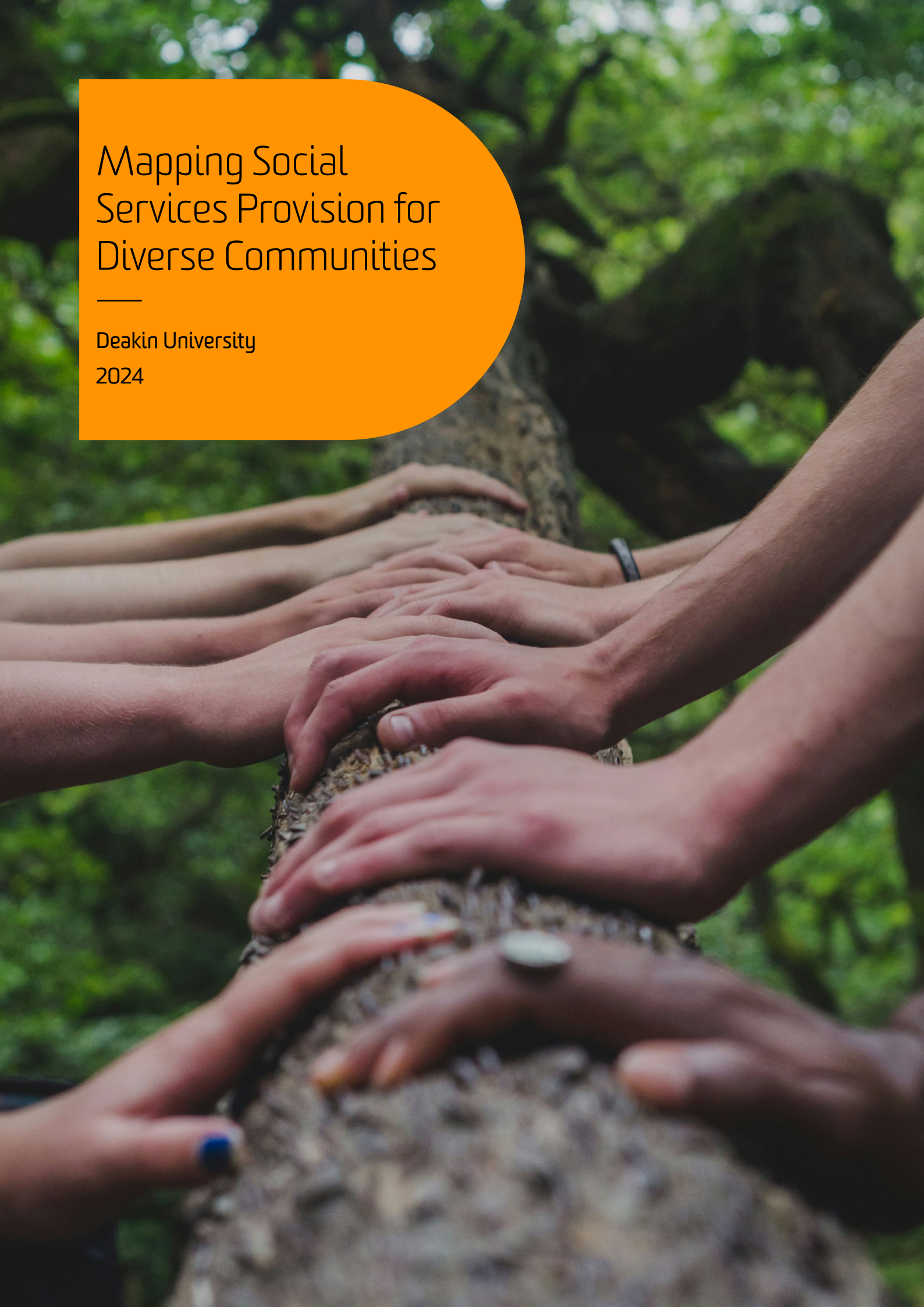




Mapping Social Services Provision for Diverse Communities

Deakin University
2024

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- Australian Multicultural Community Services (AMCS)
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- Settlement Services International
- Australian Multicultural Foundation (AMF)
- Brotherhood of St Laurence
- National Ethnic Disability Alliance
- Multicultural Youth Advocacy Network (MYAN)
- Cancer Council Victoria
- Multicultural Centre for Women's Health (MCWH)
- Hope Co-Op
- Islamic Council of Victoria

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A stylized, handwritten signature in black ink, appearing to read 'Fethi Mansouri'.

Deakin Distinguished Professor Fethi Mansouri

Project Leader

(On behalf of the project team)

Mapping Social Services Provision for Diverse Communities

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By

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Deakin University

in Partnership with

The Australian Muslim Women's Centre for Human Rights (AMWCHR),
The Victorian Multicultural Commission (VMC) and
The Ethnic Communities' Council of Victoria (ECCV)

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Centre for Human Rights**

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ARC Linkage Project

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‘Mapping Social Services Provision for Diverse Communities’

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Contents

Acknowledgements.....	2
Executive Summary.....	9
Background to project	9
Project design	9
What is the key issue and why is it important for Australia?	10
Key findings.....	10
Key recommendations.....	12
Introduction.....	14
Context and justification.....	14
Situating our project in the Australian context	15
Literature Review	16
Key concepts and theories that guide our project.....	16
Defining terms around multicultural individuals and communities.....	16
Diversity management.....	16
Mainstreaming.....	17
Active citizenship framework.....	18
Social service provision for multicultural communities: a review of the literature	18
Settlement support for new migrants.....	18
Mainstream and ethno-specific services.....	19
Social services in health, employment and housing.....	20
Our systematic review of the evidence on the impact of health services for multicultural communities	21
Project design and methodology	23
The impact of the COVID-19 pandemic on the project	23
Phase 1 methodology	23
Phase 2 methodology	24
Phase 3 methodology	25
Interviews sample.....	27
Survey sample.....	29

Findings	30
Phase 1: A new evidence-based typology of service provision for multicultural communities.....	30
Phase 2: The ideological and political drivers of the mainstreaming of social services in multicultural Australia	34
How has the Australian Government managed and approached the need for multicultural services over time?	34
How have discourses around policy, funding and/or service provision for multicultural communities developed over time and how have such discourses been used at various levels of governance?	35
Phase 3: The perceived impact of mainstreaming on multicultural Australia.....	39
Impact theme 1: The use of multicultural services is associated with a situation of vulnerability among multicultural communities.....	39
Impact theme 2: The use of mainstream services is associated with barriers experienced by multicultural communities.	42
Impact theme 3: The provision of multicultural services is associated with perceptions of inclusion for multicultural communities.	48
Impact theme 4: Use of multicultural services is associated with positive outcomes (i.e., civic engagement, bonding, bridging and linking social capital).	54
Impact theme 5: Benefits of “mainstreaming”	57
Discussion and implications	59
Multimodal and hybrid service provision	59
Fiscal burden shift in mainstreaming.....	60
Funding inequities and vulnerable communities.....	60
Mainstreaming and inclusion policy.....	61
Challenging the “parallel lives” hypothesis	62
Conclusion	63
References.....	64
Appendices	68
Appendix A: Survey questionnaire.....	68
Appendix B: Interview questions for policymakers/government stakeholders.....	72
Appendix C: Interview questions for social service providers.....	72
Appendix D: Interview questions for community members	73

List of Tables

Table 1 - A comparison of demographic compositions between the cities of Hume and Greater Dandenong, and a general Victorian and Australian population.	26
Table 2 - Breakdown of research participants' demographic details.	27
Table 3 - Four criteria are used to determine a service provider's multicultural capacity.	30
Table 4 - Two criteria are used to determine a service provider's funding.	31
Table 5 - Tabulation of scores for each service provider we interviewed, based on their multicultural capacity and funding. ..	31
Table 6 - Cross-tabulation: use of multicultural service providers by English proficiency.	40
Table 7 - Cross-tabulation: use of multicultural service providers by citizenship status.	40
Table 8 - Cross-tabulation: use of multicultural service providers by settlement period.	40
Table 9 - Valid percentages of people who experienced the barriers among participants who accessed at least one mainstream service in the last year.	42
Table 10 - Percentages of participants who agree with statements indicating that CALD people should have the right to access multicultural services.	49
Table 11 - Percentages of participants who agree with statements indicating the perceived effectiveness of multicultural services in their communities.	50
Table 12 - Percentage of participants engaged in civic engagement activities. In Australia what, if any, local community groups are you involved in? Tick all that apply.	54
Table 13 - Binary logistic regression results. Outcome variable: used multicultural services at least once in the last 5 years. N = 1,152.	55

List of Figures

Figure 1 - Phase 2 document selection process.	24
Figure 2 - Typology of modes of service provision based on their funding security and extent of multicultural capacity.	33
Figure 3 - Average number of barriers experienced among people with better and poorer mental health levels.	42
Figure 4 - Average number of barriers experienced among people of different religious groups.	42
Figure 5 - Average levels of perceived importance and their effectiveness of multicultural services among participants with lower and higher levels of belonging to their ethnic group.	50
Figure 6 - Average levels of perceived importance and effectiveness of multicultural services among people of different religious groups.	50
Figure 7 - Average levels of perceived importance and effectiveness of multicultural services among people with higher and lower English proficiency levels.	50
Figure 8 - Average levels of perceived importance and effectiveness of multicultural services among people from countries other than EU, NA and NZ.	50
Figure 9 - Average levels of perceived importance and effectiveness of multicultural services among people who settled in Australia in different time periods.	50

Executive Summary

Background to project

The Australian Research Council Linkage Project on “Mapping Social Services Provision for Diverse Communities” aimed to investigate the perceived impact and the ideological and political drivers motivating a shift in service delivery from community-specific to mainstream organisations, as informed by Australian state and federal government policies. There is no systematic research on this shift or its socio-economic consequences for diverse migrant communities. Yet this shift is gathering momentum in Australia and has also been reported in many other émigré countries. Often termed in the relevant literature as the mainstreaming of services, mainstream organisations are being increasingly characterised as best placed to cater to the needs of migrant communities, and community-specific service providers are seen as economically inefficient and a barrier to social integration.

Preliminary consultations with Partner Organisations (POs) for this project – the Australian Muslim Women’s Centre for Human Rights (AMWCHR), the Victorian Multicultural Commission (VMC) and the Ethnic Communities’ Council of Victoria (ECCV) – suggested that this shift towards mainstreaming has manifested in the direction undertaken by the Australian government in funding service provision for Australia’s migrant communities. What has been visible, yet under-researched, is the perceived impact of this on the wellbeing and socio-economic outlook of these migrant communities. In this project, we focused on investigating the perceived impact of the shift towards the mainstreaming of service provision in three key areas of need for newly emerging and established migrant communities: health, social (e.g. housing) and economic (e.g. employment and job training). Specifically, the project sought to answer three main questions to understand the impact of this shift in service delivery from community-specific to mainstream organisations.

These questions are:

1. How is mainstreaming experienced by Australian migrant communities?

We uncovered the nuances and complexity of service provision in the experience of diverse migrant communities, informed by the experiences of individuals and communities from migrant backgrounds at different points along the settlement and integration journey.

2. What are the key ideological and political drivers of mainstreaming of social services?

We analysed public and policy documents, media articles and political speeches to map the ideological and political drivers of the shift towards mainstreaming of service provision in Australia.

3. What is the perceived impact of mainstreaming on multicultural Australia?

We assessed the perceived impact of mainstreaming on social cohesion, citizenship and social and cultural rights of Australians from migrant backgrounds, informed by the experiences and perspectives of migrant communities, service providers, and the broader Australian population living in multicultural suburbs.

Project design

This project is located within an innovative conceptual framework that draws heavily on active citizenship and social inclusion, and focuses on the ability of all citizens to fully participate in a particular political community. A mixed-methods research design that combined qualitative and quantitative sociological methods was used to map and examine the impact of mainstreaming of social services. The research used quantitative methods in the form of 1,152 survey questionnaires, and qualitative methods in the form of interviews with 31 service providers, 16 government representatives (local, state and federal) and 50 members from various new, emerging and established migrant communities. It focused on data collection from two site locations: the cities of Hume and Greater Dandenong in Victoria, Australia. These locations were selected as they are characterised by significant diversity in country of birth and language, and they experience a range of socio-economic disadvantage. The research was designed to be

implemented in three chronological stages, outlined as follows:

Stage 1 aimed to generate an original **typology of service-provision modes** and approaches as experienced by community members in both site locations. In total, we spoke to 31 service providers (made up of mainstream, multicultural and ethno-specific providers) and 16 policy makers and government stakeholders at local, state and federal levels, with a balanced representation of genders, age groups and perspectives on service provision.

Stage 2 aimed to gain insight into the shifting discourse around service delivery modes within Australian public discourse, with particular attention to the transition towards mainstreaming. Employing **critical discourse analysis**, we conducted a comprehensive examination of public documents and speeches by political figures, policymakers, and other stakeholders through policy papers and media pieces spanning from January 1996 to February 2021.

Stage 3 aimed to understand the experiences of social integration in the migrant population and their capacity, ability and motivations for civic engagement, social inclusion and active citizenship. We used mixed methods, including survey questionnaires and qualitative methods, to understand **the perceived impact of the mainstreaming of social services** at both site locations. In total, we collected 1,152 survey questionnaires from adult residents in Australia who were born overseas, aged at least 18 and who speak at least one language other than English at home. We interviewed 50 community members (25 at each site), paying particular attention to the perceived socio-political implications of mainstreaming, and the implications for belonging, access and equity agendas. The sample was selected to evenly represent different gender, age and population groups in each of the sites.

What is the key issue and why is it important for Australia?

There is a growing debate around how best to manage diversity on a policy level in complex superdiverse societies such as Australia. While there is a need to ensure that this diversity is well supported, there are also concerns around issues of social cohesion and national citizenship. These tensions – of diversity management and ensuring social cohesion across differences – were key areas

considered in the Multicultural Framework Review, a pivotal evaluation of the state of multiculturalism in Australia since policies were implemented in the 1970s (Australian Government, 2024). According to the 2021 Census, Australia is a migrant-majority country, where more than half of its population has at least one parent who was born overseas. Its rich diversity in culture, language and religion is also reflected in more than 300 languages, more than 100 religions and more than 300 ancestries. Despite the growing diversity, there appears to be persistent shortcomings in adequately addressing the needs of diverse communities, as people from migrant backgrounds continue to experience numerous obstacles when trying to access crucial social services at pivotal junctures during the settlement process. When the settlement needs of new migrants were first recognised and outlined through the 1978 Galbally Report, the service sector adopted a range of mainstream (offering services to the general population, including migrant communities) and ethno-specific (catering to specific needs based on ethno-cultural backgrounds) approaches, and even mixed-delivery modes to meet these needs. The needs of diverse communities, and the delivery of services to support their settlement, is a critical area identified in the summary report from the Multicultural Framework Review as well (Australian Government, 2024).

The recent pandemic has highlighted the need for the Australian government to develop a long-term strategy to address the needs of multicultural communities. The COVID-19 response revealed a deficiency in the government's understanding of the social, cultural, economic and healthcare dimensions of diverse communities, when migrant communities were among the most adversely impacted.

Key findings

Stage 1: Through a combination of interviews and thorough examination of service providers' websites and publications, our findings reveal that **there is no clear separation between "ethno-specific" and "mainstream" service providers**. Although often described as dualistic in nature, the distinction between mainstream and ethno-specific (or community-specific) approaches is complex and dynamic, and sometimes blurred in the experiences of migrant communities. Ethno-specific and mainstream are not discrete categories and often partially overlap. For example, mainstream services

can sometimes adopt culturally sensitive practices, employ ethno-specific or bilingual workers, or offer specific services to specific communities. Moreover, migrant communities access a diverse range of services across different types and modes of service provision. Different service-provision modes are often equated with different needs at different junctures along the migrant settlement journey, with ethno-specific services being more often provided to newly arrived individuals and communities. Mainstream and community-specific approaches are not necessarily at odds with one another. Rather, our findings reveal that there is a **spectrum around “multicultural capacity”** among different service providers. As such, we have broadened the conceptualisation of service providers as ethno-specific (that is, servicing one community), multicultural (that is, servicing more than one community) and mainstream (that is, servicing everyone regardless of community belonging) to more accurately reflect the diversity of service-provision modes in the sector. The degree of these service providers’ multicultural capacity is dependent on factors that include the provider’s commitment to serving multicultural communities, the diversity of its leadership and staff, and the extent of language support and cultural competence within the organisation. The impact of these providers is also dependent on how secure their funding models are.

We then conducted a mapping of service providers using our typology. Our findings suggested that service providers that have high multicultural capacity are working based on very insecure funding models. These service providers tend to be the ones that support new, emerging communities, especially those of intersectional identities (e.g. migrant women or international students from refugee backgrounds). The sectors that are currently more securely funded are aged-care provision and settlement services. Some mainstream service providers also have strong multicultural capacity to cater to a diverse community.

Stage 2: Our analysis of Australian public documents from 1996 to 2021 reveals that **there have not been any explicit policies communicated by government** that outline any systematic shifts towards the mainstreaming of migration integration. However, the analysis also shows the presence of references to mainstreaming, which signals that the Australian government has indeed transitioned towards a more mainstream-focused approach in delivering services to multicultural communities. Discourses on mainstreaming manifest in two main ways, which

we have conceptually termed as exclusionary and inclusive discourses. Exclusionary mainstreaming discourses place priority on a common, united Australian national identity and reflect caution on diversity and differences, and their contribution to disunity. Inclusive mainstreaming discourses identify that the Australian identity is a mosaic that comprises diversity to be celebrated. This perspective also acknowledges that some diverse groups require more support than others. These findings suggest that there is bipartisan agreement on a need for a mainstream approach to meet growing needs in a diverse population. This policy direction is determined by a strong economic rationale to streamline the approach towards service delivery and to ensure efficient outcomes. In terms of the impact of mainstreaming on service delivery for migrant communities, the findings are mixed. The mainstreaming of certain types of services, specifically aged care and disability support, through initiatives such as My Aged Care and the National Disability Insurance Scheme (NDIS), has translated into robust support for more established migrants particularly through ethno-specific service providers. However, the benefits of mainstreaming for other cohorts, such as newly arrived migrants and refugees, are mixed, as there remain gaps in areas of support that include migrant women facing family violence, and employment for newly arrived and established migrants.

Stage 3: Multicultural communities provided important insights from their experiences of accessing services and how such **access shapes their sense of belonging, inclusion and citizenship**.

Survey findings show that:

- The vast majority of participants (about 90%) are comfortable in receiving a health, employment or housing service from a multicultural provider.
- Those who access multicultural service providers tend to have lower English proficiency, no Australian citizenship and have been settled in Australia for 10 years or less. This suggests that multicultural service providers, or those with strong multicultural capacity, are in greater demand by migrants at the earlier phase of their settlement and especially if they have lower English proficiency and do not have Australian citizenship.

- While 28.6% of participants have accessed at least one multicultural service provider in the past year, about 60% of the respondents agree or strongly agree that people in their community should be given access to multicultural services. This means that even if participants do not access these services themselves, they view access to these types of services as important for their communities.
- Our findings suggest that people who belong to categories that are more in need of culturally specific services (i.e. with lower English proficiency, recently arrived in Australia) and from communities that are more excluded (i.e. from non-Western countries and non-Christian backgrounds) perceive a greater importance and effectiveness of multicultural services.
- Participants faced barriers to accessing mainstream services, which included being on a waiting list, in areas such as health (24.6%) and housing (20.9%). Many participants (13.1%) also expressed challenges in navigating complex paperwork

Qualitative interviews with community members reveal that their use of social services, whether mainstream, ethno-specific and/or multicultural, is one of many factors that shape their sense of belonging, inclusion and citizenship in Australia. These experiences are often integrated with other factors such as their access and participation in civic engagement and employment. These spheres are also often interrelated.

Our research participants refer to their sentiments of belonging, citizenship and inclusion in two main ways. In practical ways, their visa status plays a significant role in their access to services, and they are accepted into wider society through employment. In more affective ways, their access to social connections, established by building relationships with staff members and their ethnic communities through accessing service providers with strong multicultural capacity, provides them with social capital. This social capital helps foster connections not only with other service providers but also with other diaspora/ethnic/religious communities and even broader Australian communities. For these participants, their sense of wellbeing and inclusion in Australian society are strengthened through such access. Our

research participants also report on various forms of exclusion that destabilise their sense of belonging and citizenship. Poor settlement can have lifelong impact and consequences. For some, their ethno-cultural and/or religious identities may produce forms of exclusion for them, particularly where tensions are present in these diaspora communities. The lack of English capacity, and being and sounding foreign, continues to contribute to their social and economic exclusion in Australia.

Key recommendations

1. **Diversity and inclusion policies and their effective implementation need to be a key dimension** of the social service sector, on a policy level, and through a whole-of-government approach at local, state and federal levels to enhance the capacity of multicultural communities. This includes the provision of relevant language services, the inclusion of bicultural workers, the diversity of leaders and staff and the provision of frequent culturally responsive training for all staff.
2. **A hybrid model of service provision is critical** – that encompasses ethno-specific, multicultural and mainstream service provision – to support diverse communities and their needs.
3. While there are strong support systems in place for diverse communities, there is **room to improve on securing support for more vulnerable cohorts**.
4. Service providers that cater to service users of hybrid identities and needs, such as migrant women and health, and international students from refugee backgrounds, tend to be more financially insecure while catering to the needs of a particularly vulnerable cohort. Funding bodies need to **consider these hybrid needs** in the sector to ensure equity and access.
5. **There needs to be improvement to the multicultural capacity of the social service sector** to support an increasingly diverse Australia. Government – as a major funder of the social service sector – has an important role to play in supporting the development of multicultural capacity. Research evidence shows that service providers with stronger multicultural

capacity are more effective for diverse communities.

6. Funding bodies at local, state and federal levels need to be **adaptive, flexible and more transparent** so that they can meet the needs of diverse communities. How they make service providers more accountable is critical, such as through funding agreements that require: genuine partnerships and co-design; demographic data collation to ascertain utilisation of services and the underrepresentation of segments of the community; and representation on boards, committees and in the workforce that reflect the communities they serve.

Introduction

The Australian Research Council Linkage Project, titled “Mapping Social Services Provision for Diverse Communities”, explored the perceived impact of service mainstreaming on migrant communities, focusing on health, social and economic needs. Underpinning this project is the assumption that Australia, along with other countries in North America and Europe, has experienced an undetected shift in social-service delivery to migrant communities, from community-specific to mainstream organisations. This shift towards the mainstreaming of services, significantly felt by community organisations working in this key area, has been associated with ideological discourses on migrants and diversity that have influenced political debates for over two decades.

This project is of paramount importance to Australia because building social cohesion across diverse communities is a cornerstone of federal and state policies (FECCA, 2015; Mansouri, 2015). Australia’s most recent multicultural policy statement (Multicultural Australia: United, Strong, Successful) articulates this as: “The Government’s Multicultural Access and Equity Policy ensures programs and services meet the needs of all Australians, whatever their cultural and linguistic background” (DSS, 2017: 11). The policy statement recognises that responsiveness to the particular circumstances and special needs of disadvantaged groups must be accounted for in order to facilitate their full participation in Australian society (DSS, 2017). A nationwide consultation process that involves a review of Australia’s multicultural policies affirmed this, and addressed the need to strengthen policies to enhance the social and economic participation of diverse communities (Australian Government, 2024). As Australia is now a migrant-majority country – with over half of its population having at least one parent who was born overseas – there is a greater imperative to ensure the implementation of this policy, and to ensure that new and established migrants have equitable access to appropriate services to support their settlement journey (ABS, 2022).

