to both staff and clients alike; has provided a sense of safety and security to those who need our services the most and has ensured that there has been no disruption in our ability to support our clients.
3. This has come at a cost, particularly in terms of technology and online support, that was not previously budgeted but is considered critical to maintain operations.
4. In relation to the response specifically connected with the pandemic we note the following actions:
 - a. **Communications**

The MWA has commenced a comprehensive communication campaign to its members, clients and the community generally to ensure that key messages are being promulgated in simple language and digestible form.
 - b. **Online Programs**

As mentioned above, many of our health and well-being programs, particularly those previously used by the elderly and children and young people, have been migrated to online platforms and using live streaming. This has posed a challenge in ensuring that every participant who would normally access these programs is still able to in terms of having access to appropriate technology. This is an ongoing issue that we are seeking innovative ways of responding to.
 - c. **Service Provision**

The MWA has been strongly engaging with its clients and communities to ensure they are aware of the ongoing support available, the means of accessing MWA assistance and the measures in place to ensure this is done in a safe and secure way.

CONCLUSIONS AND RECOMMENDATIONS

1. The evolving and changing nature of the response to the COVID-19 pandemic means that there is a heightened sense of fear alongside the health and wellbeing impacts of isolation and fear amidst uncertainty on mental health and anxiety levels. Heightened anxiety is being experienced due to several factors, including but not limited to:
 - a. Individual health and wellbeing, generally and for specific sections of the community, such as the elderly, pregnant women and those with pre-existing medical issues;
 - b. Communal health and wellbeing: fear of being a carrier and impacting family, co-workers, friend etc who are most vulnerable of being impacted by COVID-19;
 - c. CALD and newly arrived women who already have increased barriers to accessing support and assistance;
 - d. Many CALD clients, with larger families, or who have connection to community as their main form of social interaction are finding it difficult to understand the need for social distancing and why larger family get together at home or in the park need to stop;
 - e. Clients feel triggered by the level of uncertainty, and confused by the unclear messaging, particularly for people who have left war torn countries, or have an existing fear of government

2. In considering the initial experiences of our frontline staff, and the impacts on our clients, the MWA strongly recommends that Government:
 - a. Provide additional funding for emergency financial relief to enable community organisations to be better able to respond to an increasing level of support for immediate financial needs.
 - b. Provide financial support for the provision of technology, both hardware and connectivity, to a broad range of people who would not have had the need previously.
 - c. Provide additional social housing stock, or funding for specialist homelessness support services to secure private tenancies for the increase in demand from people who have been severely impacted by the financial crisis associated with the pandemic.
 - d. Provide funding for specialist services to increase their frontline human resources to meet the increased demand for support in the current environment.
 - e. Review its communications strategies so that messages of such alternatives (video conferencing etc) to family gatherings are communicated in clear, simple language. Alternatively, to resource on-the-ground support services to undertake this function.
 - f. Provide additional funding to enable on-the-ground support services to offset the additional costs of investing in technology and other new online platforms that are critical to ensure that basic services are maintained to those most in need.
 - g. Recognise the need and resources for the development and implementation of a national social cohesion plan.