Although the provision of social services in multicultural societies represents one of the major factors that affect immigrants’ integration experiences in a new country, it remains an area that is under-investigated (Vergani et al., 2022). Existing research has indicated that many migrants, particularly those from non-English-speaking backgrounds, encounter obstacles to social inclusion and require substantial and sustained support for their settlement and civic

engagement (DIAC, 2012; Ahmad and Bradby, 2007; Carter, 2015; Mansouri et al., 2023). Current research shows that adequate provision of social services can reduce disadvantage and improve social inclusion (Correa-Velez, Spaaij and Upham, 2013; Hurley et al., 2013; Lee, Sulaiman-Hill and Thompson, 2013; Lindsjö et al., 2023; Nunn et al., 2022). An inclusive society, from an access and equity perspective and within a human rights framework, is one that upholds values such as “equity, equality, social justice, and human rights and freedoms, as well as ... the principles of tolerance and embracing diversity” (UNESCO, 2012).

Context and justification

Preliminary consultations with POs – the AMWCHR, the VMC and the ECCV – provided the groundwork for this project. Based on these consultations – and on the research gaps identified in our literature review – we decided to focus our project on investigating the impact of the subtle but under-investigated shift in government multicultural policy and funding away from community-specific (and multicultural) support towards the resourcing of mainstream organisations and service providers (Sanders, 2018; Ryan, 2005). In this project, we define this shift using the concept of “mainstreaming”, which we introduce in the next section of the report. This shift, which has been documented not just in Australia but internationally, particularly in Europe and the UK, reflects deeper ideological and macro-economic changes towards conservative and neoliberal policies that favour efficiencies over welfare.

Specifically, our project proposes to assess the perceived impact of social service provision for multicultural communities, focusing on integration experiences, social cohesion, human rights, and citizenship. To date, while there has been sporadic research conducted on multicultural communities, particularly in the areas of health and aged care (Brijnath et al., 2022; Cohen-Mansfield and Werner, 1997; Radermacher et al., 2009; Runci, Eppingstall and O’Connor, 2012; Low et al., 2009; Lindsjö et al., 2023), there remains very little systematic, published, evidence-based research on this critical area of public policy. This lack of research will only limit service providers’ ability to design and deliver high-quality services for diverse communities.

Situating our project in the Australian context

Building and maintaining a multicultural Australian society has long been dependent on a robust infrastructure for delivering culturally and linguistically appropriate services to the diverse communities that constitute it. In Australia's earlier implementation of multicultural policies, the 1978 Galbally Report outlined key principles that defined the rights of newly arrived migrants to access settlement services and broader social support. These principles included the over-arching commitment that "all members of our society must have equal opportunity to realise their full potential and must have equal access to programs and services" and "every person should be able to maintain his or her culture without prejudice or disadvantage and should be encouraged to understand and embrace other cultures" (Galbally, 1978: 1–2). The recently concluded Multicultural Framework Review continues to highlight the provision of culturally appropriate services as a critical area of need (Australian Government, 2024).

In the mid-1990s, some 20 years after the implementation of multicultural policies in Australia, a series of global crises – including civil wars, international terrorist events, forced migration and intermittent economic downturns – combined to frame multiculturalism in overwhelmingly negative terms (Vertovec and Wessendorf, 2010). This so-called backlash first began in Europe and the UK, but quickly started to impact other countries such as Canada, New Zealand and Australia (Pakulski and Markowski, 2014; Mansouri and Modood, 2021). In Australia, this "multiculturalism backlash" came to prominence through the election of prime minister John Howard and his conservative government. It also paved the way for the rise of right-wing populist movements such as Pauline Hanson's One Nation Party. Factors that contributed to this backlash included challenges with migrant integration, socio-economic difficulties and growing concerns over national security and transnational terrorism (Hewitt, 2005).

During Howard's time in office, Australia began to experience a series of policy changes that would impact the status of multiculturalism as a state-supported approach to the governance of diversity (Mansouri, 2015). A series of changes began to unfold, shifting funding away from multicultural services and support for newly arrived migrants to a diversity management agenda anchored in

national security, anti-terrorism measures and social cohesion. Government department mergers and restructuring began to take place when John Howard became prime minister in 1996. In the same year, the Office of Multicultural Affairs was absorbed by the immigration portfolio and became the Department of Immigration and Multicultural Affairs (Australian Government, 2017; Koleth, 2010). In 2013, the Department of Immigration and Multicultural Affairs was re-assigned to the Department of Social Services, and "multiculturalism" was institutionally erased. A gradual shift in fiscal policies also began from 1996, with funding for settlement and social services being directed away from ethno-specific and multicultural providers towards larger, mainstream agencies (Mansouri et al., 2022).

The prioritisation of multicultural policies and their implementation, including service provision for multicultural communities, is largely dependent on the incumbent government because of ideological differences and attitudes towards diversity. When the Australian Labor Party's Julia Gillard became prime minister (2010–2013), she revisited the nation's multicultural agenda through the introduction of the new multicultural policy *The People of Australia*. This renewed commitment to multiculturalism was evidenced in the launch of the Australian Multicultural Council in August 2011, as well as the announcement of "several other key initiatives to combat racism and strengthen equity" (Peucker and Akbarzadeh, 2014: 141). Gillard also created the role of Minister for Multicultural Affairs during her brief term. The Labor government was short-lived, however, and the Liberal Party won the federal election in 2013 with Tony Abbott at the helm. The Liberal government's term subsequently ended when Scott Morrison completed his term in May 2022, and a Labor government under Anthony Albanese has since taken over. These successive and short-term political changes, which included changes of leadership within political parties, also impacted the prioritisation and funding of social services with respect to supporting diversity management.

Literature Review

Key concepts and theories that guide our project

Defining terms around multicultural individuals and communities

The terms used to define multicultural communities in Australia are contested and often carry ideological baggage that poses a barrier to research and policy work (Pham et al., 2021). The contemporary term used in government policy documents to describe migrants and refugees – specifically those from non-English speaking backgrounds and those who have a first language other than English – is CALD, which stands for culturally and linguistically diverse. This term replaced previous terms used to identify migrants and refugees, such as NESB (non-English speaking background) and LOTE (language other than English), as they carried negative connotations through the othering of a group of people based on their non-English language skills (Sawrikar and Katz, 2009). The term CALD is also increasingly contested as it seems to suggest that the Anglo-Celtic majority in Australia is not similarly represented by cultural and linguistic diversity (Cavaleri et al., 2021). In other words, these terms have been used to differentiate ethnic minorities (aside from Indigenous Australians) from the Anglo-Celtic majority in Australia, but fail to specifically address this differentiation from the majoritarian in its use. Moreover, the term CALD emphasises cultural and linguistic differences through country of origin, and does not account for ethnicity and the diversity of diaspora communities, such as ethnic Chinese people born in various Southeast Asian countries like Malaysia, Indonesia and Singapore (FECCA, 2020: 14). Sawrikar and Katz (2009) proposed the term “Australians Ethnically Diverse and Different from the Majority (AEDDM)” in recognition of the need to factor in ethnicity and inclusion of the majoritarian group, but this has received a lukewarm response (Cmielewski, 2018; Adusei-Asante and Adibi, 2018). While the use of these terms will continue to be debated, we opted for the use of “migrants” and “multicultural communities” in reference to the cohort of our study in this project. The cohort that we study primarily do come from non-English speaking, non-Western backgrounds, although where that is not the case, we make the distinction known. Broadly, this cohort is also comprised of new permanent and temporary settlers in Australia. We further acknowledge that there is internal diversity among this cohort – which is dependent on factors such as visa type and migration plans – that can further shape their identity and how they are perceived in Australia.

Diversity management

There is a growing debate in many multicultural societies about the optimal approaches to managing rising levels of ethnic and religious diversity (Barry, 2022; Mansouri, 2015). These debates reflect a range of ideological and intellectual trends in the diversity governance literature. These trends encompass emerging critiques that highlight the shortcomings of multicultural policies in achieving ethnic equality within diverse communities and a growing emphasis on and support for intercultural policies (Mansouri, 2017; Mansouri and Modood, 2021).

There are two main and opposing views within these debates. The first is a long-standing ideological view that sees a possibility for social fissures, intercultural discord, and even outright conflict because of an emphasis on difference when it comes to issues of migration and diversity management (Hage, 2010; Yuval-Davis, 2007, 2011). Consequently, this view emphasises the need to ensure that a form of commitment to and alignment with majoritarian, mainstream norms and practices is vital for sustaining community cohesion and social peace (Cantle, 2012, 2016; Putnam, 2009). This view has manifested in many assimilationist policies towards migration and diversity, such as the White Australia policy. Although the White Australia policy – implemented from Federation in 1901 – has not been in effect since the early 1970s, it is important to acknowledge that contemporary migration takes place in the shadow of 250 years of settler-colonialism that resulted in the oppression and dispossession of First Nations people (Butler and Ben, 2021). Consequently, this colonial legacy in Australia shapes “racialised and classed hierarchies of belonging”, including for migrants (Butler and Ben, 2021: 2179).

The second perspective not only values cultural diversity but also advocates for state support to acknowledge and assist in the cultural aspirations of migrants and other minority groups (Kymlicka, 1995, 2015). This is exemplified in the adoption of multiculturalism in the 1970s, in the post-White Australia policy era. One of the key manifestations of these two opposing ideological approaches is the extent to which migrants and ethno-cultural minorities receive both cultural recognition and the necessary resources and assistance to express and maintain their ethno-cultural identities, both as individuals and, more significantly, as collective groups. It is the latter collective claims that separate

different diversity governance approaches, most notably assimilationism and multiculturalism. And though classical assimilationism is no longer a prominent policy option across the world, its key arguments around adaptation to mainstream, majoritarian cultural and social norms still shape the policies of many countries, particularly in the European context (Fossum et al., 2023).

Mainstreaming

As many European countries began to shift from integrative, pro-diversity policies to what can be described as more neo-assimilationist policies (Scholten and van Breugel, 2018), one of the ways in which this shift manifested was through the provision of social support for new and established migrants. This policy shift towards the mainstreaming of service provision began in Europe; it was implemented as a settlement policy in the European Union (EU) where it was highlighted in the Common Basic Principles for Immigrant Integration Policy in 2004 and Common Agenda for Integration in 2005 (Collett and Petrovic, 2014: 4).

Mainstreaming is defined and implemented in three main ways in the European policy landscape: as “a shift from specific to generic policies ... a shift from state-centric to poly-centric modes of governance” (Scholten et al., 2017: 299) or a cultural shift in emphasis from “pluralist” to “monist” (Maan et al., 2014: 28). More generally, mainstreaming is a move away from “target-group-specific policies” in preference for an integrative and generic approach in areas such as employment, housing and education (Scholten and van Breugel, 2018). It is viewed as a streamlined approach to migration integration and has been applied in other areas, such as gender and disability (Scholten and van Breugel, 2018: 5). Overall, it “captures the idea that integration policy requires a whole-of-government response, including strong cooperation across policy portfolios and at the national and local level” (Benton et al., 2015: 1).

There are different definitions, variations and implementations of mainstreaming policy in Europe (Maan et al., 2014; Scholten et al., 2017). The UPSTREAM project examined this in six European countries: France, UK, Netherlands, Poland, Spain and Belgium, and “at EU, national and local level” (van Breugel et al., 2014). This research investigated integration and diversity management policies to “understand what mainstreaming is, and how and

why it does or does not take place” in these contexts (p.3). Findings from the UPSTREAM project found that, while each context had its own definition and implementation of mainstreaming, there were “very little explicit references to mainstreaming” (p.32). France, Netherlands and UK demonstrated more “distinct traces of mainstreaming” in diversity management; Poland and Spain, as countries with more recent immigration policies, also shared some similarities towards generic policies but they were more “implicit[ly]” applied (p.32). Consistently across all countries, the governance of mainstreaming occurred more at a local than a state level (p.32).

Mainstreaming is viewed as the appropriate policy direction to manage societies that are becoming increasingly and complexly diverse (Papademetriou and Benton, 2016: 24). From a governance perspective, it promotes a “more inclusive and successful society” where the focus is on specific needs, rather than cultural background or status (Collett and Petrovic, 2014: 11). As a diversity management policy, mainstreaming eliminates the creation of separate policies to cater to specific target groups. One of the challenges with targeted policies in diversity management in Europe is that integration policies tend to focus on migrants from developing, lower socio-economic backgrounds even though upwardly mobile EU citizens face similar challenges (Benton et al., 2015: 1). Ethno-specific integration policies then limit the support and integration for both types of migrants (Benton et al., 2015: 3). Mainstreaming is an economically informed policy response, as it streamlines efforts and resources based on needs rather than identities. The long-term benefit of mainstreaming is that it allows for scalability, where it can prepare services for increasingly “mobile and diverse populations” (Benton et al., 2015: 9).

Scholars have raised several concerns with a mainstreamed approach to diversity management. Westerveen and Adam (2019) posit that, in the context of mainstreaming service provision for diverse communities, lessons can be drawn from the policy shifts associated with gender mainstreaming. Importantly, their argument emphasises that the adoption of gender mainstreaming should not be misconstrued as a departure from targeted policies. In fact, scholars in the field of gender studies recommend the implementation of a “twin track strategy” that entails the simultaneous use of both generic and targeted equality policies (p.24). When employed together, these policies can contribute to

the realisation of gender equality objectives. In fact, when Westerveen and Adam used specific “ethnic equality mainstreaming” indicators to analyse their implementation in different European countries, they found that “there is a trend towards less support for policies that are sensitive to the particular thresholds to equality for people with a migrant background” and that in fact there is “a shift towards colourblind policies” (p.34).

These concerns translate into practical issues with the support of diverse migrant communities. Migrants who come from difficult, traumatic backgrounds are at risk of not being supported well, should a mainstreamed approach be undertaken (Benton et al., 2015: 8). Similarly, elderly migrants have been found to require appropriate language-based and cultural support, such as in aged-care facilities (Carlsson and Pijpers, 2021; Carlsson, 2021). Carlsson and Pijpers’s is one study that reveals the shortcomings of a mainstreamed approach to aged-care provision in the Netherlands. They argue that it is a short-term view to think that the need for culturally specific services can be temporally addressed and phased out with new generations of migrants. Rather, they strongly recommend that “policymakers should meet the care needs of increasingly ethnically and culturally diverse populations by affirming difference rather than assuming future assimilation” (p.2398). Such recommendations underscore the temporal dimension of migrants’ needs. These needs may also change depending on migrants’ visa status and their access to these services, all of which can further complicate a mainstream approach to fulfil complex needs (Galandini et al., 2019: 697). Altogether, the concerns about mainstreaming are that it can promote an assimilationist, colour-blind agenda rather than an integration approach that recognises unique cultural and/or religious needs (Yanasmayan, 2011: 18; Westerveen and Adam, 2019). These policy shifts, and other associated diversity governance changes, have prompted the critical appraisal of “mainstreaming” both ideologically and also in relation to social service provision to migrant communities.

Active citizenship framework

This project is located within an innovative conceptual framework that draws heavily on active citizenship and social inclusion, and focuses on the ability of all citizens to fully participate in a particular political community (Kymlicka and Norman, 1994). The approach to active citizenship is of particular

importance for this project, as it focuses on the substantial dimensions of social inclusion and active participation and the role of state policies in facilitating or hindering such outcomes (Mansouri and Kirpitchenko, 2016). Scholars have recently argued that citizenship is more than a formal status of inclusion in a nation state, and that it needs to critically include the “practices of making citizens – social, political, cultural and symbolic” as a multifaceted approach to understanding citizenship (Isin, 2008: 17). Zaff and his colleagues (2010) view an “active and engaged citizen” as one who “share[s] a commitment to actively engage in their communities to build stronger, healthier, and safer communities” and “someone who has a sense of civic duty, feeling of social connection to their community, confidence in their abilities to effect change, as well as someone who engages in civic behaviors” (p.737).

The delivery of settlement services for migrants, and other forms of social services that cater to the needs of diverse communities, is at the centre of critical policy debate about the meaning of national citizenship and social inclusion for multicultural communities. One of the key reports that have shaped mainstreaming policies in diversity management is Ted Cantle’s 2001 UK report. This report introduced the idea of “parallel lives” and suggested that ethnic communities tend to lead lives separate and segregated from mainstream societies in multicultural contexts. Social services that are tailored for specific communities are then assumed to contribute to weakened national belonging and social cohesion. However, new research shows that rather than diluting national citizenship and belonging, these community-specific organisations (that target specific communities based on ethnicity, race, gender and language) play a significant role in encouraging civic engagement and participation, and facilitate the development of social bonds so that new migrants can integrate into Australian society (Mansouri et al., 2023).

Social service provision for multicultural communities: a review of the literature

Settlement support for new migrants

Previous research shows that settling in a new country presents numerous challenges for migrants, including refugees, asylum seekers and humanitarian entrants, where factors that include language barriers, housing issues, economic difficulties, unemployment,

cultural differences and the geographical location of settlement can converge to create complex obstacles to settlement and societal integration (Millbank et al., 2006; Udah et al., 2019; Wong et al., 2023). Mansouri and Mahkoul's (2004) report pointed out that some of the key challenges preventing migrants from achieving full citizenship and participation persist through gaps in migrants' settlement, integration and adjustment to a new country. It is also worth mentioning that sociologists have noted the "absence of multiculturalism within the Australian Federal Government's Social Inclusion Agenda" (Boese and Phillips, 2011). This concept of social inclusion "draws on a human capital approach, which privileges an economic lens by equating participation in education and employment with the notion of being included in society" and requires the inclusion of a "social inequality and social justice" perspective as well (Marston and Dee, 2015). Importantly, previous research suggests that there are strong economic and human rights justifications to ensure full participation in and contribution to Australian society of migrants from diverse backgrounds (Fudge, 2014).

Compared to the general Australian population, individuals and communities from diverse backgrounds may experience unique challenges in accessing social services to support their settlement. These challenges could be further complicated by their intersectional needs, determined by their period of settlement, age, gender, ability, language proficiency, cultural heritage and religion. Moreover, a lack of awareness of the availability of services can also hinder these communities' effective utilisation of such resources (Vasey and Manderson, 2012: 57; Coumans and Wark, 2023; Radhamony et al., 2023). In a report that the Federation of Ethnic Communities Councils of Australia (FECCA) produced after consultations with social service providers in urban and regional Victoria, findings showed some of the critical issues that impede social service access for multicultural communities:

- A lack of a whole-of-government approach to this issue (FECCA, 2015: 5)
- Multicultural communities lack awareness about the types of services that can support them, have little information about these services, and service providers collect little data to know the communities they serve, all of which can create obstacles to service access (FECCA, 2015: 13, 17)

- Service providers are also unaware of culturally specific issues, such as a preference for in-person consultation for some communities, and the degree of digital illiteracy in others, in a milieu where services are reliant on digital interfaces (FECCA, 2015: 17).

Many of these challenges gained increased visibility during the COVID-19 pandemic. The pandemic underscored the pronounced difficulties faced by multicultural communities in accessing essential services, necessitating urgent action to tackle these issues (Weng et al., 2021).

Mainstream and ethno-specific services

There are various forms of social services to support the settlement of new migrants. Broadly, social supports for diverse communities in Australia employ a mix of service delivery modes that include: governmental, non-governmental, not-for-profit, for-profit, mainstream, ethno-specific, community-specific, and specialist, among others, in critical areas such as health, housing and employment (McDonald and Marston, 2002; Radermacher et al., 2009; Abood et al., 2022). While public and government discourse often refers to these types of services as primarily mainstream or ethno-specific, the reality is that the modes of service provision are more complex and dynamic (Weng et al., 2021). In the grey literature and government policy there is a general binary view of service-provision modes, with mainstream services tending to be designed to cater to a general population regardless of cultural, religious and linguistic distinction while ethno-specific services tend to have higher cultural competency and relevance to a specific community's cultural, religious and linguistic needs (Westbrook and Legge, 1992; Radermacher et al., 2009). We noticed that, in these documents, ethno-specific services are mostly seen as useful to support elderly migrants (e.g., aged care) and new migrants' settlement.

The visa type and migration pathway of a migrant to Australia determines their awareness of and access to social service provision. Migrants can arrive through various visa types – such as family, spouse, skilled, international student – and do not have to undergo specific programs to support their settlement. They may also have limited access to services if they are temporary visa holders. For humanitarian entrants, however, the Humanitarian Settlement Program (HSP) offers organised assistance within the first 5 years of

new migrants' arrival by facilitating access to welfare services covering education, housing and employment opportunities, and healthcare provisions. Through these programs, newcomers are offered free English lessons along with work placements that enable them gain local experience (Wali et al., 2018; Correa-Velez et al., 2015). The goal is to familiarise them with the Australian system so they may independently navigate appropriate social services later on. The provision of Complex Care Support, through the HSP, further provides specialist care for refugees who come from traumatic backgrounds.

Social services in health, employment and housing

Our review of the academic literature on equitable access to social services in health, employment and housing revealed limited research dedicated to employment and housing (e.g. Abdelkerim and Grace, 2012; Kaur et al., 2021), but significant research in health – particularly in healthcare provision and aged care (e.g. D'Costa et al., 2023; Low et al., 2009; Rao et al., 2006). Despite substantial research into healthcare provision for multicultural communities, several barriers and gaps have been identified in the provision of adequate, quality healthcare services for these communities. Ultimately, the inability to provide appropriate healthcare can impact life expectancy and overall health outcomes. Across the literature, individuals with intersectional needs have been identified as those who will benefit the most from increased cultural competency among healthcare providers. For example, refugees from traumatic backgrounds may require specialised healthcare due to their unique needs (Perrin and Dunn, 2007: 261). They also have a 25–35% higher chance of developing dementia compared to the general population (Low et al., 2009: 147). This emphasises the need for greater awareness regarding culturally specific health requirements – countering prejudices because of ethnic and racial differences is an area that still has room for improvement (Millbank et al., 2006; D'Costa et al., 2023). Migrants in aged care is another cohort that requires specialist health needs. For instance, misinformation about disease is prevalent within multicultural communities, and factors such as limited English proficiency and knowledge of available support services can further impede early healthcare intervention (Rao et al., 2006: 177; Low et al., 2009: 146). Cultural and linguistic awareness are essential when caring for migrants who may revert to their native language while experiencing dementia-related issues (Rao et al., 2006: 175). A growing body

of research also suggests that migrants tend to “seek more social interactions with those from a similar cultural and linguistic background” as they age, and this social dimension also needs to be considered in their healthcare provision (Rao et al., 2006: 176).

Inadequate patient information, particularly in regard to their cultural backgrounds, can hinder quality and delivery of care. For example, if patients are identified based on their refugee status or background experiences (e.g., family violence), professionals can better tailor necessary care (Yelland et al., 2014: 358). Understanding patients' cultural background can also aid preventive measures. For instance, women from migrant backgrounds may avoid seeking help if they experience family violence because of a lack of awareness or due to cultural shame. Healthcare professionals who are equipped with appropriate knowledge may be able to identify these issues during maternity visits (Yelland et al., 2014: 358) or even through dental visits (de Jesus Santos Nascimento et al., 2023) and thus play a more active role in facilitating preventive efforts.

Meaningful employment is one of the key indicators that migrants have settled well in Australia. In fact, it is a factor that correlates with the quality of a migrants' settlement journey (Colic-Peisker, 2009: 177). On a policy level, social inclusion in Australia is viewed through a narrow narrative of having paid employment (Marston and Dee, 2015: 120), and this political narrative also impacts on migrants' view of their inclusion in Australia. Employment remains one of the main issues that migrants from diverse background face in their short- and long-term settlement journey. Research shows that these migrants face issues including various frustrations in their experiences with employment agencies, and experiences of discrimination and exclusion in their search for meaningful employment (Abdelkerim and Grace, 2012; Loosemore et al., 2022). Employment agencies were reportedly inflexible in their approach with these service users, and do not factor migrants' backgrounds and past experiences into case management (Loosemore et al., 2022; FECCA, 2015: 29). These jobseekers are commonly recommended to take more English classes to improve their chances of employment, but are caught up with more pressing family matters, such as childcare responsibilities, thus limiting their ability to find employment and trapping them in a vicious cycle (FECCA, 2015: 23, 31). This is particularly the case for migrant women (Abdelkerim and Grace, 2012: 109). In fact, coming from a non-

English speaking background for these migrant women seems to be a factor that decreases their access to a “good” job – one that provides “high pay and favourable working conditions” – thus creating a “double disadvantage” for them in the work sector (Haque and Haque, 2020). Furthermore, compared to Australians who have gained overseas work experience, migrants from diverse backgrounds report that their work experience appeared to be viewed less favourably (FECCA, 2015: 35). While voluntary work is often viewed as one of the ways in which work experience can be accumulated, migrants are less culturally familiar with its role in Australian culture and society and, as such, these cultural expectations may pose barriers for them to gain employment (FECCA, 2015: 35). Recommendations have been made to improve employment among migrants and to also include the provision of specialist employment services (Abdelkerim and Grace, 2012: 109) that target women specifically (Due et al., 2021). There is also a need for agencies to work closely with community leaders to build up community-led networks (FECCA, 2015: 40).

There is a long-standing housing crisis in Australia, with the lack of affordable housing particularly affecting those who are disadvantaged (Dufty-Jones, 2018). This is the context new migrants find themselves in as part of their settlement journey. The provision of housing support is part of the HSP for humanitarian entrants, and this is critical considering they are most likely to have experienced precarious living prior to and up to the point of their arrival in Australia (Kaur et al., 2021; Fozdar and Hartley, 2014). In Australia, owning a home “is commonly associated with assimilation to the culture of the receiving country and attainment of the middle class ‘norm’” (Forrest et al., 2013: 202). A study that examined the initial 18 months of settlement of migrants from refugee backgrounds in Australia found that “Most resettled into the private rental market and were satisfied with their housing situation” (Forrest et al., 2013: 187). This also meant that there were fewer homeowners in the cohort within the same period studied (p.203).

Our systematic review of the evidence for the impact of health services on multicultural communities

As part of this project, we conducted a systematic review to compare the effectiveness of ethno-specific and mainstream services in health service delivery for Australian multicultural communities. The findings of

97 empirical studies on this topic published between 1996 and 2021 suggest that health services that were designed to ensure they were culturally appropriate for their service users were more effective in ensuring health outcomes in multicultural communities (Vergani et al., 2022). We focused on the use of health services as a case study, because of the vast amount of research on health compared to other types of services such as housing and employment, with the specificity of how multicultural communities interact with mainstream and ethno-specific services. The question posed was: does the existing evidence suggest that mainstream health services are more or less accessible than multicultural services for multicultural communities?

Conducting this review raised crucial conceptual questions, since multicultural communities are often characterised by their high heterogeneity, encompassing various generations of migrants, asylum seekers, and refugees, each with diverse healthcare needs (Vertovec, 2019). Addressing the healthcare needs of multicultural communities in multicultural societies presents unique policy challenges, revolving around the need to promote multiculturalism and diversity while maintaining the principles of national citizenship and social inclusion (Mansouri and Makhoul, 2004).

Our systematic review showed that ethno-specific services were generally found to be more effective for multicultural communities than mainstream services, particularly when measured against access, satisfaction, health and literacy outcomes. However, mainstream services were still effective to some extent for these service users in achieving health and literacy outcomes, albeit less so than ethno-specific services. Our review also highlighted significant knowledge gaps in the field and sub-optimal methodologies in about a third of the documents. About 45.4% of the evidence mapped consisted of studies assessing the effectiveness of pilot programs and one-off interventions. This indicates a potential distortion in the data, as these studies were not indicative of current, established services. Nonetheless, these pilot studies and one-off interventions offer important insights and lessons that can be used to improve the design and delivery of services to multicultural communities.

The findings from our review partially support claims that mainstream services fall short in providing effective health services for multicultural

communities. These shortcomings place vulnerable communities at further risk of social marginalisation and exclusion, with significant human rights implications (Mansouri, 2015). Ultimately, our review underscores the need for comprehensive appraisals of service provision, focusing on integration experiences, social cohesion, human rights and citizenship. It also highlights the urgency of understanding the effectiveness of various health service delivery approaches to cater to diverse societies and accommodate the needs of an increasing number of native-born individuals with immigrant parents.



Project Design and Methodology

This research project employed an exploratory mixed-methods design to investigate service provision in multicultural communities. It combined primary data from interviews and surveys (with service providers, policy makers and community members) with secondary data from service providers' websites, government reports and media sources. In the **first phase**, interviews with 31 service providers and 16 policy makers were analysed alongside website data to develop a new typology of service provision, using a scoring system based on "multicultural capacity" and "funding models". The **second phase** involved critical discourse analysis of public debate, systematically reviewing a range of Australian media and policy documents to understand the evolution of service-provision discourse. The final **third phase** integrated qualitative insights from 50 community member interviews with quantitative data from a survey of 1,152 Australian residents, exploring the impact of service provision on civic engagement and social inclusion. This methodological blend, encompassing both qualitative and quantitative analysis, provided a nuanced understanding of the dynamics and effects of service provision in Australia.

The impact of the COVID-19 pandemic on the project

The research was initially structured to take place in three chronological phases. However, due to the disruptions caused by the COVID-19 pandemic, these stages were ultimately conducted concurrently. For the third phase, focusing on the study of impact, Fairfield in New South Wales was initially chosen as the site location. However, the combined effects of travel restrictions and lockdowns in Victoria and New South Wales necessitated a change in focus to Victorian case studies only, with the inclusion of the cities of Hume and Greater Dandenong. This decision was made in collaboration with our POs.

Regarding the qualitative interviews, our original plan was to conduct these face-to-face. However, the pandemic lockdowns necessitated a shift to digital platforms, with most interviews being conducted via Zoom. For the quantitative impact study in the third phase, we had intended to use a snowball sampling method to encompass a diverse range of participants from multicultural communities, including those with limited digital literacy. However, the lockdowns impeded the necessary in-person networking for effective snowball sampling. Consequently, we decided to use YouGov, a leading agency known for its high-

quality data collection, for the sample recruitment. YouGov provided a comprehensive sample from their online panel, representing Australian residents born overseas who speak a language other than English at home. Our survey is among the most accurate and extensive surveys on multicultural communities in Australia in recent years. We acknowledge, however, that it likely underrepresents individuals with lower English proficiency and digital literacy. Nonetheless, this limitation does not affect our research findings, as our focus was on exploring the relationships between variables to assess the impact of service provision, rather than determining the prevalence of a specific issue. Our study successfully identified significant relationships between variables such as English literacy and other outcomes, as detailed in the next section.

Phase 1 methodology

The aim of this phase was to generate a new *typology of services provision* modes and approaches as experienced by community members. We mapped patterns of service delivery and provision modes in two site locations (cities of Hume and Greater Dandenong in Victoria, Australia), and focused on how diverse multicultural communities have experienced the multifaceted modes and approaches to service delivery at different temporal junctures along the settlement journey. We collected 31 interviews with service providers (made up of mainstream, multicultural and ethno-specific providers) and 16 interviews with policy makers and government stakeholders at local, state and federal levels, with a balanced representation of genders, age groups and perspectives on service provision. The interviews were analysed to map and understand different types of and approaches to service provision as experienced by service users.

We validated the claims made during the interviews with data from the service providers' websites and other publications, and used this data to create a typology. We developed a structured and rigorous scoring system based on two dimensions: the "multicultural capacity" and the "funding models" (that is, how financially secure the service providers were) of each service provider. Specifically, "multicultural capacity" was assessed on three indicators: the degree to which the "mission" of the service provider (as presented on their official materials) caters to multicultural communities, the inclusion of multicultural personnel within the

organisation (leadership/staff), and the level of language support and depth of cultural competency within the organisation. Higher scores on this dimension indicate a higher multicultural capacity. The “funding model” score was assessed by examining their annual turnover and their access to ongoing funding, with higher scores indicating a more financially secure model. Both axes range from 0 (lowest multicultural capacity and most insecure funding model) to 1 (highest multicultural capacity and most secure funding model). This scoring system allowed us to map the service providers into four quadrants, effectively categorising them based on their multicultural engagement and financial stability, which in turn provided a clearer understanding of their operational models and potential impact on civic engagement and belonging.

Phase 2 methodology

This phase of the project aimed to examine how different service-provision modes and approaches have been discussed and communicated over time in the Australian public debate, with a specific focus on the shift towards mainstreaming. Firstly, we defined a range of Australian websites and databases identified as potentially containing relevant materials (the Analysis & Policy Observatory website, the Department of Social Services website, the Parliament of Australia website, and the newspaper archive Factiva). National and state-level¹ newspapers of different political leanings were also included (*The Australian*, *The Age*, the *Herald Sun* and the *Daily Telegraph*). Secondly, we retrieved an overinclusive list of documents using a range of manual and keywords-based searches (terms included “ethnic”, “ethno-specific”, “culturally and linguistically diverse”, “CALD”², “multicultural” and “migrant”). Thirdly, we followed a four-step selection and screening process to identify the relevant documents. We used standard procedures for conducting systematic reviews, which involved a first round of screening based on title, abstract and other metadata to exclude documents that were not relevant because of time frame (not published between 1996 and 2021), location (not about Australia) and scope (not about migration). The included documents comprised grey literature, government reports, policy reports, political speeches, media transcripts (of politicians), media releases, parliamentary inquiries and submissions, and news media articles. The remaining documents were screened for eligibility by assessing the full text. The whole process is outlined in the next figure.

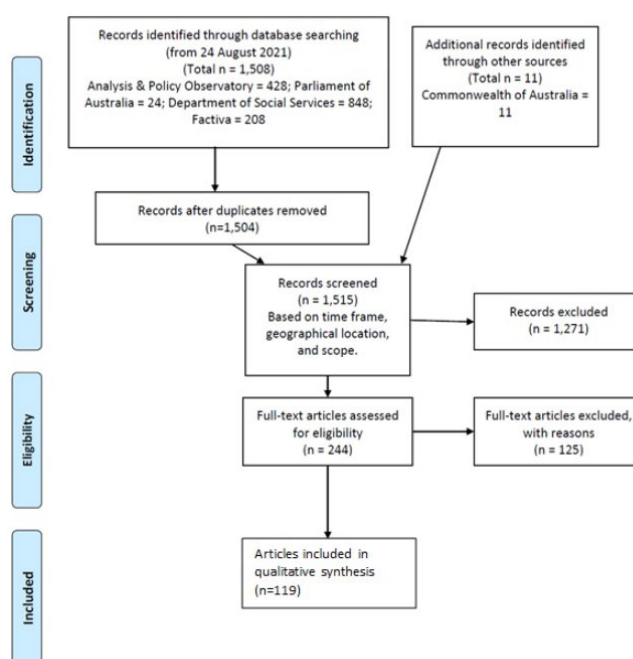


Figure 1 – Phase 2 document selection process.

Finally, the 119 relevant documents (from between January 1996 and February 2021) were analysed using *critical discourse analysis*. Critical discourse analysis is a methodology that considers the production and consumption of text, and how text is discursively and circumstantially produced depending on the matrix of production and consumption factors. It is concerned about how “changes in language use are linked to wider social and cultural processes” and can be appreciated as a method to study changes in society (Fairclough, 1992: 1). For example, media articles are produced with specific intended audiences in mind, shaped by specific political contexts and editorial positions, and may employ the use of metaphors to shape readers’ perceptions of key issues (Fairclough, 1992: 79–80; Martin and Fozdar, 2022). Parliamentary debates also occur within a particular context and draw on significant symbols and meanings critical to the socio-political context for persuasive purposes (Every and Augoustinos, 2007). Discourse is hardly neutral, since it involves an interplay of context, actors and audiences in its interpretation; it then has the power to influence and shape its socio-political context. Critical discourse analysis is applied as a method to unpack and elicit embedded meanings behind the particular relationship between these factors and the power play of ideologies (Phillips and Hardy, 2002; Van Dijk, 2011).

Victoria and New South Wales were initially the states selected as site locations for this project. As such, media articles from both states were initially included for this stage of the project. However, due to restrictions to interstate travel during the COVID-19 pandemic, data collection for this project was subsequently changed to Victoria only.

The term CALD refers to “culturally and linguistically diverse” and is a commonly used term in Australian policy documents to refer to migrants from non-English speaking background.

Phase 3 methodology

The focus of phase 3 was to understand the perceived impact of multicultural services in the experiences of community members. We used both qualitative and quantitative methods to understand the relationships between accessing multicultural services and indicators of civic engagement, social inclusion and active citizenship. Details of both methods are outlined below.

The overall approach in this project was to allow us to understand how ethnic background, socio-economic status and period of settlement are affected by the specific mode of service provision in diverse urban areas. The use of qualitative and quantitative methods aimed to capture the evolving nature of service provision and its impacts on various groups. The cities of Hume and Greater Dandenong in Victoria were used as site locations in our qualitative study design as they are characterised by significant, if slightly different, ethno-linguistic diversity and socio-economic disadvantage. Our rationale was that the communities that have the highest and most complex needs will be most in need of the support of social services.

The population of the two local government areas is, on average, more diverse, less educated and poorer than the average Australian population. The two sites represent two typical and comparable cases of areas where there is a large number of potential service users of mainstream, multicultural and ethno-specific services, even though the demographic composition of the population and the main cultural backgrounds are different (as shown by the differences in the top religious affiliations. See Table 1 below). Melbourne, Victoria, was chosen because it is one of the largest multicultural urban areas in Australia, and conceptually has the right mix of ethno-linguistic diversity and social disadvantage, making it more feasible that we would be able to find and study people requiring ethno-specific social services.

	City of Hume (VIC)	City of Greater Dandenong (VIC)	Victoria	Australia
People with bachelor's degree or higher qualification	20.2%	21.1%	29.2%	26.3%
Unemployment	7.5%	7.3%	5.0%	5.1%
Median weekly income (household)	\$1,703	\$1,453	\$1,759	\$1,746
Australian born	55.1%	36.6%	65.0%	66.9%
Both parents born overseas	59.5%	77.9%	41.3%	36.7%
Households where a non-English language is spoken	52.1%	69.1%	30.2%	24.8%
Religious affiliation, top responses	Christianity: 46.1% (Catholic: 27.5%) No religion: 19.0% Islam: 18.9% Hinduism: 4.8%	Christianity: 35.8% (Catholic: 18.2%) No religion: 20.8% Buddhism: 15.9% Islam: 14.2%	Christianity: 43.6% (Catholic: 20.5%) No religion: 38.8% Buddhism: 15.9% Islam: 14.2%	Christianity: 43.9% (Catholic: 20.0%) Islam: 3.2% Hinduism: 2.7% Buddhism: 2.4% No religion: 38.4%

Table 1 – A comparison of demographic compositions between the cities of Hume and Greater Dandenong, and a general Victorian and Australian population.

Interviews sample

In total, 50 research participants aged 24 to 81 were interviewed, primarily from the cities of Hume and Greater Dandenong. The gender distribution was 33 women and 17 men. Our research participants came from diverse countries of birth that included Middle Eastern nations such as Afghanistan, Syria, Iran, Iraq and Lebanon; South, Southeast and East Asian countries such as India, Pakistan, Singapore, Hong Kong and China; African regions such as Zimbabwe, South Sudan, Egypt, Eritrea, Kenya and Uganda; European countries such as Bosnia, Malta, the UK and Italy; and Oceania, including Samoa. Some participants were born and lived in multiple countries before they

arrived in Australia. Our participants also arrived in Australia via diverse migration pathways that included spousal, family, partner, international student and humanitarian visas.

To ensure diverse perspectives on settlement experiences, we included participants who had settled within the last 5 years (n=12), those who had been here between 6 and 10 years (n=9), and those who had lived here for 11 years and over (n=29). An interpreter was provided for some participants who came from non-English speaking backgrounds (n=8). All our participants are listed in Table 2 below. All of them have been de-identified for reporting purposes.

No.	Recorded names	Gender	Age	Country of birth	Need interpreter	Years of settlement	Visa
1	Layla	F	35	Lebanon	N	12	Spouse
2	Maryam	F	57	Iraq	N	19	Spouse
3	Lea	F	33	Lebanon	N	4	Spouse
4	Nida	F	36	Pakistan	N	17	Temporary / student
5	Yasmin	F	41	Abu Dhabi (Palestinian background)	N	4	Spouse
6	Samir	M	50	Syria	N	5	Humanitarian
7	Dima	F	39	Syria	Y	4	Humanitarian
8	Lana	F	26	Syria	Y	3	Humanitarian
9	Dalia	F	51	Kuwait (Lebanese background)	N	27 + 5	Temporary/student
10	Roya	F	40	Iran	N	9	Skilled
11	Tarek	M	52	Syria	N	5	Humanitarian
12	Noor	F	33	Iraq	N	11	Humanitarian
13	Wissam	M	50	Lebanon (Palestinian background)	N	23 + 4	Temporary/student
14	Ayesha	F	29	Pakistan	N	8	Spouse
15	Ömer	M	48	Turkey	N	46	PR / citizenship
16	Dalal	F	35	Iraq	Y	3	Humanitarian
17	Farah	F	37	Syria	Y	6	Humanitarian
18	Rohan	M	43	India	N	5	PR / citizenship
19	Elisa	F	60	Malta	N	49	PR / citizenship
20	Giulia	F	81	Italy	N	65	Spouse
21	Luca	M	70	Malta	N	57	PR / citizenship
22	Sajjad	M	40	Bangladesh	N	12	Spouse
23	Hana	F	60	Lebanon (Assyrian background)	N	45	Humanitarian
24	David	M	52	Sri Lanka	N	33	Humanitarian
25	Norah	F	39	Singapore	N	22 + 7	Temporary/student

No.	Recoded names	Gender	Age	Country of birth	Need interpreter	Years of settlement	Visa
26	Leilani	F	40	Samoa	N	25	Religious
27	Nazira	F	54	Afghanistan	Y	3	Family
28	Zeba	F	48	Afghanistan (Hazara)	Y	3	Spouse
29	Fatima	F	60	Afghanistan	N	26	Humanitarian
30	Diya	F	63	India (Anglo-Indian)	N	31	PR/citizen
31	Sanaz	F	57	Iran	Y	12	Humanitarian
32	Radha	F	28	India	N	4	Spouse
33	Zoya	F	31	Pakistan	N	10	Spouse
34	Aisha	F	24	Afghanistan	Y	2	Family
35	Ehsan	M	52	Afghanistan (Tajik)	N	23	Humanitarian
36	Khan	M	39	Afghanistan (Hazara)	N	17	Humanitarian
37	Prema	F	32	UK (Indian background)	N	27	PR/citizen
38	Jasmine	F	28	China	N	6	Temporary/student
39	John	M	28	Kenya	N	4	Temporary/student
40	Natalie	F	31	Hong Kong	N	10	Temporary/student
41	Zewdi	F	38	Ethiopia	N	24	Humanitarian
42	Mirna	F	53	Bosnia	N	27	Humanitarian
43	Elvir	M	61	Bosnia	N	28	Humanitarian
44	Keji	M	45	South Sudan	N	16	Humanitarian
45	Cheryl	F	46	Singapore	N	10	Temporary/student
46	Semira	F	38	Eritrea	N	15	Spouse
47	Karim	M	30	Egypt	N	15	Skilled
48	Tapuwa	M	28	Zimbabwe	N	4	Temporary/student
49	Mabil	M	50	South Sudan	N	21	Humanitarian
50	Samuel	M	49	Kenya	N	7	Temporary/student

Table 2 – Breakdown of research participants' demographic details.

Survey sample

Our survey sample was collected between 21 April and 13 June 2022 by the data polling company YouGov from their Australian panel. The sample was made of 1,152 adult residents in Australia who were born overseas and who speak at least one language other than English at home. Although this is not a probabilistic sample, this is the first attempt to provide a national snapshot of the attitudes and behaviours around the use of health, employment and housing services among migrant communities in Australia. According to the 2021 Australian Census, the overseas-born population in Australia is composed of 51.5% females and 48.5% males, and the median age is 45 years. Our sample is composed of 57.1% female and 42.9% male participants, with a median age of 43 years. The majority of the study participants (56.9%) settled in Australia more than 11 years ago, 14.3% settled between 6 and 10 years ago, and 18.4% settled 5 years ago or less. In terms of religious affiliation, only 28.7% of the sample identified as being non-religious, compared to 38.4% in the general Australian population. 40.2% of the sample were Christians (of which 20% are Catholics), and 31% were of other religions (including 11.7% Hindu, 7.7% Muslim, 6.6% Buddhist, 0.7% Jewish, and 4.3% other religions). In terms of labour force status, 40.5% of the participants

were working full-time, 25% were engaged in part-time work, 15.6% were retired, and 18.9% were not working. In terms of educational qualifications, 72.4% of our study participants had or were studying for a qualification including a certificate, diploma or degree, compared to 68% of Australians aged 15–74 (according to 2021 Census data). In our sample, 59.9% indicated having a very good English proficiency, and 40.1% had a level of English ranging from good (31.2%), acceptable (8.6%), poor (0.3%) to very poor (0.1%). Among our participants, 69.1% identified as being migrant, 2.3% as being a refugee, 0.6% asylum seeker, and the remaining 27.9% did not identify as belonging to any of these categories. The majority of our study participants (60%) were Australian citizens, 22.7% were permanent residents, and the others were on various temporary visas. Importantly, 79.9% of our participants identify with a cultural and linguistic background other than English. More specifically, only 26.6% of the sample participants were born in Europe, North America or New Zealand. Table 2 (above) provides an overview of the regions where our study participants were born.



Findings

This section presents the results of our research. The results are divided by research phase, and within each phase we summarise the main relevant findings and report the key evidence supporting our findings. Therefore, each sub-section responds to the respective key research questions of this research project. The first question, “How is mainstreaming experienced by Australian migrant communities?” explores the complexities of service provision, drawing on the experiences of individuals and communities from diverse migrant backgrounds. The second question, “What are the key ideological and political drivers of mainstreaming of social services?” involves an analysis of public and policy documents, media articles and political speeches to understand the forces shaping this shift in service provision. The third question, “What is the perceived impact of mainstreaming on multicultural Australia?” assesses mainstreaming’s effects on social cohesion, citizenship, and the social and cultural rights of Australians from migrant backgrounds, incorporating views from migrant communities, service providers, and residents of multicultural suburbs.

Phase 1: A new evidence-based typology of service provision for multicultural communities

To answer our first research question (“How is mainstreaming experienced by Australian migrant communities?”), we developed a new typology that maps out service-provision modes and approaches as experienced by community members in our selected site locations of the cities of Hume and Greater Dandenong in Victoria. Our objective was to investigate the impact of mainstreaming policies on service providers that cater to multicultural communities. We did this through an initial mapping exercise to determine the different service-provision modes and the diversity of service providers operating within these two locations.

Using a bespoke scoring system that we developed on the basis of our interviews with key stakeholders, we attributed a score to each service provider on two axes: its “multicultural capacity” and its “funding models”. Both axes range from 0 (lowest multicultural capacity and most insecure funding model) to 1 (highest multicultural capacity and most secure funding model). This allowed us to map the service providers into four quadrants.

Each of the service providers was given a score based on their multicultural capacity, which is determined based on four main criteria. These criteria, and their scores, are reflected in Table 3 below:

Criteria	Points	Features
1. Mission Statement	3	Clear inclusion: specifically mentions migrants, refugees and asylum seekers
	2	Generic inclusion: mentions inclusion in general terms e.g. inclusive of culture and gender
	1	Indirect inclusion: broad mention e.g. addresses vulnerable communities, poverty
2. Leaders/employees from multicultural background	3	Has leaders from multicultural background (within executive team/board)
	2	Has employees from multicultural background (for non-cultural work)
	1	Has employees from multicultural background (for cultural-specific work e.g. refugee program)
3. Cultural quotient	3	Expert: Provides culturally responsive training to other organisations; already has cultural expertise to serve multicultural communities
	2	Valued: Staff receive culturally responsive training more than once e.g. beyond new staff induction
	1	Minimal: Provides culturally responsive training as part of new staff induction
4. Language support	3	Provides translated materials, interpreters and bicultural workers
	2	Provides translated materials and interpreters
	1	Provides translated materials

Table 3 – Four criteria are used to determine a service provider’s multicultural capacity.

Each of the service providers was given a score based on their funding, which is determined based on two main criteria. These criteria, and their scores, are reflected in Table 4 below:

Criteria	Points	Features
1. Funding security	3	Secure: Mostly reliant on ongoing funding
	2	Mixed: Reliant on mixture of ongoing and non-ongoing funding
	1	Insecure: Primarily reliant on donations, local/ small grants
2. Annual revenue/turnover	3	\$10m and more
	2	\$3m to \$9.99m
	1	\$2.99m and below

Table 4 – Two criteria are used to determine a service provider's funding.

Table 5 shows how each of these service providers are scored, based on a combination of data from interviews with service providers (senior/managerial staff members who are aware of organisational policy), review of service providers' websites, follow-up emails with contacts within these service providers, and revenue information retrieved from the Australian Charities and Not-for-profits Commission website.

Verification of the diversity of leadership through the service providers' websites can be a challenge, as such information is limited to the board members and leadership teams' names and visibility. These identifiers may provide some information but cannot provide a full picture of their multicultural service delivery capacity. Moreover, it is not always visually apparent whether an individual represents a specific ethnic, cultural or racial background based solely on their name or visibility. Thus, we adopted a more cautious approach in evaluating this score, based on relevance of the leadership diversity to the communities of our two site locations. In other words, we regard a service provider as having leaders from a multicultural background if its leadership includes representatives from more recently established and emerging communities, as opposed to solely those from post-war migrant populations. This nuanced approach allows for a more accurate assessment of diversity in leadership within the service providers that operate primarily in our two site locations.

	Funding security	Annual turnover/ revenue (20/21)	Mission statement	Leaders/employees from multicultural background	Cultural quotient	Language support
Wintringham	3	3	1	2	1	2
Maternal and Child Health	3	3	1	2	1	2
Gen U	3	3	1	2	1	2
Uniting VIC TAS (1)	2	3	1	1	3	3
Uniting VIC TAS (2)	2	3	3	3	1	3
Broadmeadows Women's Community House (Anglicare) (1)	2	3	1	1	3	3
Broadmeadows Women's Community House (Anglicare) (2)	2	3	3	1	3	3
Banksia Gardens Community Services	2	1	1	2	1	3
DPV Health	3	3	2	2	2	3
Monash Health	3	3	2	1	1	2

	Funding security	Annual turnover/ revenue (20/21)	Mission statement	Leaders/employees from multicultural background	Cultural quotient	Language support
Brotherhood of St Laurence (1)	2	3	1	2	2	2
Brotherhood of St Laurence (2)	2	3	1	3	2	2
Cancer Council Victoria	3	3	2	2	1	2
MAX Employment	3	3	2	2	2	2
Jesuit Social Services (1)	3	3	1	2	2	3
Jesuit Social Services (2)	3	3	3	3	2	3
ASRC Dandenong	1	3	3	2	1	3
Friends of Refugees	1	1	3	3	3	3
Settlement Services International VIC	3	3	3	3	1	3
VICSEG New Future	2	3	3	2	1	3
Northwest MRC	2	2	3	3	3	2
Spectrum	2	3	3	3	3	3
SMRC	2	3	3	3	3	3
HOPE Co-Op	1	1	3	3	3	3
Victorian Arabic Social Services (VASS)	2	2	3	3	2	3
Australian Multicultural Community Services	3	3	2	3	2	3
Australian Vietnamese Women's Association	3	3	3	3	3	3
Co.As.It	3	3	3	3	3	3
Fronthitha Care	3	3	3	3	3	3
MCWH	3	2	3	3	3	3
AMWCHR	2	1	3	3	3	3
Wellsprings for Women	2	1	3	3	3	3
Northern Health	3	3	3	2	2	3

Table 5 – Tabulation of scores for each service provider we interviewed, based on their multicultural capacity and funding.

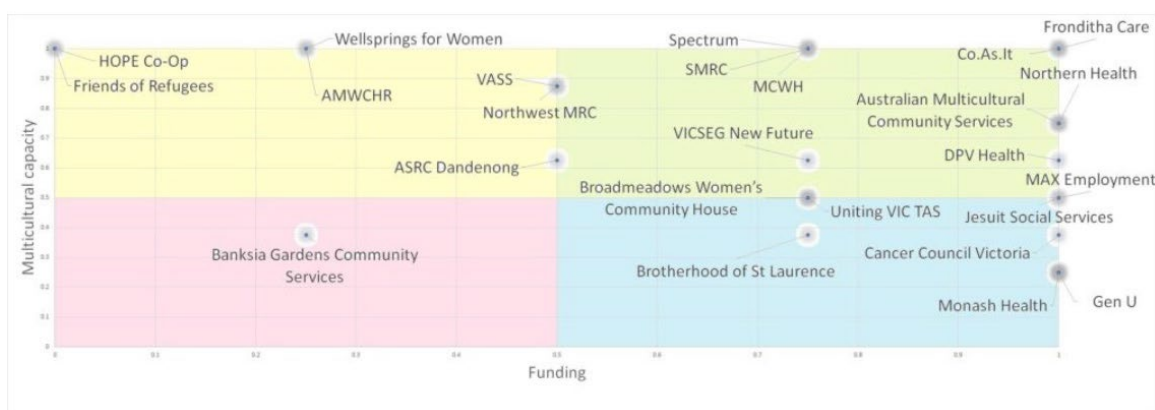


Figure 2 – Typology of modes of service provision based on their funding security and extent of multicultural capacity.

Figure 2 (above) provides a visualisation of the service providers that we included in our analyses. The service providers in the yellow and pink quadrants are less securely funded, while those in the green and blue quadrants have access to more secure and ongoing sources of funding. Service providers in the yellow and green quadrants have higher multicultural capacity, while those in the pink and blue quadrants are less equipped in their multicultural capacity. This allowed us to identify four types of service providers represented in Figure 2. Those in the yellow quadrant are grassroots/community-specific; those in pink are general community service providers; those in green are new and established migrant services; and those in blue are mainstream providers.

In the typology of service provision shown in Figure 2, the quadrant that emerges as best supported to serve the needs of multicultural communities is the green quadrant. Service providers in this quadrant are not only securely financed but also possess a robust multicultural capacity, while the service provider in the pink quadrant is least resourced to support the needs of diverse communities.

The service providers in the green quadrant are primarily comprised of ethno-specific services that cater to aged migrant needs (e.g. Fronditha Care, Co.As. It, the Australian Vietnamese Women's Association, and Australian Multicultural Community Services), migrant resource centres (e.g. Spectrum, Southern Migrant Resource Centre (SMRC), Northwest Migrant Resource Centre), refugee and asylum seeker resource centres (e.g. Asylum Seeker Resource Centre Dandenong (ASRC) and VICSEG New Future) and mainstream healthcare providers with high multicultural capacity (e.g. DPV Health and Northern Health). Service providers that cater to aged care are well supported through the provision of the federal-

funded My Aged Care services, established in July 2013. The migrant resource centres are also well supported through the federally funded HSP. Annual turnover for the Multicultural Centre for Women's Health is slightly inflated due to COVID-19 funding during the year of 2020–21, which puts them in the green quadrant during this period.

The service providers in the blue quadrant primarily consist of mainstream organisations, some of which have higher multicultural capacity than others – this is more likely to be the case for those with programs specifically targeting migrants, refugees and asylum seekers. For example, Jesuit Social Services have community support groups that focus on African and Pasifika young people, while UnitingVicTas has a program that focuses on the needs of people from Afghan background. The Brotherhood of St Laurence has a multicultural team that supports a variety of programs targeting refugees and asylum seekers. Similarly, the Broadmeadows Women's Community House has a strong focus on supporting migrant women. While Monash Health has a unit that targets refugees and asylum seekers, it scored lower in terms of its multicultural capacity compared to Cancer Council Victoria, which does have a focus on multicultural communities. Gen U focuses on supporting people with disabilities and similarly does not have a focus on multicultural communities.

Banksia Gardens Community Services is the only service provider in the pink quadrant. It does not have high multicultural capacity as it does not focus its services to cater to multicultural communities specifically, nor does it have a secure funding model.

The yellow quadrant consists of service providers that are least securely funded and have high multicultural

capacity. These service providers also tend to be the ones that are supporting migrants with intersectional identity and needs. Hope CO-OP and Friends of Refugees are service providers that support the needs of international students from refugee backgrounds and refugees and asylum seekers from emerging communities respectively. The Australian Muslim Women's Centre for Human Rights (AMWCHR) and Wellsprings for Women specifically support the needs of migrant women.

Phase 2: The ideological and political drivers of the mainstreaming of social services in multicultural Australia

To respond to our second research question ("What are the key ideological and political drivers of mainstreaming of social services?") we conducted critical discourse analysis on a total of 119 public statements, speeches and media articles that involve politicians, policy makers and other stakeholders in the period from January 1996 to February 2021. The following research questions were used to guide us in detecting mainstreaming in Australian public discourses:

1. How has the Australian Government managed and approached the need for multicultural services over time?
2. How have discourses around policy, funding and/or service provision for multicultural communities developed over time and how have such discourses been used at various levels of governance?

This section is structured around responding to these two research questions.

How has the Australian Government managed and approached the need for multicultural services over time?

There were significant changes to the implementation of multicultural policies when John Howard took office in 1996, influenced by the global political climate as addressed above. These changes were driven by particular political ideologies, including economic reasons, as ways to manage surging diversity and the complexities that come with it. On a more structural front, these changes involved not only the removal of "multiculturalism" from ministry department

names but also shifts in the precise scope of work over time, where mergers occurred to embed or subsume former multiculturalism portfolios into broader and more generalised portfolios. These notable structural changes would inevitably impact funding, policies and programs for multicultural communities in Australia. These changes included subsuming the Office of Multicultural Affairs under the Department of Immigration and Multicultural Affairs in 1996, which later merged with the Department of Reconciliation and Aboriginal and Torres Strait Islander Affairs to form the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA). In 2006, DIMIA again became the Department of Immigration and Multicultural Affairs (DIMA); a year later, it was restructured to form the Department of Immigration and Citizenship (DIAC). In 2013, the Department of Immigration and Border Protection was formed, taking over most of DIAC's portfolio and transferring settlement and multicultural programs to the Department of Social Services. Advocacy groups and community organisations, such as the Ethnic Communities' Council of Victoria (ECCV), a peak body representing multicultural communities in the state of Victoria, have argued the significance of these institutional and departmental changes, pointing out how the removal of "multiculturalism" from department names is a strong indication of the government's weakening commitment to multiculturalism (Ethnic Communities' Council of Victoria, 2017). This critique also appeared in a media article in relation to cuts to ethnic funding, which concluded that "the 'M word', multiculturalism ... [has been viewed to be] an awkward word that has outlived its usefulness" (Macdonald, 1998).

A summary of these structural changes, and the rationale behind them, was addressed by Senator the Honourable Concetta Fierravanti-Wells (Liberal Party). Presenting at the Annual General Meeting of the Settlement Council of Australia – a national body representing organisations that support the settlement of refugees and migrants – her speech provided an illuminating image of the Australian Government's political trajectory on multiculturalism matters:

This happened as part of the Machinery of Government changes. A number of important things happened here, including the creation of a new, larger, better resourced Department of Social Services. We want to improve the wellbeing of people and families across Australia – all ages,

family circumstances, cultures and backgrounds. So Settlement Services and Multicultural Affairs *fit right in*. (Fierravanti-Wells, 2014, emphasis added)

A similar discursive approach was detected in former prime minister Scott Morrison's speech on young Australians' welfare needs at the Australian Council of Social Service Conference in 2015. He first addressed the broad, general needs of young Australians before addressing targeted groups with specific needs, such as the ones "most at risk". That list included the ones "with disability, those with mental health issues, those from poorer families, Indigenous Australians and those with lower levels of literacy or numeracy," and finally the "young people who have newly arrived in Australia, especially as part of our refugee and humanitarian program who are at risk of becoming marginalised and are very vulnerable" (Morrison, 2015). This speech pattern was similarly detected when he addressed the needs of young children. In the same speech, he highlighted that "young children with disabilities [need] to be able to access child care, not just at a specialised centre but at the centre around the corner where they can go along and be cared for in the same way as all other young children around the country and *be part of the mainstream process*" (Morrison, 2015, emphasis added). In other words, mainstream services ought to be able to cater to children of all needs, even those with special requirements.

Economic viability and efficiency are strong reasons presented to support the mainstreaming of service provision for diverse populations. A series of funding cuts to ethnic welfare organisations began to occur in the late 1990s to early 2000s, shortly after Howard came to power. These cuts, and their impact on multicultural communities, made substantial headlines in Victorian print media. Mr Steve Ingram, spokesperson for immigration minister Philip Ruddock, said that services to migrants need to be streamlined to "avoid duplication" (Saltau, 2001). There is limited funding, he said, and "no agency should expect to have funding forever more" (Saltau, 2001). Concurrently, there was limited empathy expressed for the needs of multicultural communities, as Mr Ingram said that he "just can't see that accessing the same hospital or library or community service as the rest of the population means you have to ignore your heritage" (Saltau, 2001). Such political ignorance and lack of cultural awareness can have a detrimental impact on the extent and quality of services rendered to these communities.

How have discourses around policy, funding and/or service provision for multicultural communities developed over time and how have such discourses been used at various levels of governance?

Across the documents analysed, we found two distinct ways in which mainstreaming is spoken about. Here, we differentiate them as exclusionary and inclusive forms of mainstreaming. Exclusionary mainstreaming adopts an "Australian first" approach, where there is a strong perspective that the government ought to prioritise the welfare of Australians before it considers the needs of "others" – the incoming new migrants, refugees and asylum seekers. This translates into resistance to the provision of special grants to target groups specific to their needs based on cultural, religious and linguistic differences. Discourses on exclusionary mainstreaming emphasise a common, united identity in Australia with fear of a divided Australia based on racial and ethnic differences. Inclusive mainstreaming discourses similarly focus on a common identity, albeit one that acknowledges that this Australian identity comprises a multitude of diverse cultural, religious and linguistic expressions. The latter recognises newer migrants have needs that require the support of specialised services and that it is important to integrate them into the broader Australian society and economy. Having these supports in place will facilitate multicultural communities to fully and confidently participate in mainstream society.

Funding cuts to ethno-specific service providers emerging in the late 1990s

Funding cuts to ethnic welfare organisations began to occur from the late 1990s, and four media articles in *The Age* and the *Herald Sun* – both based in Melbourne, Australia – brought this matter to public attention. *The Age* is more politically progressive and owned by Nine Entertainment, while the *Herald Sun* is more conservative and owned by News Corp. Debates between public figures around these funding cuts centred not only on different notions of mainstreaming, but also differing views on the Australian identity and the government's role in migration and humanitarian efforts. These conceptual differences occurred along the lines of political differences. In the 1998 *Herald Sun* article titled "Migrant industry under fire" (Masanauskas, 1998), Australia's multicultural policy faced opposition from Pauline Hanson and her right-wing populist One Nation Party. It was reported that Hanson's anti-

multiculturalism stance garnered support from most Australians and new migrants, and it advocated for assimilation to prevent a divided nation. The article began strongly:

When Pauline Hanson calls for the abolition of official multiculturalism, she has *the support of most Australians* ... The then Office of Multicultural Affairs found that 62 per cent of the Australian-born population agreed with the statement that “Migrants should learn to live and behave like the majority of Australians do.” And, perhaps *surprisingly, 57 per cent of the overseas-born felt the same way* ... Under One Nation’s recent migration policy, special grants to ethnic communities would be scrapped as Australia turned to assimilation. (Masanauskas, 1998, emphasis added)

The article included the views of Dr Rod Spencer and Robyn Spencer, founders of the political party Australians Against Further Immigration, which merged with One Nation in 1998. As One Nation representatives, Rod Spencer added that “funding should be given on the *basis of need, not ethnicity*,” while Robyn Spencer posited that the “migrant industry” and those who “support mass migration and the division of Australia into ‘tribes’ ... is *against national interest*” (Masanauskas, 1998, emphasis added).

In the same article, inclusive mainstreaming discourses were adopted by then immigration minister Philip Ruddock and then VMC chairman Stefan Romaniw. Both argued that there is simultaneously a place for specific, specialised services to cater to the needs of more vulnerable cohorts and a need to focus on a common understanding of the Australian identity. Mr Ruddock believed that “*many immigrants still had settlement problems*” and the provision of “services will be provided in a highly accountable manner, to meet needs in areas such as isolated migrants, *the aged, refugee women in difficult situations and new arrivals who belong to small, emerging communities*” (Masanauskas, 1998, emphasis added). Mr Romaniw added that these specific “grants helped ethnic groups to fully take part in the state’s social, economic, cultural and political life” and that “*multiculturalism was also about bringing communities into the mainstream by helping them to understand government policies*” (Masanauskas, 1998, emphasis added). He also assured readers that he does not

“know of any ethnic group that’s not committed to Australia.”

Discursive shift towards mainstreaming from 2000

In 2000 and 2001, additional funding cuts impacted ethnic welfare organisations. *The Age* covered this issue in an article in 2000, while journalist Chloe Saltau wrote two articles about it in the same newspaper in 2001. Affected organisations expressed concern for their future and community welfare, criticising the cuts as political manoeuvring. In 2000, Giancarlo Martini-Piovan, director of the Co.As.It Italian Assistance Association, and Voula Messimeri-Kianidis, from the Australian Greek Welfare Society said “mainstream services were often incapable of meeting cultural and linguistic needs” (Saltau, 2000). This view was shared by “Mrs Bianca Baldassi ... a 76-year-old Italian-born pensioner who came to Australia with her young family in 1955 ... [who said that] there was widespread fear among her friends who depended on the services provided by the Italian association. *Where would they go for help if the association could no longer deliver services?*” (Saltau, 2000, emphasis added). In 2001, the Springvale Indo-Chinese Mutual Assistance Association similarly criticised and “accused the government of introducing a ‘policy of assimilation’ by stealth” (Saltau, 2001, emphasis added). Mr Phong Nguyen from the ECCV echoed this view and levelled the same critique that the government was “introducing by stealth a policy of assimilation” in its decimation of the multicultural agenda (Saltau, 2001).

Comparison between political discourses on funding cuts in 1998 and 2000 shows that there appears to be a shift in emphasis from inclusive to exclusive forms of mainstreaming. In 1998, Mr Ruddock expressed that specialised services were still necessary for target groups; however, this sentiment takes a different tone from 2000. In 2000, the funding cuts were attributed to the federal government’s “search for efficiencies,” and even though “new migrants and refugees ... [remain] a priority for settlement funding ... many welfare services for more established communities would continue to be *funded by other Commonwealth departments*” (n.a., 2000, emphasis added). In the same vein, “Mr Nguyen’s claims about ‘assimilation by stealth’” were refuted in 2001 by Mr Ruddock’s spokesperson, and the funding cuts were attributed to the government’s priority to “*avoid duplication* by encouraging migrants to *use services provided by government departments*” (Saltau, 2001, emphasis added).

From 2012 to 2020, media discourses on mainstreaming were primarily exclusionary, as shown through three articles in *The Australian* and two letters from the public in *The Age*. *The Australian* is a politically centre-right national newspaper owned by News Corp, with a readership that comprises professionals in high-level decision-making positions. There were emerging concerns with Howard's changes to the multicultural agenda, and letters from the public in *The Age* reflected these anxieties. Kate Bean, co-ordinator of a multicultural health and support service, expressed her "fear that multiculturalism will also be identified as a '*mainstream issue*' and that both ethno-specific and multicultural services will eventually *suffer the same fate as ATSIC*" (n.a., 2004, emphasis added). Tim Tolhurst from the National Ethnic and Multicultural Broadcasters Council saw these changes as the Howard government "flirting with Hansonism," a move towards "assimilation" that requires "the most marginalised of people to become part of the Australian community by effectively dumping their cultural identity" (n.a., 2007).

In 2012, multicultural policies in Australia made headlines "a year after the Gillard government unexpectedly announced it would breathe life into a formal multicultural agenda"; this news instigated varied responses from the public to *The Australian* (Karvelas, 2012). Journalist Patricia Karvelas discussed Australia's multicultural policies, highlighting divergent political positions and Howard's claimed bipartisan approach. She wrote:

The Right believed that policy-making around "multiculturalism" had been hijacked by elites pushing separatist politics that were dividing the nation, not uniting it. Even moderates believed the country was *already multicultural* and there was *no longer a need* to use the word or create special policies around its intention.

... while Howard demolished the language of multiculturalism, he maintained crucial services that helped migrants integrate into the country. It was a political rebranding exercise that had at its core the desire to teach people to be "*Australian*" rather than *encourage cultural separateness*. (Karvelas, 2012, emphasis added)

The message conveyed is that multiculturalism is an accepted reality in Australia, negating the necessity for special treatment. Former federal minister Gary Johns, "who was part of the Keating government

that spearheaded the multicultural agenda," was quoted to support this claim with his belief that "we do not need a strengthening of laws against racism and in favour of multiculturalism, and the push for this new policy is more about separatism than unity" (Karvelas, 2012, emphasis added). He expressed his understanding of multiculturalism:

Australia's multiculturalism is "tolerance" with a fancy name ... Tolerance does not extend to a second national language, recognition of other laws, or group rights. Nor is there an assumption that Australians must welcome anyone else, rather it is simply to allow others to get on with their life. Further, there is a very strong assumption in present policies that *new arrivals will integrate* by performing all of the civic duties, which include abiding by the laws, especially to pay taxes, attending school and so on ... There is danger in a multicultural society. Australia has found the keys to success, where other countries, especially those ethnically and culturally divided, have not. The idea of "multicultural" is to *show tolerance, not to encourage difference, and never to express the difference in law*." (Karvelas, 2012, emphasis added)

It is worth noting that Johns's political views became considerably more conservative after he left the party in 1996 (Evans, 2001: 101).

In the years of 2013 and 2020, media articles began to critique the mainstreaming of social services, and how it creates barriers to access for people with intersectional identities, including cultural and linguistic diversity alongside gender and disability. The narrow ways in which the newly proposed national disability scheme was being tested was criticised. National advocacy groups National Ethnic Disability Alliance (NEDA) and FECCA were quoted in the article "Test sites for disability scheme 'too Anglo'" :

The peak ethnic lobby group [NEDA] says the National Disability Insurance Scheme [NDIS] is *discriminating against culturally diverse people*, with its five launch sites in the nation's most Anglo-Saxon areas. The Federation of Ethnic Communities Councils of Australia said a lack of consultation meant the five NDIS launch sites, in Queensland, NSW, Victoria, South Australia and the ACT, had been "*skewed towards less culturally diverse parts of Australia*." (Karvelas, 2013, emphasis added)

³ The Aboriginal and Torres Strait Islander Commission (ATSIC) was established in 1990 and dissolved in 2005.

Challenges in the provision of NDIS for multicultural communities were subsequently addressed in the parliamentary inquiry on “Transitional Arrangements for the NDIS” by the Joint Standing Committee on the National Disability Insurance Scheme in 2018. In particular, there were criticisms about the mainstreamed approach to the delivery of disability services. Critiques were raised about “*a market based system ... for delivering services in areas of thin markets ... [and] that thin markets will persist for some Participants, including ... people from CALD backgrounds and Aboriginal and Torres Strait Islanders*” (Joint Standing Committee on the National Disability Insurance Scheme, 2018: x, emphasis added).

In 2020, a media article reported on the challenges that migrant women in violent situations face in accessing mainstream services for support (Berkovic, 2020). Journalist Nicole Berkovic outlined that:

... mainstream prevention programs do not necessarily reach women from migrant and refugee backgrounds. Most arrive as adults, which means they miss out on school-based programs, and they do not necessarily speak English. They may access ethnic radio stations or newspapers rather than mainstream media. They also can face different vulnerabilities, including uncertain visa arrangements and a lack of support networks, which can make it harder for them to leave violent relationships. (Berkovic, 2020, emphasis added)

Executive director of Melbourne’s Multicultural Centre for Women’s Health, Dr Adele Murdolo, highlighted the need for mainstream services to upskill their cultural knowledge. Drawing on knowledge from the sector, she said that:

... those working with culturally and linguistically diverse communities believe more effort should be directed to protecting migrant women from violence ... One of the reasons you need to target your efforts to migrant and refugee women is because they have different experiences to the rest of the population. (Berkovic, 2020, emphasis added)

Parliamentary submissions and inquiries into current migration policies similarly raise issues of exclusion for new migrants attempting to access mainstream services, and the need to cater to their needs. In one

inquiry into migrant settlement outcomes (Joint Standing Committee on Migration, 2017), employment and settlement support, and the needs of migrant women in particular, were highlighted:

All migration programs are managed by the Commonwealth Department of Immigration and Border Protection (DIBP). *Recent arrivals can access mainstream and settlement support services to help them adjust to their new life in Australia, but not all services are available to all migrants.* (p.7, emphasis added)

The needs of these women also extend well beyond the bounds of traditional settlement services. *Mainstream services* such as maternal child health, playgroups, kindergarten and health and wellbeing programs are vitally important for this group and *yet they can be difficult* for a woman with primary carer responsibilities and little or no English to access. (p.26, emphasis added)

The Committee recommends that the Jobactive program include an employment support service *specifically designed for newly arrived and longer term migrants.* (p.93, emphasis added)

Discursive paradox: presence of inclusive mainstreaming in policy documents

Despite mixed forms of mainstreaming discourses in the media, inclusive mainstreaming discourses were detected when analysing the series of Access and Equity reports from 1998 to 2015. These annual (and sometimes bi-annual) reports cover the performances of various government departments in their access and equity for multicultural communities. They are based on the Access and Equity Strategy of 1985 that acts “as a policy response to the provision of service to people of non-English speaking background” and later extended in 1989 to “all groups who may face barriers of race, religion, language or culture, including Australian-born people of non-English speaking background (NESB2) and Aboriginal peoples and Torres Strait Islanders, with a continuing emphasis on the double disadvantage which may be faced by women and the ethnic disabled” (Office of Multicultural Affairs, 1994: 1). These reports implement the Charter Public Service in a Culturally Diverse Society that “represents the Commonwealth Government’s commitment to responsive service delivery ... and a nationally consistent approach to

delivering government services to meet the needs of all Australians” (Commonwealth of Australia, 1998). It is worth noting that these reports are not independently assessed and submissions from various departments are voluntary.

In the 1998 report, then Minister for Immigration and Multicultural Affairs Philip Ruddock (Liberal Party) pledged his commitment to the “implementation of the Charter’s principles and, in doing so, to *increasing the Government’s capacity to provide culturally appropriate and inclusive service delivery for all Australians*” (Commonwealth of Australia, 1998: vi, emphasis added).

Subsequent ministers continued to adopt an inclusive mainstreaming discourse in their public statements on service provision for multicultural communities, such as the following:

The Australian Government has an unwavering commitment to a successful multicultural Australia ... We recognise the *benefits of cultural diversity for all Australians within the broader aims of national unity* ... A critical component of Australia’s *just, inclusive and socially cohesive society* is the commitment to deliver government services that are *responsive to the needs of Australians from culturally and linguistically diverse backgrounds*. (Senator the Honourable Kate Lundy Minister for Multicultural Affairs, Labor Party) (Commonwealth of Australia, 2012: 3, emphasis added)

The Australian Government is committed to ensuring that its programs and services are accessible to all eligible Australians and deliver equitable outcomes for them, regardless of their cultural and linguistic backgrounds. (Senator the Hon Zed Seselja, Assistant Minister for Social Services and Multicultural Affairs, Liberal Party) (Commonwealth of Australia (Department of Social Services), 2017: 2)

Comparison between the 1998 and 2013–15 reports shows a slight shift in the emphasis on services for multicultural communities. The 1998 report stated that it follows recommendations from the Galbally Report and “that community needs should be met by mainstream programs and services, *but that ‘ethno-specific’ service delivery may still be necessary* at that time to ensure accessible and equitable service

delivery to some groups” (Commonwealth of Australia, 1998: 55, emphasis added). The 2013–15 report, however, stated that there is to be “equal access to mainstream government services for migrants and the *provision of specialist services where needed*” (Commonwealth of Australia (Department of Social Services), 2017: 53, emphasis added). It is worth mentioning that the final 2013–15 report was renamed as the Multicultural Access and Equity in Australian Government Services Report, whereas its previous iterations were simply termed Access and Equity Reports on Government Services. There have been no further reports since, nor any reasons given for its termination (Love, 2021).

Phase 3: The perceived impact of mainstreaming on multicultural Australia

To respond to our third research question (“What is the perceived impact of mainstreaming on multicultural Australia?”) we conducted a national survey and qualitative interviews with selected members of Australian multicultural communities. We present our findings structured as a series of themes emerging from both qualitative and quantitative research. Our main focus was to understand the impact of different service-provision experiences in the perception of multicultural communities. Overall, we see our findings as indicating that service provision is an important element for multicultural communities in providing the necessary conditions for them to participate in and contribute meaningfully to Australian society. When service provision is not effective, and when multicultural communities – especially at the beginning of the settlement journey – experience significant barriers in accessing effective services, these conditions are not met and effectively there is a shift of the burden of integration and contribution onto multicultural communities. Before discussing the themes, we present a synthetic description of the samples used for the qualitative and quantitative research.

Impact theme 1: The use of multicultural services is associated with a situation of vulnerability among multicultural communities

Our study unequivocally shows that the importance of multicultural services is higher for participants who are more vulnerable.

In our survey, we examined services in three

key domains: health, employment and housing. Specifically, we asked, “In the last 5 years, how often did you access health services (for example, a doctor) from a multicultural provider and from a mainstream provider?” We defined mainstream providers as “organisations offering services to the general Australian population, regardless of their ethnic or religious background” and multicultural providers as “organisations offering services to specific ethnic or religious communities, catering to their specific cultural, religious or linguistic needs.”

Participants were asked to provide a response by selecting one of the following options: Never, Rarely, Occasionally, Frequently, Very Frequently. We repeated the same question for services in the areas of employment and housing. Our study shows that 28.6% of our participants accessed at least one multicultural provider in the areas of health, employment or housing at least once in the last 5 years.

We then conducted bivariate analyses and found that accessing multicultural services was associated with certain personal characteristics indicative of a need for culturally specific services, such as having lower English proficiency, not being an Australian citizen, and having settled in Australia 10 years ago or less.

Specifically, we found that:

- 35.5% of participants with lower English proficiency accessed at least one multicultural service in the last year, compared to 24.1% of participants with higher English proficiency.
- 36.8% of participants with no Australian citizenship accessed at least one multicultural service in the last year, compared to 22.9% of participants with Australian citizenship.
- 36.6% of participants who settled in Australia 10 years ago or less accessed at least one multicultural service in the last year, compared to 23.5% of participants who migrated 11 years ago or more.

	Higher English proficiency	Lower English proficiency	Total
Did not use a multicultural service in the last year	75.9%	64.5%	71.4%
Used at least one multicultural service in the last year	24.1%	35.5%	28.6%

Table 6 – Cross-tabulation: use of multicultural service providers by English proficiency.

	Not citizens	Citizens	Total
Did not use a multicultural service in the last year	63.2%	77.1%	71.7%
Used at least one multicultural service in the last year	36.8%	22.9%	28.3%

Table 7 – Cross-tabulation: use of multicultural service providers by citizenship status.

	10 years ago or less	11 years ago or more	Total
Did not use a multicultural service in the last year	63.4%	76.5%	71.7%
Used at least one multicultural service in the last year	36.6%	23.5%	28.3%

Table 8 – Cross-tabulation: use of multicultural service providers by settlement period.

Across our interviews, most of the research participants reported overwhelmingly positive experiences with multicultural services and highlighted that these were essential services that supported them upon their arrival in a new country. Having access to these services to support them in their initial settlement helped them find their grounding in a new society. These services were especially important for those who arrived in Australia without existing social connections, are socially isolated and/or do not speak English, since these services tend to provide immediate support systems and communities based on specific ethnic or language backgrounds.

Many participants also formed friendships through these services by being supported in a community of staff and other service users, contributing to their social, cultural and emotional wellbeing.

Nazira, 54, came to Australia from Afghanistan 3 years ago to join her son and his young family through a family visa. This new living arrangement began to strain relationships within the young family. Her son has not spoken to her “more than four or five times” in the time since she arrived. One of the organisations she came in contact with was Wellsprings for Women, who support newly arrived migrant women like herself. Through this service provider, she found a supportive community to help her through her various circumstances. She said: *“I feel very happy here and I feel as if they are my family and I don’t feel like a stranger... Since here I found other women and I found myself comfortable here. And this became a base for me to get to the society because I was not familiar to go...”*

One of the things Nazira wanted to do was to learn English, recognising that this language skill would support her in her new life in Australia. We spoke to her through an interpreter throughout the interview. However, her quest to learn English through formal institutions, such as TAFE, was impeded by her visa status, where she was repeatedly told that “[she was] not permanent and [she is] not eligible for that.” Wellsprings for Women became the informal group that facilitated her English learning. Subsequently, after having built social connections within this community of women, she began to share her mental health and housing struggles.

The recognition of the elder abuse she was experiencing from her daughter-in-law and that she needed to preserve her wellbeing led to a decision to move out and live on her own. All these actions and decisions were supported by caseworkers at Wellsprings for Women. She was recommended to Monash Health to support her mental health challenges. There, Afghan staff workers provided in-language support to aid her in navigating mental health services. She also eventually found housing to escape the abusive domestic situation she was in through the support of a case worker.

Dalal, aged 35, shared similar experiences upon her arrival from Iraq 3 years ago. She became aware of the AMWCHR because they were proactively reaching out to newly settled migrant women in the Hume area, where she resides. The organisation was facilitating various courses and meetings on topics relevant to newly arrived migrant women like herself. She appreciated these types of services as they were not simply providing services, they also provided an

immediate family-like support system, which was important for her given the collectivist culture she came from and is familiar with. Also, through an interpreter, she shared that:

Because their work is *specific for women* and we feel like they *do understand us more* when we do any meeting or early course, *they make us feel as a family*. And I have learned a lot from them. I think they provide something we really needed, it really helped us.

When asked to compare her experiences with the AMWCHR with other services, she believes that they provide socially and culturally relevant services that support service users’ integration and help them develop new understandings of Australian society, and that there is a social dimension to the type of care that they provide, while other services provide more practical, material forms of support:

[AMWCHR] teach us how to settle in this country, how to communicate with Australian people or Australian community. Yeah, but sometimes, like, in other way they have different services because UnitingCare, it helps when you settle and for finding a house or furniture or enrolling kids in a school. They help with the beginning, but [AMWCHR] their program is to help to, teach us how to communicate with the community, how to deal with our teenage kids, how to face, like, they are teaching about family violence, this stuff. I think they have a different service.

Although multicultural services tend to be more essential for more newly arrived migrants, in times of crisis – such as the COVID-19 pandemic – more established migrants also found themselves in need of support and have reached out to multicultural services. The cultural familiarity also means less explanation on the part of the service user to the service provider about their needs. Prema (32/F/UK via India) recounted her experiences with IndianCare during COVID. She first heard about the service provider through one of her volunteering experiences with a non-governmental organisation when she “came across a flyer for one of their workshops [and] attended that via Zoom.” She came to realise that the organisation “offer[ed] quite a lot of support services ... [and] a couple of [her] friends told [her] they were really good. They were able to help them with various things.” During COVID, Prema became housebound when her housemate caught COVID-19. As she “wasn’t

able to leave the house and needed some food ... [IndianCare] dropped off free Indian vegetarian food at our door." This made her feel that she was well supported by her ethnic community during such times of need, which contributed to her wellbeing.

Impact theme 2: The use of mainstream services is associated with barriers experienced by multicultural communities.

We looked at the factors associated with experiencing barriers in accessing mainstream services. In relation to health, the barriers that were experienced by most participants were a waiting list too long (24.6%) and a service too expensive (18.7%). For housing services, the most experienced barriers were a waiting list too long (20.9%) and a service too expensive (15%). Interestingly, the most experienced barriers for employment services were filling the paperwork was too difficult (13.1%) and the waiting list was too long (12.7%).

	Health	Housing	Employment
I found it challenging to fully understand what they were telling me	7.4%	8.1%	8%
I didn't trust my information would be treated confidentially	5.2%	9.3%	8.4%
In my culture, it is shameful to access services like ...	6.8%	8.4%	6.2%
The service was too expensive	18.7%	15%	6%
The service was too far away	7.8%	10.9%	6.9%
The service did not provide childcare	2.5%	5.3%	4.7%
The staff was dismissive or rude because of your multicultural background	5.9%	7.2%	8.7%
Filling all the paperwork was too difficult	4.6%	12.5%	13.1%
The waiting list was too long	24.6%	20.9%	12.7%
None of the above	55.7%	50.5%	59.8%

Table 9 – Valid percentages of people who experienced the barriers among participants who accessed at least one mainstream service in the last year.

Our findings suggest that people who belong to communities that are more excluded and have lower levels of wellbeing experience more barriers in accessing mainstream services. Specifically, we found that:

- people who experience more barriers to access health and employment services have on average significantly poorer mental health levels.
- non-Christian participants (i.e., Hindu, Muslims, Buddhists and other religious groups) experience significantly more barriers to access mainstream services.

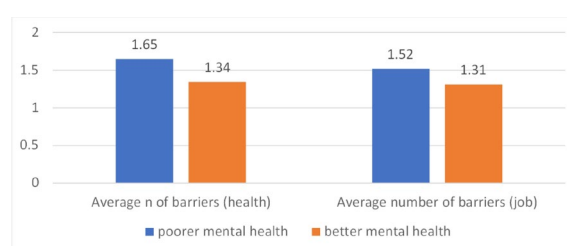


Figure 3 – Average number of barriers experienced among people with better and poorer mental health levels.

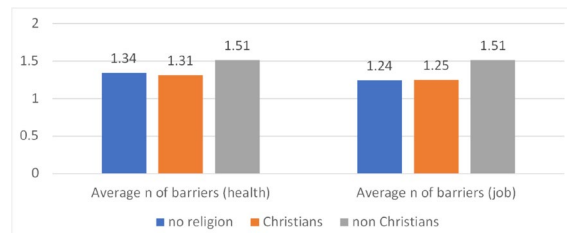


Figure 4 – Average number of barriers experienced among people of different religious groups.

Experiences of mainstream services

When asked about their experiences with mainstream services, our research participants had most experiences with health services, followed by employment; they had the least experience with housing services. They also tended to express the most positive experiences for mainstream health services compared to employment and housing. A significant proportion of participants we spoke to expressed a lack of awareness regarding available support services, particularly if they did not have any experience with Centrelink or they did not arrive through a humanitarian program with access to settlement services. Across the types of mainstream services accessed, participants did report on limitations in the support they received, acknowledging the limitations of the transactional structure of these support systems and their need to fulfil other social and cultural needs also.

In these experiences of mainstream services, it is worth highlighting that – particularly with health services – while they provide services for a general Australian population without specificities, they may also have specific programs or departments that cater to specific communities and their unique needs. For instance, Monash Health (in Greater Dandenong) has a specific area of service for refugee health and wellbeing. Similarly, healthcare services such as DPV Health (in Broadmeadows, Hume) cater to a general population while simultaneously having targeted services to support refugees and asylum seekers that reflect the diversity of their local community⁴. DPV has a strong diversity and inclusion policy to ensure they hire staff members that represent the community. As such, they will be equipped with specific cultural and linguistic skills to support their immediate service users.

Experience with health services

A majority of research participants reported positive experiences with healthcare services. When speaking with participants, healthcare services was used broadly to include all types of health-related services, including clinics, hospitals, allied health care services such as physiotherapy, mental health services and aged-care services. Participants often reported that healthcare services would provide them with interpreters to support their linguistic needs, suggesting a strong multicultural capacity in the healthcare sector. Participants also tended to compare

the quality of healthcare services to what they would receive in their home countries. In such comparisons, participants tended to express gratitude for the quality of care they received. This was particularly the case for participants who require NDIS support or have children with such needs. In their home countries, healthcare services attentive to special needs were unheard of.

Our participants tended to attribute their positive experiences with healthcare provision to the multicultural capacity they possess. Participants were sometimes surprised and impressed by the extent to which these services are equipped to cater to their cultural and religious needs. Norah (39/F) first arrived as an international student in Melbourne 29 years ago. She was born in Singapore and identifies as a Muslim. When she fell pregnant and was ready for the delivery of her first child, she was booked in at The Alfred. The service staff catered to her religious needs and provided her with halal meals, and she was pleasantly surprised. She shared that she and her husband “were super impressed *because as a Muslim [they] thought, [and they were] quite flexible, [they] usually ask for vegetarian meals or just no meat food, but they had halal meals there. So [they] felt very impressed that, you know, it wasn’t even like a special request or anything.*” Norah shared that she had a similarly positive experience when she had her second child delivered at Frances Perry House, which is part of the Royal Women’s Hospital. There she noted the provision of a prayer room for people of all faiths, including hers. She further noted her own observation that the service staff came from “different nationalities, people from different cultures, even a Singaporean lady,” which resonated with her. She felt that her cultural and religious needs were met through these provisions, where there were staff who had the multicultural capacity to attend to her cultural and religious needs.

Despite the strength of healthcare service providers’ multicultural capacity, some participants noted that there is room for improvement in terms of the multicultural capacity to support mental wellbeing. Jasmine (28/F) first arrived as an international student from China 6 years ago. During her studies, she found herself struggling mentally and decided to seek help from a psychologist. She went online, did a search on Google and selected a psychologist based on proximity to where she resided. Her experience with the psychologist was not entirely pleasant and she felt that the psychologist did not trust her and that

⁴<https://www.dpvhealth.org.au/about-us>.

there was an invisible barrier between herself and the psychologist that she could not understand. This was affirmed by the psychologist, who reportedly told her that “there’s a wall between you and me.” Jasmine interpreted this to mean that “she didn’t trust [her], she didn’t think what [she] said is the word from [her] heart.” As Jasmine reflected on this experience, she felt that a key part of her struggle, and her experience with this psychologist, was her inability to express her feelings in English, and that this created that inability to effectively communicate her feelings, and for the psychologist to understand her emotional needs.

Some participants also shared experiences where staff were rude to them, or dismissive of them, although they sometimes found it hard to pin this down to racism and discrimination based on their cultural differences. They also tended to avoid going through the process of filing a complaint because they did not want to cause any trouble for the staff. Zewdi (28/F) shared this experience of hers at various hospitals when her mother was terminally ill and receiving cancer treatments. Zewdi first arrived in Australia from Ethiopia as a young girl, 24 years ago. She arrived with her parents, who fled their home country as political refugees. She had a brother, who passed away soon after their arrival, and this traumatic experience continued to impede the family’s wellbeing throughout their time in Australia. As a Black person, she has long struggled with issues of exclusion and discrimination in her life. She felt that her experiences were “the same with the police ... the same with people in city council’s health services” in that regard. On top of emotionally coping with her mother’s illness, she struggled with the quality of care her mother was receiving, particularly around access to services that were covered by her mother’s health fund:

But when I realised what was going on and what she had access⁵ to but they [hospital] were not providing her, and they made sure – like it was horrible to be honest and, you know, I don’t want to claim racism about everything, people are tired of that, but when I see it I’ll call it, and it was horrible. And I had to get so many people involved to admit that she was funded for...

These details included her mother not “having the right food, she was just eating bread and yogurt at some point.” There was also the matter of hygiene that the healthcare services did not sufficiently attend to. The accumulation of these “negligence[s]” made

Zewdi feel powerless against the systems in place that should have been supporting her mother in her time of need.

Experience with employment services

When sharing about their experiences with employment services, our research participants reported not just about services that assisted them with finding employment but also services that built up their capacity to find employment, such as through English learning classes and workshops that assist in CV writing. There were more experiences among our research participants with support services in English and CV writing, rather than the provision of employment through an agency. In fact, most participants we spoke to who currently have a job typically found their employment through their social networks. Participants who have used services that help them find employment tend to report mixed experiences. Some think that these services do not value-add and merely direct them to websites that they already have the capacity to access for themselves.

Prema (32/F), who first arrived 27 years ago from the UK (and was born in India), shared one such experience with Jobs Victoria, which she found unhelpful, as the support they provided was what she could already do herself:

Sometimes they’d say, “How are you going? We’re looking for roles for you.” But sometimes they’d send me roles but they were publicly advertised. I mean, I could have done that myself just looking at Seek or whatever website. They weren’t helping me in any way with providing information about a role that wasn’t advertised or something. I think they’d look at all the websites like Seek and EthicalJobs or whatever and then send me something. There was one role where they said, “We could subsidise it.” I didn’t get it but after that, I just never even heard from them. They kind of stopped. The Jobs Victoria people, they said, “Oh, well, we’ll keep looking for you.” But they kind of just stopped contact with me.

Roya, on the other hand, reported a good experience with Jobs Victoria, and how she was eventually connected to Max Employment. Roya is 40 and arrived from Iran as a skilled migrant 9 years ago. She separated from her husband soon after arriving

⁵ In the course of the interview, the interviewee was not able to gain clarity on details of this health fund, and whether Zewdi was referring to Medicare or private healthcare, as well as the parameters of this access to healthcare services.

in Australia and is a single mother to her young son. Prior to connecting with Jobs Victoria, she faced several challenges finding employment as she was on a temporary visa. However, when she got her permanent residency, employment opportunities started opening up for her. This was also the point at which she connected with Jobs Victoria:

And finally in November last year [2021] I could get my PR and as soon as I got my PR one of my friends she just advised me to talk with someone, someone who was working in Job Victoria employment service. I talked with that lady and she referred me to Job Victoria; after that lady consultant from Max Employment she called me and I don't know how much I was excited that time when lady called me and she said come we will help you, we make resume for you, we apply for a job.

Being supported to find employment was a pivotal moment for Roya. She said that the help she received made her feel that "everything is change, that's new life, I can see everything it was change." After struggling for a long time to find employment, now she could finally picture a new, hopeful life in Australia.

Research participants generally reported positively about their experiences with service providers that built up their capacity in securing employment. This is especially the case for English classes. Lana is 35 and arrived from Iraq 3 years ago on a humanitarian visa. She has been learning English for 2.5 years at TAFE. These classes have helped her tremendously; she shared that "before I can't read any English or write English. But now I have improved reading and writing a lot." Her current struggles pertain to having conversations and she is aware that she "need[s] more practice." She shared that her teachers at TAFE "are very helpful and they do understand that we are like, it's, English is our second language and it's hard for us in this age to start from the beginning and start ... it was a very good experience with them and they were very helpful."

While some women, like Lana, have good experiences in such English classes, others such as Dalal find it a challenge to attend classes regularly, even though they are aware that they need to persist with these opportunities to practise their English skills. Day-to-day concerns such as domestic responsibility and caring for their children precede their ability to go

to classes. Like Lana, Dalal (35/F/Syria) arrived on a humanitarian visa. She too expressed satisfaction with her English classes at TAFE as "it helps me a lot to improve my English and when I came at first." However, there are limited openings at the childcare at TAFE. If she cannot place her child at TAFE, it is an added barrier for her to access such support. She shared that the childcare at TAFE appears to be utilised also by parents who are not TAFE students or staff, and that she was repeatedly told by the childcare that they have "no place for [her] daughter." Because of this, she had to go to "nighttime [classes] because there was no childcare for [her] daughter." She expressed disappointment and an inability to understand why there was not a system to prioritise the availability of childcare services for TAFE students and staff.

Experience with housing services

Only a handful of our research participants reported experiences with housing services. It is worth acknowledging that there is a long-standing housing crisis in and across Australia, and finding secure housing is a struggle for Australians more generally, including those from multicultural backgrounds (Dufty-Jones, 2018). People who have tried to access these services generally reported facing long waiting times or no response from the service provider at all. Generally, participants who have tried to access housing services reported negative experiences and little to no support. The current housing crisis means that migrants across generations of settlement have similar experiences when accessing this type of support service. Ehsan is 52, of Tajik descent, and first arrived from Afghanistan 23 years ago. As a humanitarian entrant, he received some support through various government departments and service providers when he first settled in Australia. He shared that he generally had good experiences with all service providers that he encountered during his settlement journey, all except the housing department. His experience was characterised by a long waiting period and inaction:

The only thing I experienced where I felt excluded because of the long, long waiting list to housing commission. When we first came to Australia we applied for housing and we filled all the forms and still we haven't heard anything from them like at least like "you are on the list" or "getting there" or "how long does it take to get the housing". No response, nothing. And still like I have been

here for 20 years and we bought the house, but still I haven't heard anything from the housing commission.

Layla (35/F/Lebanon) similarly shared a negative experience with housing services. She first arrived from Lebanon 12 years ago on a spouse visa but later separated from her husband. In the midst of her domestic struggle, she sought help from housing services in Sydney, where she resided. She was also struggling with speaking English proficiently at that point. She was horrified at the way the staff treated her and others who needed support:

I applied for housing. They said it take two, like more than 10 years, 15 years. But I was homeless with the, my kids. When I applied again, I told them I'm in urgent. I need housing. Then in Sydney I can say housing is very hard to get. *And the people who on customer service are very rude and sometimes racist.* They speak to people like very roughly. Yeah. *They, there is no respect. They look to homeless people as an animal, not a human.* They treat people like that. That's from my experience in Sydney. Yeah... So yeah, the customer service was very bad. They speak very roughly no respect. *Yeah, because like, if you're homeless and you don't speak English... They sometimes, I watched, I watch them screaming on other people.* Like it was a bit different because I always see friendly and respectful people, *but in housing office, it was very different.*

Experiences with Centrelink

When asked about their experiences with mainstream service providers, many research participants inevitably shared about their experiences with Centrelink. Centrelink is a key governmental service provider in the sector, since it provides welfare support such as payments to support initial settlement. It also has the ability, resources and reach to refer service users to other appropriate service providers when their needs are identified. Overall reviews of Centrelink tend to be negative and are characterised by a broad-spectrum approach to service users. Service users felt like they were treated as welfare dependent recipients and that Centrelink staff had little experience to understand the complex backgrounds they may come from. David is an articulate man in his 50s, who first arrived as a refugee from Sri Lanka 33 years ago, when he was a teenager. Most of his life, he has had no issues finding

employment. However, he found himself in a position where he needed support in securing employment when he was 40 and decided to seek help from Centrelink. It was a terrible experience for him – he felt demoralised and had demeaning encounters with the staff he interacted with. He reported feeling “very frustrated and angry about it and it was emotionally draining because then I had to go for interviews to Centrelink.” He did not find Centrelink helpful for him at all, especially as they had young staff who did not seem to have a lot of life and employment experiences themselves:

They put you on a private provider and I was 40, the private provider that was interviewing me was 21, no discrimination again, *she was trying to help me but I had more experience than her,* but anyway I'll come back to that. Again, I was not judging her *but I was finding it very inadequate in terms of trying to explain this to me,* to her because she was only 21 and was going, she's very young and I'm going is she 18, is she 19, is she 22?

Older migrants, who have had more experience in life and work like David, shared similar struggles with Centrelink services. Dalia is in her 50s and shared that her experience with Centrelink was marked by various complexity. She first migrated from Kuwait to Australia 27 years ago but left the country after some period of settlement to work in the Middle East. She held many professions that she was extremely proud of, including in sales and journalism, that shaped her identity and informed her self-worth. When she returned to Australia 5 years ago to reunite with her family, she thought that it would be an easy process for her to find employment since she is now a citizen. However, the past 5 years were marked by several settlement challenges, including her experience receiving help from Centrelink. Although she felt that, as an Australian citizen, she should be able to receive support, especially from Centrelink, she struggled when she realised that there were not enough support services available to people like herself. Instead, she was frequently referred to services that support refugees and new migrants, and felt that those services were a misfit for someone like her as they were unable to address her specific needs:

What I'm trying to say, if only a person is acknowledged to what they do and what they know, and then verify the services to help this person know how to get introduced. What I find, you know, and *please try to understand me*

carefully about this, like you know how they provide all, for example, refugees with help and assistance and everything and they made them feel welcome? Sometimes we need to feel welcome too. I mean with all the respect, don't get me wrong, I am with the refugee and everything or without, it's a personal choice, but all I am saying sometimes I need to be a refugee in my own country and that's where the rights were hidden.

One research participant felt that even though Melbourne is such a multicultural city, Centrelink does not appear sufficiently resourced to understand this diversity. Tapuwa (28/M) arrived from Zimbabwe 4 years ago as an international student. Soon after he arrived, the COVID-19 pandemic hit and, like many other international students, he faced economic challenges. Although there has traditionally been a lack of social infrastructure to support the needs of international students such as Tapuwa, even in times of crisis, there was a temporary welfare provision called COVID-19 Payments available through Centrelink at the time. He found it extremely difficult to navigate the welfare system and it took a while for staff at the centre to attend to his needs. He felt that Centrelink primarily catered to Australians, as they were asking for his Australian identification documents, none of which he possessed as a temporary visa holder. Even though his short experience with Australia told him that it is multicultural, including African communities, he felt invisible during this encounter, at a particularly vulnerable period of his life.

Yeah, so it's tricky, because you then wonder what can they do to serve those kind of needs for people. It's something that I would have thought – you know, especially with Melbourne being very multicultural, the government putting an effort to – not just with Africans, but any groups that are made, to kind of make things easier for those key communities. I know for me, even setting up something like Centrelink during COVID, to receive payments, it was a nightmare, because they were mainly – like, when I would call the government departments, they were mainly catered to help people from Australia, so it was, like, what's your Australian passport number? I'm not an Australian citizen. What's your Australian driver's licence? I don't have a driver's licence in Australia. You know, they're looking at you, like, so how can we help you? I think if the government

looked at those situations and made things easier in those departments, I think it would help a lot of communities feel like, oh, we're being represented, or even just feel seen, I think.

Lack of English proficiency as a barrier to access

Across our interviews, we consistently found that a lack of English proficiency continues to present itself as a challenge when accessing mainstream services. This is especially the case if mainstream services are not equipped with in-language support for people from multicultural backgrounds. Surprisingly, this lack of multicultural capacity also extends to Centrelink.

For many new migrants, Centrelink is one of the main touch points for welfare support. Centrelink also has the capacity to refer people on to other services that they require, although when asked, our research participants reported mixed experiences. Dima (39/F/Syria), who arrived 4 years ago, shared that Centrelink was one of the main service providers she accessed for support. It was the main service provider she was aware of. However, she received limited support from them. It was a barrier for her when main touch points like Centrelink were not sufficiently resourced to recognise the needs of people from multicultural backgrounds. Dima had few resources to support her in the initial year of her settlement:

I remember when we first arrived, for maybe one year, I don't know any places or anything to go. Just to go to Coles to get something to eat or go to Centrelink. But there are many support organisations, support around us, we don't know anything about, and no one mentioned to us.

We also learned that not all Centrelink centres are equipped with interpreters to support diverse communities. Farah (37/F/Syria) arrived 6 years ago. When she was reaching out to Centrelink for support, she went to the centre closest to her in Epping. However, she realised that they did not provide interpreters. She struggled to articulate her challenges when she faced repeated halts to her welfare payments:

There was some issue at Centrelink. As a service it is, because of my language, I was new in the country. When I go to Epping, like, the Centrelink in Epping, there is no interpreter and every time I go there, I, like, find it hard or challenge for me to

explain to them why I am coming to them or why I am there. Two or three times they have stopped my payment.

She then learned that the closest centre that could provide language support was in Broadmeadows. For some migrants, the geographical location of service providers can be a challenge, particularly when they do not own their own vehicle or even have a driver's licence, or when they have other work and domestic responsibilities.

Gap in multicultural capacity for mainstream services

Based on our reports above, we can see that the healthcare sector exhibits a more robust multicultural capacity compared to the employment and housing sectors, with multicultural communities often reporting positive experiences in their access to this type of service. Contrastingly, in employment and housing services, factors such as racism and discrimination, and lack of resources continues to impede access for multicultural individuals. Research participants have noted instances within mainstream services where staff demonstrate a degree of cultural competency; however, this awareness is frequently perceived as superficial, coupled with a deficiency in being tactful during cross-cultural interactions.

Noor (33/F/Iraq) shared an encounter she had with the Caroline Chisholm Society when she was close to delivering her child. She arrived as a humanitarian entrant 11 years ago from Iraq. She was told that the Society, as recommended by AMES Australia, helps support new mothers through the provision of material supplies. She did not have a car so the AMES caseworker drove her to the Society. Noor shared with us her encounter with a staff member who was culturally insensitive towards her, and appeared to have pre-conceived notions about what it meant for Noor culturally to have a baby girl. It was an unpleasant experience for her. She shared that when she got there:

... the lady said, "What do you have?" I told her, "I'm having a girl." She said, "Oh no." She said, "Oh" like that. My husband said, "What? You don't like girls?" She got sad. This is in my mind still. I can't forget it because she's here to help, she's not here to ask whether I'm having a boy or girl and she gets sad, "Why are you having a girl?" Oh my God, yeah, I can't forget this.

Similar to Noor's story, Keji (45/M/South Sudan), who arrived as a humanitarian entrant 16 years ago, shared his experience with an organisation called New Hope. As a person of African heritage, he could see that there were African staff members there and he was "appreciat[ive of their presence and with] ... some of them we were having a bit of good conversation." However, despite the presence of culturally relevant staff members, he had a negative experience with a staff member. Like Noor's encounter, Keji's encounter with this staff member seemed to suggest that that staff member had some cultural knowledge but was not able to translate that into being more culturally sensitive in her interaction with Keji. Keji was already in a vulnerable state when he arrived as a humanitarian entrant and he felt that that experience wounded more than supported him. He shared:

I have a negative experience with one [at New Hope], although there were African workers there, and yes I appreciate so some of them we were having a bit of good conversation. But I need to be honest with you, I experience a very negative experience with one of the women that was working there. So there is no way that you hurt somebody that is a newly arrived person who does not know much about the country and ask something and say "you came with your wife. What if your wife, you know, decide to leave you in this country, what would you do?" ... Well, that's how silly they are. Because I think I came to realise that they knew in this country there is a chance that the family breakdown is more likely to come. And therefore, I don't know whether she was trying to prepare me or she is just provoking me.

Impact theme 3. The provision of multicultural services is associated with perceptions of inclusion for multicultural communities.

We looked at the factors associated with perceiving importance and effectiveness of multicultural services. Our findings suggest that people who belong to categories that are more in need of culturally specific services (i.e. with lower English proficiency, recently arrived in Australia) and from communities that are more excluded (i.e. from non-Western countries and non-Christian backgrounds) perceive greater importance and effectiveness of multicultural services.

Firstly, we asked if not having access to multicultural services:

- Has a negative impact on the inclusion of my ethnic/religious community
- Has a negative impact on the wellbeing of my ethnic/religious community.

We found that a significant group (about 30%) in our sample agrees or strongly agrees that not having access to multicultural services has a negative impact on the wellbeing and on the inclusion of their community.

We then asked participants to indicate their agreement with six statements about multicultural services:

- Accessing multicultural services makes my ethnic/religious community feel more included in Australian society
- People from my ethnic/religious community should have the right to choose a multicultural service provider
- The government should give people of diverse ethnic or religious background the choice to access multicultural services
- For people in my ethnic/religious community, multicultural services are generally easier to access than mainstream services
- For people in my ethnic/religious community, multicultural services are generally more effective (i.e. deliver a better outcome) than mainstream services
- People in my ethnic/religious community are generally more comfortable accessing multicultural services than mainstream services.

The following tables report the results of the bivariate analyses. We found that:

- participants with lower English proficiency are on average significantly more likely to perceive importance and effectiveness of multicultural services
- participants from countries other than EU, North America (NA) and NZ are on average more likely to perceive importance and effectiveness of multicultural services
- non-Christians are more likely to perceive

importance and effectiveness of multicultural services

- the perceived importance of multicultural services on average is significantly higher among more recent migrants
- participants with higher belonging to their ethnic group are more likely to perceive importance and effectiveness of multicultural services.

	Agree / Strongly agree	Neither agree nor disagree	Disagree / Strongly disagree
The government should give people of diverse ethnic or religious background the choice to access multicultural services	64.5%	28.8%	6.7%
People from my ethnic/religious community should have the right to choose a multicultural service provider	60.2%	33.1%	6.7%
Accessing multicultural services makes my ethnic/religious community feel more included in Australian society	56.9%	33.9%	9.1%

Table 10 – Percentages of participants who agree with statements indicating that CALD people should have the right to access multicultural services.

Between 30% and 42.5% of participants agree or strongly agree with various statements about the effectiveness of multicultural services in their communities.

	Agree / Strongly agree	Neither agree nor disagree	Disagree / Strongly disagree
People in my ethnic/religious community are generally more comfortable accessing multicultural services than mainstream services	42.5%	44%	13.5%
For people in my ethnic/religious community, multicultural services are generally more effective (i.e. deliver a better outcome) than mainstream services	35%	51%	14.1%
For people in my ethnic/religious community, multicultural services are generally easier to access than mainstream services	30.5%	46.3%	23.2%

Table 11 – Percentages of participants who agree with statements indicating the perceived effectiveness of multicultural services in their communities.

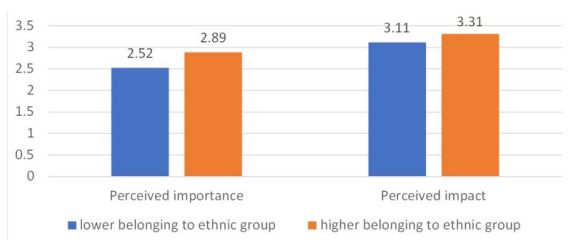


Figure 5 – Average levels of perceived importance and effectiveness of multicultural services among participants with lower and higher levels of belonging to their ethnic group.

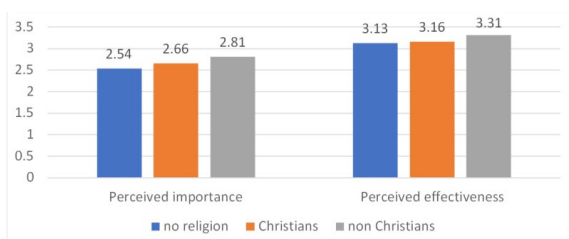


Figure 6 – Average levels of perceived importance and effectiveness of multicultural services among people of different religious groups.

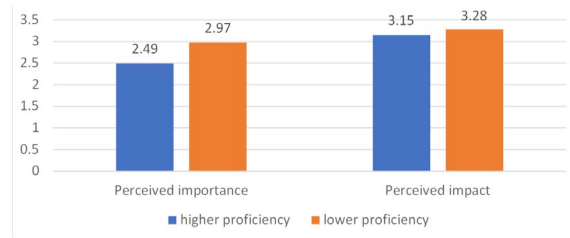


Figure 7 – Average levels of perceived importance and effectiveness of multicultural services among people with higher and lower English proficiency levels.

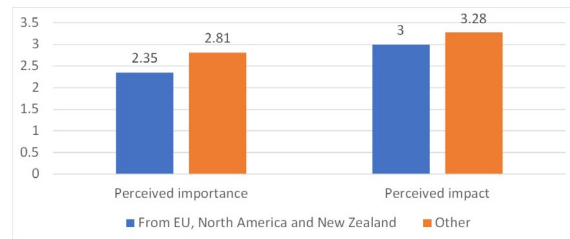


Figure 8 – Average levels of perceived importance and effectiveness of multicultural services among people from countries other than EU, NA and NZ.

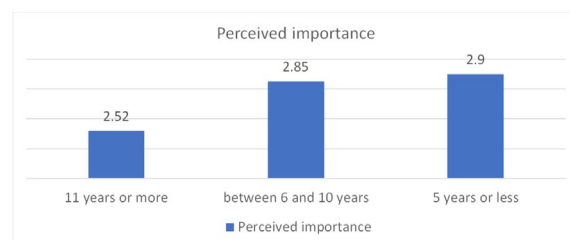


Figure 9 – Average levels of perceived importance and effectiveness of multicultural services among people who settled in Australia in different time periods.

There are three main ways in which our research participants refer to multicultural services in this project. Generally, they view these as services that cater to particular ethnic and religious communities. These service providers tend to have stronger multicultural capacity, through leadership and staff, and language skills, to support diverse communities. Generally, they tend to include ethno-specific services that cater to a specific ethnic community (e.g. Fronditha Care and the Australian Vietnamese Women's Association), those that provide support for a broad range of migrants, refugees and asylum seekers (e.g. migrant resource centres) and settlement service providers (through the federal-funded Humanitarian Support Program). Some research participants also identify multicultural services as specific programs or units provided within mainstream service providers, such as the refugee health unit at Monash Health, or even mainstream services with strong multicultural capacity, such as having diverse staff that reflect the local community they serve.

The majority of our research participants reflected on their overall experiences in Australia and how that impacts their sense of belonging, citizenship and inclusion. Sometimes they connected these sentiments with their experiences of multicultural services; often, the experiences with these services are simply one of many contributing factors. Our research participants refer to these sentiments – of belonging, citizenship and inclusion – in two main ways. In practical, pragmatic ways, their visa status is significant. This is especially since their visa category plays a significant role in determining their access to services and to their employability. In more affective ways, the social connections they have developed, whether through multicultural services, their diaspora/ethnic/religious communities, or a complex mix of all these networks, offer them an increment in their social capital to foster bonds and build bridges and links with other communities but also with mainstream Australian society. All these factors contribute to their wellbeing and inclusion in Australia.

Inclusion through multicultural services

The experiences of migrant women like Nazira (54/F/Afghanistan) and Dalal (35/F/Iraq), mentioned earlier, underscore the pivotal role of multicultural services in fostering inclusion within Australia. Experiences like theirs with services such as Wellsprings for Women and the AMWCHR become particularly vital for those with limited English proficiency and recent settlement status, as they offer support through staff with similar cultural and linguistic backgrounds. Such support is crucial in helping them navigate and integrate into Australian systems. Dalal further shared that these multicultural services serve as conduits, bridging the gap for these individuals as they begin to lay down roots in their new country:

Like because, I have moved from the area ... Like, they provide the same services. They teach us how to settle in this country, how to communicate with Australian people or Australian community.

As these migrants establish themselves, the social capital they accrue – through interactions and friendships within their communities – becomes instrumental for them not only in cementing their settlement, but in propelling them towards more active and engaged participation in broader Australian society.

Elvir (61/M) came to Australia from Bosnia as a refugee 28 years ago. It was through his interactions with multicultural services that he began to settle in Australia. He shared about different dimensions of his belonging, and that his idea of citizenship in Australia is not only multifaceted but also active. He is deeply engaged with not only multicultural communities and organisations but also broader Australian society:

It was avenue for me to put my roots in this country, so it is way of inclusion, and I found pride for being Australian, and I found way through multicultural institutions, government and non-government way how I can be a part of this society, in general ... Citizenship belonging means that I'm Australian, that I'm not just Australian by paper, you know, citizenship paper, but also citizenship by spirit, citizenship sense of belonging, citizenship of inclusion, citizenship of interaction, citizenship of contribution. These are broader aspects of my belonging.

Visa, rights and inclusion in Australia

Many research participants reported that their rights and inclusion in Australia are determined by their visa status, especially since this visa status affects their relationship with social services and their access to such support for their settlement. Many felt more secure after obtaining permanent residency or citizenship, like Roya (40/F/Iran), who expressed earlier that once she secured her permanent residency, many more doors were open to her and she was eligible to access more services for support. These more secure forms of visas also open doors to employment opportunities. Talking about this change for her had such an uplifting effect; it changed her countenance as we spoke to her. She said: "I can't explain that feeling I had on that time. I felt everything is change, that's new life, I can see everything it was change." Life in Australia held a completely different meaning for her. When she was connected to Max Employment through Jobs Victoria, she found out that they had a specific program that supported new migrants like herself, and she was eventually employed through the program that supported her.

Nida (36/F/Pakistan) also shared that when she became a citizen, she was entitled to so many more privileges compared to having a temporary visa status. She shared that, despite her migrant background, she is well supported by social services in many ways:

I'm from different culture, why do they care, but I'm citizen and they are giving me benefit. They are giving me parenting payment, they are giving me so many things that I'm staying home like in a big house and only my husband is doing the job and all, still we are very good life and safety. Thank God we are very safe in this country. [Whereas] in Pakistan, India and different countries there is always you have to pay, pay, pay, so a benefit that we have a healthcare card, we have a Medicare card.

It is clear that for Roya and Nida, their experiences with services changed when they obtained a more permanent membership in Australia. Those who are on more precarious forms of visa, where they may need to apply for more temporary visas, find support and inclusion in Australia through multicultural services in spite of this status.

Rohan (43/M/India) arrived 5 years ago and is a permanent resident. He shared that with mainstream service providers, such as Centrelink, they "work within their own boundaries," whereas when one contacts an ethnic or religious community organisation to ask for help, "when you go to this community people there are no boundaries." In other words, these community organisations will not only provide assistance in spite of the community member's visa status, they also provide support outside of their designated work hours, and often go above and beyond to provide such assistance and care.

Keji (45/M/South Sudan) came to Australia as a refugee 16 years ago. For him, the sense of belonging and inclusion in Australia can be attributed to the experience he had with multicultural organisations, since they "welcomes different people from different walks of life, different cultural backgrounds. It makes you feel good. *It makes you feel like you are part of this*."

For participants coming from countries where disabilities were stigmatised, arriving in a new country like Australia that offers services like NDIS is a significant relief, as they immediately feel well supported. Aisha (24/F/Afghanistan) encountered an Afghan lady at a shopping centre who was promoting information about NDIS. It was through this chance encounter that she was able to find out more about services that could support her in her disability. She had only arrived in Australia 2 years ago through a family visa and was struggling with English

proficiency. Speaking through an interpreter, she shared that having a disability in Afghanistan meant that there would not have been anything she could meaningfully do with her life. She would not be able to find employment either. With the support of NDIS in Australia, and through the provision of in-language support, she now has the hope of eventually being able to study and then work. She shared:

This is not like Pakistan and Afghanistan for I really feel I belong to here ... they help me with everything and take care of my needs. I really feeling belonging to and especially the peace in Australia, that it's amazing ... in Pakistan and Afghanistan, a person with disability, so there's nothing for them to do. So, there's nothing and so the person can't do anything. No education or job, nothing.

The role of religious communities

Religious organisations, communities and groups play a vital role in the settlement of new migrants who come from a religious background or a country of origin where religion has significant importance. While these communities tend to provide more social, cultural and religious support, they may also be able to provide greater support, similar to social service providers, depending on their wider networks and affiliations. For many of our participants, these religious communities played a critical role in assisting them to establish new social connections, and develop their social capital and knowledge about their host country, which enabled them to have bridging capital to other social networks. Comparatively, while our research participants generally struggled to find employment through social service providers, some have noted their success in securing employment through connections from within these religious communities. Often, it is also through these religious communities that our participants developed awareness about services that were available to support them in a variety of ways. These religious communities also often go above and beyond the boundaries of work time, which are in place with accessing social service providers, to support these newly arrived migrants.

The support of diverse religious communities

Across our research participants, encounters with religious communities primarily occurred through

religious institutions such as churches, mosques and temples. The participants we spoke to come from various religious background that include Catholicism, Protestant Christianity, Islam, Hinduism and Sikhism. Our participants talked about the affective and social dimensions of these encounters, and how local friendships are formed within these communities. Friendship with local Australians is viewed as important to support their wellbeing, and to help them gain confidence that they have successfully integrated into this new society.

Jasmine (26/F; arrived 6 years ago) was an international student from China who sees herself as having the type of personality that is interested in making friends. She is not afraid to initiate friendships with new people. While she found it easy to make friends with other Chinese students on campus, she said “for locals it’s harder.” Jasmine shared about her interest in Christianity and how she ended up in a church, where she began to feel included in Australia. It is through the church that she met her “very first good friend.” Her first encounter with this friend was through a common curiosity and interest in a religion, where “like 70 per cent the things which she said I could understand” despite a slight language barrier. They went on to exchange phone numbers and continued their friendship from there through other catch ups.

For others, religious communities are the central source of support for all social, cultural and religious activities. This support not only includes meeting everyday needs but also the support that they may receive through service providers, or in tandem with service providers. Prema (32/F/UK via India) shared that she and her family go to the Hindu temples and her local Gurdwara. She felt supported in these religious communities as they offer “this really great, friendly, open atmosphere whenever you go there and we now have a couple of friends who are on the leadership committee [in the Gurdwara].” In terms of the range and level of support, she shared that,

If you really need assistance with something, they’re happy to help. They do all sorts of things now, even if you have a family violence situation or you need marriage counselling or even during the pandemic, so many people struggled with food, and they arranged for free food delivery to homes for people who are isolating or sick with COVID. They’ve been able to galvanise the community and provide support in way that I feel other temples haven’t been able to do.

These communities also have the capacity and resources to go out of their way to support people in need, beyond the call of duty and the limits that a service provider would have. Prema goes on to share an example of how the temple community came together to facilitate a connection to support an elderly relative on a flight to India, relying on the capital of trusted relationships. Through communications within the community, they were able to coordinate and organise this arrangement between strangers, facilitated by the Hindu temple:

So there were things like that the *temple was very good with in assisting us* with because we didn’t have a friend who was going to India on that particular flight on that particular date. But they asked around, they sent out lots of emails and things and it was amazing that within three or four days, they said, “Well, there’s this man and his daughter who are going back for her wedding in India.” *They were total strangers to us but they said they were happy to travel with our grandmother and make sure everything goes smoothly at the airports and all that.* So yes, she did that and had no problems at all thanks to that – I mean, *you can’t really ask a travel agent or you can’t go anywhere and do these sorts of things.* I mean, I guess you could post on Facebook but it’s not likely that you’ll find someone for that flight for those dates. *So it was wonderful that within five days, they were able to spread the word about it, spread the message and arrange for this to happen.*

Finding employment is important for newly arrived migrants for their sense of inclusion in Australia, and many of our participants shared positive experiences of being able to do so through their religious communities. For those who actively participate in these communities, trusted relationships are developed that facilitate these employment recommendations. Tapuwa (28/M/arrived 4 years ago) completed his bachelor degree as an international student from Zimbabwe and was looking for work. Through a church connection, he was encouraged to apply for a job in bookkeeping, even though it was “a small portion of what I studied”. Even without sufficient experience for the job he applied for, the social capital he gained through the connection he had in the church provided sufficient leverage of trust for the company to invest in him and train him for the job. Like Tapuwa, Jasmine’s friend was looking for work and found a cleaning job at the hospital through their church pastor during COVID.

Trusted source

In many cases, community and religious leaders are viewed by migrant populations as trusted sources of support and instruction; therefore, they tend to follow these leaders' guidance closely. This means that members of such communities are less likely to go to other forms of trusted sources, such as politicians, educators or service professionals to support them when they need help. Leilani (40/F) comes from a Samoan background; she arrived 25 years ago when her parents took up religious leadership roles to support the Samoan community in Australia. With the Samoan community, she shared, there is great reluctance to talk openly about their challenges, such as health issues, and particularly with mental health. Mental health issues are stigmatised in the community and it is only within the trusted relationships between the religious leader and the community member that such issues may emerge:

I would say they're more likely to feel comfortable in disclosing to the religious leaders than the medical professionals because there's already established there and there's a relationship already built there. But there's not a lot of knowledge around mental health as well, which is still very stigmatised; a lot of shame attached to it, you know, I don't want to tell anybody that I'm feeling this way because people might think, well, you're weak, you're, you know, you need to handle your business and so on.

Impact theme 4: Use of multicultural services is associated with positive outcomes (i.e., civic engagement, bonding, bridging and linking social capital).

We measured the level of civic and political engagement in the sample by asking the study participants how many of the activities listed they are involved in.

School associations	7.9%
Charity organisations	13%
Gym or exercise groups	18.4%
Kids playgroups	7.6%
Religious groups	20.1%
Senior citizens clubs	5.6%
Mother's groups	6.2%
Youth activity groups	4.9%
Environmental groups	5.9%
Sports clubs	12.2%
Arts and cultural groups	9.2%
None of the above	44.4%

Table 12 – Percentage of participants engaged in civic engagement activities. In Australia what, if any, local community groups are you involved in? Tick all that apply.

The results in the table show that civic engagement has a significant positive effect on accessing multicultural services. For each civic engagement activity respondents are engaged in, the odds of accessing multicultural services increases by 34.8%, holding all other variables constant. In other words, individuals who are more civically engaged are 34.8% more likely to access multicultural services than those who are less civically engaged, all else being equal. Belonging to Australia and to a specific ethnic group has a non-significant effect on accessing multicultural services. Therefore, there is no evidence to suggest that belonging to Australia or to a particular ethnic group increases or decreases the likelihood of accessing multicultural services. Some of the co-variables have a significant effect on accessing multicultural services. Age has a significant negative effect on accessing multicultural services: for each one-year increase in age, the odds of accessing multicultural services decreased by 2.9%, holding all other variables constant. In other words, older individuals are 2.9% less likely to access multicultural services than younger individuals, all else being equal. Being born in the EU has a significant negative effect on accessing multicultural services: compared to individuals not born in the EU, those who were born in the EU were 38.9% less likely to access multicultural services, holding all other variables constant. Finally, having high English proficiency has a significant negative effect on accessing multicultural services: individuals with high English proficiency are 27.5% less likely to access multicultural services compared to those with lower English proficiency, all else being equal.

	B	S.E.	Wald	Sig.	Exp(B)
Civic engagement	.298	.056	28.196	<.001	1.348
Belonging to ethnic group	.102	.074	1.903	.168	1.107
Belonging to Australia	-.008	.080	.009	.925	.992
Age	-.030	.005	31.047	<.001	.971
Gender (female)	-.011	.155	.005	.944	.989
Education	.038	.074	.272	.602	1.039
Income	-.038	.021	3.215	.073	.963
Born in European country	-.492	.202	5.965	.015	.611
English proficiency	-.207	.095	4.814	.028	.813
Poor wellbeing	-.083	.082	1.010	.315	.921
Poor mental health	-.030	.095	.099	.753	.971
Perceived exclusion	-.492	.202	5.965	.015	.611

Table 13 – Binary logistic regression results. Outcome variable: used multicultural services at least once in the last 5 years. N = 1,152.

For many of our research participants, engaging with multicultural services led to positive outcomes, not only in facilitating their settlement but also enhancing their civic engagement. Through interactions with staff and other service users within these multicultural services, they accrue social capital, fostering bonds within these communities that later translate into bridges and links with other diaspora, ethnic and religious communities, as well as mainstream service providers and the broader Australian society. Altogether, the mixture of these networks is instrumental in reinforcing new migrants' sense of belonging and inclusion, in supporting the performative aspect of their civic duties and citizenship, because of access to multicultural services.

Settlement services provide diverse types of services that include health, housing and employment, through the Commonwealth-funded HSP, and continue to evolve to best suit the needs of newly arrived humanitarian entrants. Humanitarian entrants who have settled much earlier typically report that they relied on their family members, friends and/or their ethnic/religious communities for initial assistance with settlement. From 2017, through revisions to the HSP, the more recently arrived humanitarian entrants that we spoke to have reported receiving support from settlement service providers, that include upon their arrival at the airport.

UnitingCare and AMES Australia were two organisations that some of our more recently arrived participants have used. Although UnitingCare is a mainstream service provider, it has a specific program that supports people from Afghan background.

Dalal (35/F/Iraq) arrived 3 years ago as a humanitarian entrant and received support from UnitingCare. She felt well supported, and she felt that UnitingCare provided information that she needed to become familiar with Australian systems, culture and way of life, and referred her on to other services to meet her needs. They also met her immediate material needs:

When we arrived, everything was ready for us. They have prepared a house and furniture and they told us to apply for Centrelink, for Medicare. There was an organisation. They helped us to know a lot about the area and the country ... They provided an interpreter, translator all the time. If we have any mail, letters or any papers we don't understand, they helped us. They take us to supermarket, to all the places in the country, like, the places we need to use, and they took us to any appointment we want, hospital, doctors, anything like this ... They helped us to enrol the kids in the school.

Farah (37/F/Syria) shared similarly positive experiences with AMES Australia, in terms of being well supported in their initial settlement process. She shared that "[AMES Australia] pick us up from the airport and they, like, they found a house for us for 28 days and they helped us to connect with Centrelink, Medicare to get this payment. The house was prepared with furniture and the little bit of the stuff... *yeah, they are very helpful for us.*"

Civic engagement through multicultural services

Hana (60/F) was born in Lebanon, is of Assyrian background, and arrived in Australia with her parents and siblings 45 years ago as refugees through a family sponsorship. While she lives in Brunswick, she works in the Hume area in a multicultural service provider. During the early years of her settlement, like other Lebanese refugees, she and her family were supported by the Church of All Nations.

As more Lebanese refugees arrived, the community began to recognise the need to create a support system for themselves, and for others who would arrive later on. Hana shared:

we started getting a few families from Iraq who were Assyrian, that our bishops decided to send a priest to us, in the early 1980s to assist with this settlement process, which was just done by ourselves.

An ethno-religious church was established and a priest was sent to Melbourne to support the community with language services. Growing up in this ethno-religious community, she began to see the need for youth groups within the church and decided to start them. It was through this awareness of the needs of others, through her lived experience, that she began to explore a career in social work so that she could contribute through her language skills in supporting other new migrants in Australia. She said:

I, kind of, gravitated towards more of people from my culture and, hence, I joined the youth team, as – well, not joined them. I established the youth team in – at the church and we did a lot of youth events. That's how I started my community work at the time – because of my education I became quite a volunteer in the community. Did a lot of support applications, legal, everybody would take me with them to legal services, every – would take me to, whatever, because I had the language.

Zoya (31/F) arrived in Australia 10 years ago from Pakistan. Her husband is a permanent resident, and she arrived on a spouse visa. Her first interaction with a multicultural service provider was AMES Australia as she wanted to learn English. AMES Australia is one of the key providers of English classes for new migrants; it also provides other services such as settlement support, employment services and community engagement. It was through AMES that she was encouraged to consider voluntary work. She saw this as a positive way to become involved in and contribute to Australia, and also as a way to acquire new information and learn more about Australian society and culture.

... when I was just getting you know, in the AMES, so at that time I was willing to do volunteer work. So they welcome the people who want to do volunteer work. That's also a good thing which I like here in all professions, wherever you want to go. If you're happy to do as a volunteer work, they will welcome you. That's a good opportunity for like me, because I want to learn ... If I will give my time, I will get, you know, in that case I will get, get information, knowledge. So volunteer work is very important, which I like here in the Australia.

Khan (39 or 40/M) is of Hazara Afghanistan background and currently lives in the Greater Dandenong area. His father arrived in 2001 via boat; his mother, siblings and he arrived in 2005

via sponsorship. Although he began his career in trades, he was deeply unhappy about this as he faced various challenges, physical and mental, across his experiences in these jobs. He decided to explore voluntary opportunities at various community organisations. Having trades skills, he sought out such voluntary roles and "then Dandenong Neighbourhood House offered [me] to work as a trainer for a Men's Shed program."

When Khan suffered various physical injuries and mental health issues that impeded his job performance, he decided he needed a career change. He came across the SMRC, a multicultural service that caters to new migrants and refugees. He found out that they were offering "a volunteer for L2P Learner Driver Mentor program in SMRC, Southern Migrant Resource Centre in Dandenong", near where he resides. Because Khan personally experienced the pain of long commutes without a car, he decided this was a great way for him to contribute his new skill, and to support other new migrants in their new life in Australia.

Semira (38/F) was born in Eritrea and arrived in Australia in 2012. She arrived through a spouse visa; her husband had arrived before her as a refugee. They currently live in Collingwood. When she first arrived in Australia, she was learning English through the Fitzroy Learning Network. It was through this Network that she heard about opportunities to volunteer:

My first job I was – when I came to Australia I was learning English class [at] Fitzroy Learning Network. They ask to do a volunteer. I said I can do. It was, like, in the corner of Napier Street, Fitzroy. It was a toy library; toy library, yeah, under Save the Children Australia organisation. Then I was doing with them – once a week I was doing volunteering at that place.

Semira is active in her community and today she plays a key role in the Eritrean Women's Group, a community project that was seed funded by the Neighbourhood House in Collingwood. It first began as a casual weekly group for Eritrean women, born out of a need for social connections; it later expanded to include invited speakers to present on topics relevant to migrant women. While Eritrean women are its main target group, it also sees the participation of women from other African backgrounds. It is a community that facilitates social connections and for the women to share common issues that they face in their new life in Australia:

Yeah, we have – I have a lot of friends from our community, Eritrean women. We meet every Tuesday; every Tuesday in my – in our area. We have a place to meet there. We have a coffee ceremony, we chat, relaxing, enjoying, you know. We get sometimes the speakers from Co-Health from different places. They ask us to come and they say – they say, “Welcome everybody to come to have an educational thing”, you know, like, health, wellbeing and a lot of things. Yeah. To be honest first when we start we open to be, you know, the whole week have too much in your head and one day have relaxing day, you know, to meet friends, to have a chat and relax and, you know, happy, happy day for us to see each other, to talk, you know ... Then after that when everyone knows us, they ask us to come to visit us to give us something, like, education about women’s health, about what the mums do for the children, about nutrition ... The group called Eritrean Women’s Group but we have friends around us like Sudanese, you know, like, Yemeni and stuff. They will come with us as a group. Just the name is Eritrean Women’s Group, but everyone is welcome.

Semira has gained significant social capital in her community. Because of this reputation, she has also been asked by other leaders in other African community organisations to support their initiatives. One of these was to support children of African background with their online education during the pandemic as they were falling behind their studies.

Impact theme 5: Benefits of “mainstreaming”

Across the data examined, it is evident that enhanced multicultural capacity within the social service sector has substantial benefits, whether in mainstream or multicultural services. Yet, mainstream services can also be beneficial, especially where gaps exist in meeting the diverse needs of multicultural communities.

One such area is the provision of the NDIS, which is delivered through service providers. Some multicultural service providers may lack the appropriate resources to effectively support in this area, and those who are sufficiently resourced can significantly improve outcomes for individuals from multicultural backgrounds who have disabilities.

Dima (39/F/Syria) was supported by UnitingCare when she arrived in Australia, and one of her initial struggles was in finding support for her daughter, who “has many illnesses”. Speaking to us through an interpreter, Dima told us that her daughter was diagnosed with having special needs prior to arriving in Australia. Dima shared that she did not feel very well supported by UnitingCare, stating that “they didn’t organise anything for us. Sometimes when we wanted something, we go to ask them, and they help us sometimes.” However, NDIS did get in touch with her, through the use of an interpreter, to provide NDIS support for her daughter. This suggests that UnitingCare, or the healthcare system that she had to go through as a humanitarian entrant, may have put in that referral on her behalf even if Dima was not aware of it.

Like Dima, Aisha (24/F) also shared, as recounted in Impact Theme 3, that it is because of the availability of NDIS, unlike her home country Afghanistan, that she is able to feel well supported and be taken care of in Australia. This support has given her a new hope, as she can now be educated and look forward to employment in the future.

It is also noteworthy that specific multicultural communities may distance themselves from multicultural service providers for reasons that include not being able to identify themselves as represented by a multicultural service provider and a strong desire to leave behind previous conflicts encountered in their countries of origin – be it ethnic, religious or political strife. This dissociation may reflect a preference for assimilation, through a rejection of the trauma from their country of origin. Such stories point to a need for a more nuanced way of understanding the complexity of migrant populations and their relationships with different types of social services.

A Singaporean of Chinese heritage who arrived 10 years ago, Cheryl (46/F) shared that there is significant diversity within Chinese communities and different types of Chinese and Chinese diaspora communities have been shaped differently by their contexts. This also contributes their divergent cultural experiences and how they may view multicultural services that cater to their cultural and linguistic needs. Her hesitation, ambivalence and disinterest in the use of multicultural services, specifically Chinese service providers, is because she identifies with having a complex ethnic or migration identity and services that cater to specific ethnic and cultural

backgrounds do not resonate with her. Since identity is multifaceted, the ethno-cultural aspect of her identity may not be a strong identity marker for her (Shepherd and Masuka, 2021). Cheryl says:

... you can't put migrants into, like, a big pot because that – there is a microsystem within that microsystem. Like, even migrants, they have different categories because of – based on where you come from geographically, your culture differs. Like, for me, ethnically – ethnically I am Chinese, but even where you are – like, where you are born, that culture differs. So, like, if I'm born in mainland China and if I'm born in Hong Kong, Taiwan, Singapore, Malaysia, we behave very differently ... Our behaviour, our mindset, our culture, our micro-culture is very different. So, I felt that I would rather not go into that, sort of, space for help because I, always, felt that things are very superficial. People might think to understand you, but they don't really understand you as the way you wanted it to be...

Some participants that we spoke to also tend to avoid multicultural services altogether, particularly those specific to their ethno-cultural heritage, and particularly where they want to put behind them the trauma of civil war in their countries of origin, such as Turkey, Afghanistan and Sri Lanka. These post-war participants also seem to exhibit a preference for assimilation.

David (52/M), who first arrived as a refugee from Sri Lanka when he was a teenager, said that he has avoided multicultural services, particularly those from the Sri Lankan community, as it is a matter of self-preservation and to prevent re-traumatisation. This is a sentiment shared by his parents, although less so for his father. He shared why his family general chose to isolate from the Sri Lankan community in Australia:

I think for Mum and Dad there was too much conflict in Sri Lanka and then come back to repeat itself within the community was too much, that's what I think. You know repeating itself again with others going through that, so they were better off away from that mentally and emotionally. Then we took up, we followed them as well, so they, that's what I think, that's what I feel that Mum didn't really want to get into that group because they'll be talking the same thing and not moving on ... I'm happy to be a part of a research group, but for anybody else, it's just too much. So, we just keep it to ourselves, so this is the first time after

32 years that I'm speaking to you about, because I've never really spoken as much as in the last 10 minutes about what's happened.

Samir (50/M/Syria) became aware of a refugee and asylum seeker program (RAP) that was run through a partnership between Brotherhood of St Laurence, a mainstream service provider, and Spectrum, a migrant resource centre. Brotherhood of St Laurence has a multicultural team that runs several programs specifically targeting multicultural cohorts. It was through this team that Samir received a lot of support. Having settled 5 years ago, he shared that he, like many in the Syrian community who arrived around the same time as he did, received little to no support from a certain settlement service provider. He did not wish to name them and said, in his knowledge, that this was the only settlement service provider in Victoria. He shared one of these experiences that showed the lack of support he received:

Just to let you know, the provider helped me with other organisation to send furniture for the home, but the *provider promised* me to give me – take me to Centrelink. *My brother take me to Centrelink.* The provider told me they will took me to the doctor, GP. *My brother took me to the GP.* The *provider told me* they will took me to the Melbourne polytechnic to study *Adult Migration English Program (AMEP)* program. *My sister took me, to get me there. The provider helped me to find a home. My brother-in-law helped me to find a home. So, it doesn't give me any services, unless the furniture.* As I told you, they coordinate with another organisation. What is very bad, that after one year, I get a letter from the provider – after you successful settled in Australia, we will change you now to another provider. This was very bad, not for me, for most – *I'm talking about 90 per cent of the Syrian family came as a refugee to Australia, so no services, and if they did a questionnaire for them, you will find what you will surprised.*

Through RAP, Samir shared that he became aware of and connected with other service providers, such as Jesuit Social Services. Some mainstream organisations certainly have strong multicultural capacity and, as in Samir's case, are able to work closely with multicultural service providers to deliver better outcomes for new migrants.

Discussion and Implications

This Australian Research Council Linkage Project on “Mapping Social Services Provision for Diverse Communities” had three main research aims. They are:

1. To investigate how mainstreaming has been experienced by Australian migrant communities.
2. To understand the ideological and political drivers for the mainstreaming of social service provision for migrant communities.
3. To understand the impact of mainstreaming on multicultural Australia.

This project found that the distinction between “ethno-specific” and “mainstream” providers is blurred, with services often overlapping in practice. It highlighted a spectrum of “multicultural capacity” among providers, moving beyond a binary classification and suggesting a more nuanced, integrated service-provision approach. Analysis of public documents revealed an implicit government shift towards mainstreaming, driven by economic efficiency and influenced by both exclusionary and inclusive discourses on national identity. The impact of mainstreaming showed mixed outcomes, with certain services like aged care benefiting, while gaps remained for newer migrants and specific vulnerable groups. Survey findings emphasised the importance of culturally specific services, particularly for migrants with lower English proficiency and without Australian citizenship. The project advocates for a hybrid service model, enhanced diversity and inclusion policies, and improved multicultural capacity within the sector to better support Australia’s diverse communities, highlighting the need for adaptive funding models to effectively address the intersectional needs of vulnerable groups.

This section provides a discussion of the main implications of this research. It is structured to reflect the key themes emerging from the study, supported by evidence collected across the three research stages.

Multimodal and hybrid service provision

Our research highlights the complexity of service provision in multicultural contexts such as Australia. We found that public and academic discourses often categorise social services into two distinct types: mainstream services, which cater to the general population including diverse communities, and ethno-

specific services, designed exclusively for specific communities based on ethnicity, cultural background, language, and/or religion. However, this binary approach oversimplifies the reality. In practice, service providers frequently adopt a hybrid model, blending elements of both to meet the varied needs of diverse service users (Weng et al., 2021).

There is diversity even within the types of multicultural and ethno-specific services, specific to their target users. One category of multicultural service providers focuses on diverse communities with intersectional needs, such as migrant and refugee women (e.g., Wellsprings for Women and the AMWCHR) and refugees from specific contexts (e.g., Friends of Refugees). These services demonstrate high multicultural capacity but often struggle with insecure funding models. This insecurity in funding poses a significant challenge, particularly for new, emerging communities that rely on these services for support during their initial settlement period. New migrants who do not have access to the five-year federally funded HSP may access such multicultural services. There is a category of multicultural service providers that is more securely funded, that comprises aged-care service providers, settlement services for humanitarian entrants and mainstream service providers with specific programs or departments that cater to multicultural needs. They also have high multicultural capacity to support diverse communities. The needs of post-war generations of migrants are well-covered through providers such as Fronditha Care (Greek), Co.As.It (Italian), the Australian Vietnamese Women’s Association (Vietnamese), and the Australian Multicultural Community Services (multicultural aged care). Similarly, providers of settlement services, such as Spectrum, SMRC and Settlement Services International, are well financed through federal funding, and have significant numbers of bicultural workers to support newly arrived refugees and humanitarian entrants. Some mainstream providers, particularly in the area of health, also have significant multicultural capacity to support diverse needs. Some examples include Northern Health and DPV.

Our findings underscore the necessity of a multimodal approach in all types of service provision for migrants in Australia. This aligns with earlier studies that advocate moving away from a simplistic, either/or approach to serving ageing migrants (Radermacher et al., 2009). This approach should integrate mainstream, multicultural and ethno-specific services, adapting to the changing needs of migrants throughout

their settlement journey so that there is a “more coherent approach to integration” (Benton et al., 2015). Mainstream services are crucial in supporting migrants, but there is a strong need to enhance their multicultural capacity in the face of an increasingly diverse Australia. Moreover, the emergence of hybrid service models, which combine mainstream and ethno-specific elements, effectively addresses the nuanced needs of diverse communities.

Fiscal burden shift in mainstreaming

Our research identifies a significant implicit policy shift towards mainstreaming in social services, with implications for multicultural communities in Australia. We found evidence of a growing mandate for social services to cater to the broad and diverse needs of Australian residents, including those with intersectional identities along gender, religion and disability lines. Our analysis reveals that Australia’s approach to mainstreaming, influenced by its multicultural policies and historical context, is similar to various European models. This policy direction is driven by economic rationale and the pursuit of efficient outcomes in service delivery (Benton et al., 2015).

In our research, we observed a fragmented government response in optimising access and equity for multicultural communities across departments and agencies in Australia. The 2013–2015 final Access and Equity report highlighted that a significant majority of departments and agencies did not meet the minimum whole-of-government standards for multicultural service provision, indicating a gap in policy implementation (Commonwealth of Australia (Department of Social Services), 2017). Our findings suggest that when service provision is ineffective, particularly for multicultural communities at the beginning of their settlement journey, there is a shift in the burden of integration and contribution onto these communities. This shift is particularly evident in the context of fiscal responsibility, where many multicultural service providers, catering to specific communities with intersectional needs, bear a disproportionate fiscal burden with diminishing resources. Taking on this fiscal responsibility was evident across different types of multicultural service providers, particularly in settlement services, and even in multicultural programs embedded within mainstream service providers, as these programs tend to hire staff members to support their own communities. Despite various initiatives, the fiscal

burden remains a critical challenge for this type of multicultural service provider. This situation underscores the need for a more equitable and effective policy approach to service provision, ensuring that all multicultural communities, especially those at the early stages of settlement, have access to the necessary support for successful integration into Australian society.

Funding inequities and vulnerable communities

Our research reveals a disparity in funding models, particularly affecting multicultural services that target vulnerable communities, like migrant women, migrants with disabilities and international students from refugee backgrounds. This gap in critical funding is similarly highlighted in the Multicultural Framework Review summary report (Australian Government, 2024). These services, despite their high multicultural capacity, often suffer from insecure funding, impacting their ability to provide continuous support to communities in need, especially during initial settlement periods. This is especially the case when some new migrants require more support than others, beyond the 5 years of support provided through the HSP (Ngo, 2021). Similarly, our research shows that the most vulnerable groups among Australia’s multicultural communities – for example people with lower English proficiency levels, and who experience more barriers to access mainstream services – value and use multicultural services.

The service-provision typology developed in our research shows that, while there are particular service-provision modes that are well supported and have high multicultural capacity to cater to diverse multicultural communities – such as elderly migrants, refugees and humanitarian entrants – a gap remains in the provision of support for new, emerging communities and especially those at the intersection of identities. Intersectional identities are increasingly complex in “superdiverse” contexts such as Australia (Vertovec, 2019), and present new challenges for service providers in meeting these diverse needs. In the 1990s, there were concerns about funding cuts made to ethnic welfare organisations, which triggered public concerns about the welfare of elderly post-war migrants. From 2009, a series of reforms began to occur for healthcare provisions in Australia, particularly in aged care and disability support, where there was a shift towards a consumer-directed care approach (Moore, 2021). This change from block funding to individual funding shifted the agency from

service providers to individual service users, who now have greater agency to decide the type of services they want. In July 2013, the My Aged Care plan was launched as part of a mainstreamed approach towards service provision for ageing migrants. The NDIS was also legislated in 2013. Both plans are federally funded, and access to this funding has placed multicultural service providers that provide aged care and disability support in more financially secure positions to serve their communities. The multicultural service providers that do not have access to such federal funding tend to be the ones who support migrants with specific intersectional needs, such as migrant women with health issues and international students from refugee backgrounds.

This study emphasises the importance of responsive policy and funding in supporting multicultural service providers. While some services are well supported, gaps remain – particularly for emerging communities and those with intersectional identities – that still require a “more targeted policy approach” (Galandini et al., 2019: 697). This calls for a re-evaluation of funding strategies to ensure equitable support across all multicultural service sectors. The findings also suggest a need for policies that strengthen multicultural capacity across the social service sector. This is crucial for effectively serving Australia’s diverse population. The research indicates that services with higher multicultural capacity are more effective in meeting the needs of diverse communities.

Mainstreaming and inclusion policy

The analysis of Australian public documents from 1996 to 2021 revealed that there have been no explicit policies that outline any changes towards mainstreaming of migration integration, whether through funding, programs and/or service provision for multicultural communities. Yet, discourses on mainstreaming are evident across the data, demonstrating that the Australian Government has indeed shifted in service delivery for multicultural communities, and has adopted a mainstream approach with less emphasis on specialised services for target groups. This analysis also demonstrates that mainstreaming is discussed in two main ways: through exclusionary and inclusive discourses. Exclusionary mainstreaming emphasises a common Australian identity and is concerned about divisiveness and disunity if needs are served based on differences. Inclusive mainstreaming acknowledges that the reality of the Australian identity comprises

significant diversity, some of which may require more support. The shift towards the mainstreaming of migration governance was evident through competing discourses when the first round of funding cuts to ethnic welfare organisations occurred in 1998, and again in 2000. Inclusive mainstreaming discourses were used in 1998 to justify these cuts, but the tone of the discourse shifted towards the exclusionary from 2000 by the same politicians. Criticisms against these funding cuts by ethnic welfare organisations were directed at policymakers and adopted inclusive mainstreaming discourses in their arguments. Key policy documents that report on government departments and agencies’ access and equity for multicultural communities, however, maintain inclusive mainstreaming discourses throughout, with slight changes in emphasis when comparing the first and last report in our analysed set.

Our research findings indicate that embracing a mainstreamed approach to diversity management can offer advantages, allowing migrants to have agency in choosing their preferred services. There are manifold reasons why some migrants may prefer mainstream services over multicultural services, including avoidance of their ethnic and/or religious communities. Furthermore, our research also reveals that even though some migrants may not personally access multicultural services, they acknowledge the value these services hold in representing and signifying a diverse Australia.

Ensuring policy implementation to strengthen multicultural capacity across the social service sector is key in serving an increasingly diverse Australian population. Using health services as an example, our research demonstrates strong evidence that health service providers with high multicultural capacity are more effective than mainstream health services in catering to the needs of diverse communities (Vergani et al., 2022). Currently, there is no clear policy implementation that ensures that diversity and inclusion policies are in place, and multicultural communities have long expressed various barriers in accessing services (Mansouri and Makhoul, 2004). For example, the final 2013–15 Access and Equity report produced by the Department of Social Services found that 86% of government agencies and departments did not think that they were required to meet the minimum whole-of-government standards to ensure that services cater to multicultural communities and as such, “only 13 per cent of reporting departments and agencies met this

obligation" (Commonwealth of Australia (Department of Social Services), 2017: 32). The COVID-19 pandemic revealed the need for greater government support for multicultural communities, evidenced when local and state governments in Victoria responded through the provision of various emergency funding programs (Weng et al., 2021). There remain questions about continuous support for these communities after the pandemic.

Challenging the "parallel lives" hypothesis

Our study draws on empirical evidence to counter the "parallel lives" hypothesis, which has been one of the key drivers of a mainstream approach towards diversity management in multicultural societies. The idea of "parallel lives" was introduced by Ted Cantle in the UK, and highlighted that ethnic communities tend to lead lives separate from mainstream society (Cantle, 2001). One of the recommendations from the Cantle report was for the mainstreaming of service provision to encourage ethnic communities to participate more widely in their contexts. Contrary to this assumption that the provision of multicultural services diminish social cohesion, our research found that multicultural services in Australia are linked with higher levels of civic engagement and a greater sense of belonging (Mansouri et al., 2023). This finding is critical in the context of managing superdiverse societies like Australia, as it advocates for a balanced approach that supports cultural identities while aligning with mainstream values.

We discovered that Australians from multicultural backgrounds who were more civically engaged used multicultural services extensively. It is through these multicultural services that new migrants form social bonds that facilitate their bridging and linking to other ethnic and religious communities, as well as to Australian society more broadly. Furthermore, a stronger sense of belonging to Australia was associated with a higher valuation of these services, with no link found between ethnic belonging and the use or perception of multicultural services. This positive association suggests that a state functioning with a multicultural capacity is more responsive to the needs of all its citizens and residents (Blair, 2015; Mansouri and Modood, 2021). Our study also highlights the civic potential of ethno-specific

and multicultural organisations in promoting social cohesion, often overlooked or underestimated (Peucker, 2017). Our research contributes to global discourses on multicultural policies, challenging the notion that diversity undermines social cohesion. Instead, it supports a more inclusive approach to diversity governance, where equality of citizenship is not just a policy statement but is actualised through culturally responsive social service provisions (Beck, 2002; Barry, 2002; Thomas, 2011). As societies become increasingly diverse, the recognition of cultural specificities and their impact on group belonging becomes more crucial. Our study underscores the importance of a comprehensive approach to diversity management, supporting the multicultural infrastructure established in Australia since the 1970s. This approach, informed by the recognition of civil, social and political rights for all individuals, has been pivotal in the successful integration of migrants and managing the complexities of Australia's evolving super-diversity (Jakubowicz, 1989, 2015; Mansouri 2015).

Conclusion

The research findings in this report show that, despite the lack of explicit policies outlining any changes towards mainstreaming of migration integration, the Australian government has indeed started to move towards mainstreaming of service delivery for multicultural communities, specifically manifesting in actual funding arrangements. The research findings relating to policy discourse show that there was bipartisan agreement that a mainstreamed approach be undertaken in service delivery for multicultural communities, with an assumption that this approach is beneficial at both the economic efficacy (eliminating duplication) as well as the social cohesion (preventing social divisions and ghettoisation) fronts. More critically, the research findings point to the necessity of a multi-dimensional service-provision system that acts in a complementary manner, where mainstream service providers continue to operate alongside multicultural and ethno-specific providers. Indeed, the research findings reveal that there is no clear separation between multicultural/“ethno-specific” and “mainstream” service providers, with any possible distinction being blurred by overlapping spheres of activities as well as the lived experiences of migrant communities.

Finally, this research project is concerned with how best to meet the needs of diverse communities in Australia in a political context that has recently tended to problematise immigration and diversity, as economic challenges and security concerns continue to build. As the recently released report of the Multicultural Framework Review argues, the provision of social services to support migrant settlement and social inclusion remains a critical factor for ensuring social cohesion, intercultural understanding and civic engagement.

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Appendices

Appendix A: Survey questionnaire

1. What is your country of birth?
2. If you weren't born in Australia, in what year did you migrate permanently to Australia?
3. What is the country of birth of your Mum? (please specify)
4. What is the country of birth of your Dad? (please specify)
5. Are you an Australian citizen?
 - Yes
 - No
6. Do you speak a language other than English at home?
 - Yes (please specify)
 - No
7. Do you identify with a cultural and linguistic background other than English?
 - Yes (please specify)
 - No
8. How would you assess your English proficiency level?
 - Very good
 - Good
 - Acceptable
 - Poor
 - Very poor
9. Do you identify as being a ...
 - Migrant
 - Refugee
 - Asylum seeker
 - None of the above
10. In the last 5 years, how often did you access health services (for example, a doctor) from a ...
 - Mainstream provider? Mainstream providers are organisations offering services to the general Australian population, regardless of their ethnic or religious background.
 - Never, rarely, occasionally, frequently, very frequently
 - Multicultural provider? Multicultural providers are organisations offering services to specific ethnic or religious communities, and cater to their specific cultural, religious or linguistic needs.
 - Never, rarely, occasionally, frequently, very frequently
11. In the last 5 years, how often did you access housing services (for example a service providing affordable housing) from a ...
 - Mainstream provider? Mainstream providers are organisations offering services to the general Australian population, regardless of their ethnic or religious background.
 - Never, rarely, occasionally, frequently, very frequently
 - Multicultural provider? Multicultural providers are organisations offering services to specific ethnic or religious communities, and cater to their specific cultural, religious or linguistic needs.
 - Never, rarely, occasionally, frequently, very frequently
12. In the last 5 years, how often did you access employment services (for example a job-seeker service) from a ...
 - Mainstream provider? Mainstream providers are organisations offering services to the general Australian population, regardless of their ethnic or religious background.
 - Never, rarely, occasionally, frequently, very frequently
 - Multicultural provider? Multicultural providers are organisations offering services to specific ethnic or religious communities, and cater to their specific cultural, religious or linguistic needs.
 - Never, rarely, occasionally, frequently, very frequently
13. Please now think about your experience with mainstream service providers. Mainstream providers are organisations offering services to the general Australian population, regardless of their ethnic or religious background.
 - When accessing - or when trying to access - mainstream services in the area of health (for example a doctor), did you ever experience the following? Tick all that apply:
 - I found it challenging to fully understand what they were telling me
 - I didn't trust my information would be treated confidentially
 - In my culture, it is shameful to access services

like mental health or reproductive health

- The service was too expensive
- The service was too far away
- The service did not provide childcare
- The staff was dismissive or rude because of your multicultural background
- Filling all the paperwork was too difficult
- The waiting list was too long
- When accessing - or when trying to access - mainstream services in the area of housing (for example a service providing affordable housing), did you ever experience the following? Tick all that apply:
 - I found it challenging to fully understand what they were telling me
 - I didn't trust my information would be treated confidentially
 - In my culture, it is shameful to access services like mental health or reproductive health
 - The service was too expensive
 - The service was too far away
 - The service did not provide childcare
 - The staff was dismissive or rude because of your multicultural background
 - Filling all the paperwork was too difficult
 - The waiting list was too long
- When accessing - or when planning to access - mainstream services in the area of employment (for example a job-seeker service) did you ever experience the following? Tick all that apply:
 - I found it challenging to fully understand what they were telling me
 - I didn't trust my information would be treated confidentially
 - In my culture, it is shameful to access services like mental health or reproductive health
 - The service was too expensive
 - The service was too far away
 - The service did not provide childcare
 - The staff was dismissive or rude because of your multicultural background
 - Filling all the paperwork was too difficult

- The waiting list was too long

14. If you needed a health service, for example a doctor, how comfortable would you be to receive this service from ...

- An organisation specialised in providing services to the whole Australian population, regardless of ethnic and religious backgrounds.
 - Not at all comfortable, slightly comfortable, moderately comfortable, very comfortable, extremely comfortable
- An organisation providing services exclusively to your ethnic or religious community, which delivers services in language and in culturally and religiously appropriate ways.
 - Not at all comfortable, slightly comfortable, moderately comfortable, very comfortable, extremely comfortable

15. If you needed an employment service, for example a job-seeker service, how comfortable would you be to receive this service from ...

- An organisation specialised in providing services to the whole Australian population, regardless of ethnic and religious backgrounds.
 - Not at all comfortable, slightly comfortable, moderately comfortable, very comfortable, extremely comfortable
- An organisation providing services exclusively to your ethnic or religious community, which delivers services in language and in culturally and religiously appropriate ways.
 - Not at all comfortable, slightly comfortable, moderately comfortable, very comfortable, extremely comfortable

16. If you needed a housing service, for example a service providing affordable housing, how comfortable would you be to receive this service from ...

- An organisation specialised in providing services to the whole Australian population, regardless of ethnic and religious backgrounds.
 - Not at all comfortable, slightly comfortable, moderately comfortable, very comfortable, extremely comfortable
- An organisation providing services exclusively to your ethnic or religious community, which delivers services in language and in culturally and religiously appropriate ways.
 - Not at all comfortable, slightly comfortable,

moderately comfortable, very comfortable,
extremely comfortable

17. How important would you say it is for you to receive a service delivered in a language other than English (for example, if you speak [custom form] to receive the service in this language) in the areas of:

- Health (for example, a doctor)
 - Not at all important, slightly important, moderately important, very important, extremely important
- Housing (for example, a service helping you to access affordable housing)
 - Not at all important, slightly important, moderately important, very important, extremely important
- Employment (for example, a job-seeker service)
 - Not at all important, slightly important, moderately important, very important, extremely important

18. How important would you say it is for you to receive a service by staff from your ethnic or religious community in the areas of:

- Health (for example, a doctor)
 - Not at all important, slightly important, moderately important, very important, extremely important
- Housing (for example, a service helping you to access affordable housing)
 - Not at all important, slightly important, moderately important, very important, extremely important
- Employment (for example, a job-seeker service)
 - Not at all important, slightly important, moderately important, very important, extremely important

19. How would you describe your sense of belonging to ...

- People with the same ethnic or cultural background as you
 - Not strong at all, slightly strong, moderately strong, very strong, extremely strong
- Australia
 - Not strong at all, slightly strong, moderately strong, very strong, extremely strong

20. How would you describe the way in which the

following groups are treated in Australia?

- Migrants
 - Excellent, very good, good, fair, poor
- People who speak a language other than English
 - Excellent, very good, good, fair, poor
- People from an ethnic background other than Anglo-Australian
 - Excellent, very good, good, fair, poor

21. In your opinion, not having access to multicultural services (that is, services that cater to your ethnic and/or religious community, delivered in your language and in culturally and religiously appropriate ways)...

- Has a negative impact on the inclusion of my ethnic/religious community
 - Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree
- Has a negative impact on the well-being of my ethnic/religious community
 - Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree
- Doesn't make any difference for people in my ethnic/religious community
 - Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

22. Please indicate your agreement with the following statements on a scale from 1 (strongly disagree) to 5 (strongly agree)

- Accessing multicultural services makes my ethnic/religious community feel more included in Australian society
 - Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree
- People from my ethnic/religious community should have the right to choose a multicultural service provider
 - Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree
- The government should give people of diverse ethnic or religious background the choice to access multicultural services
 - Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

23. Please read the following statements about the comparison between multicultural services (i.e. services that cater to ethnic/religious communities)

and mainstream services (i.e. services that cater to the general Australian population regardless of their ethnic/religious background), and indicate your agreement with the following statements on a scale from 1 (strongly disagree) to 5 (strongly agree)

- For people in my ethnic/religious community, multicultural services are generally easier to access than mainstream services
 - Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree
- For people in my ethnic/religious community, multicultural services are generally more effective (i.e. deliver a better outcome) than mainstream services
 - Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree
- People in my ethnic/religious community are generally more comfortable accessing multicultural services than mainstream services
 - Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

24. Now I want to ask you how much you trust different types of people. On a scale of 1 to 5, where 1 means not at all and 5 means extremely, how much do you trust the people in that category?

- People from your ethnic or linguistic group
 - Extremely, very, moderately, slightly, not at all
- People who are not from your ethnic or linguistic group
 - Extremely, very, moderately, slightly, not at all
- Local government officials (city council)
 - Extremely, very, moderately, slightly, not at all
- State government officials
 - Extremely, very, moderately, slightly, not at all
- Federal government officials
 - Extremely, very, moderately, slightly, not at all

25. Below are 8 statements with which you may agree or disagree. Using the 1–7 scale below, indicate your agreement with each item by indicating that response for each statement:

- I lead a purposeful and meaningful life
 - Strongly agree, agree, slightly agree, mixed or neither agree nor disagree, slightly disagree, disagree, strongly disagree
- My social relationships are supportive and rewarding

- Strongly agree, agree, slightly agree, mixed or neither agree nor disagree, slightly disagree, disagree, strongly disagree
- I am engaged and interested in my daily activities
 - Strongly agree, agree, slightly agree, mixed or neither agree nor disagree, slightly disagree, disagree, strongly disagree
- I actively contribute to the happiness and well-being of others
 - Strongly agree, agree, slightly agree, mixed or neither agree nor disagree, slightly disagree, disagree, strongly disagree
- I am competent and capable in the activities that are important to me
 - Strongly agree, agree, slightly agree, mixed or neither agree nor disagree, slightly disagree, disagree, strongly disagree
- I am a good person and live a good life
 - Strongly agree, agree, slightly agree, mixed or neither agree nor disagree, slightly disagree, disagree, strongly disagree
- I am optimistic about my future
 - Strongly agree, agree, slightly agree, mixed or neither agree nor disagree, slightly disagree, disagree, strongly disagree
- People respect me
 - Strongly agree, agree, slightly agree, mixed or neither agree nor disagree, slightly disagree, disagree, strongly disagree

26. How would you rate your overall mental health?

- Excellent, very good, good, fair, poor

27. How would you rate the negative impact of the COVID pandemic impact on your mental health?

- Extremely negative, moderately negative, somewhat negative, slightly negative, not at all negative

28. In Australia what, if any, local community groups are you involved in? Tick all that apply

- School associations
- Charity organisations
- Gym or exercise groups
- Kids playgroups
- Religious groups
- Senior citizens clubs

- Mother's groups
- Youth activity groups
- Environmental groups
- Sports clubs
- Arts and cultural groups

29. Which of these activities did you in Australia? Tick all that apply

- Voted at local elections
- Become member of a political party
- Contacted a local politician
- Worked or volunteered for a political party
- Donated to a political party
- Attended a demonstration
- Shared Australia-related political content on social media
- Buy or boycott products for political reasons
- Encouraged other people to take political action in Australia
- Wear garments or political symbols

Appendix B: Interview questions for policymakers/government stakeholders

Current understanding

- From your perspective, what are the key needs of community members, especially CALD communities, in the area of social service provision?
- Are you aware of any barriers in CALD communities' access to social services?

Changes in social services

- What are the key policies or funding changes implemented over the last 25 years that has affected social services for CALD communities?
- Are you aware of the impact of these changes on CALD communities?
 1. What is your role in policymaking for social services?
 2. How has funding for social service provision impacted mainstream and ethno-specific social services over the last 25 years?

Whole-of-government

- What is inter-department communication and coordination like across federal, state and local levels in relation to social service provision for

CALD communities?

1. Are there evaluations of effectiveness of policies on an inter-departmental level?
2. Were any gaps identified in this communication and coordination?

Future

- What are some of the identified gaps in social service provision and how will that shape future policies?
- How has the COVID-19 pandemic influenced future policies in this area?

Appendix C: Interview questions for social service providers

Current understanding

- Can you share some background information about your organisation and its main service users?
- What is the composition of CALD staff and leaders in your organisation?
 1. What are the social services it provides?
 2. What are some of the initiatives/projects you run?
 3. Are there special provisions made for CALD service users?

Changes in social services

- What are some of the key policy and funding changes that have affected social services over the last 25 years?
- What are some of the challenges currently facing social service providers?

CALD service users

- Are you aware of any challenges that continue to prevent CALD service users from accessing social services?
 1. How are you made aware of these issues/challenges?
 2. Based on your experience, what specific/additional needs do CALD service users have?
 3. Do you collect specific data on service users from CALD backgrounds?
 4. Have you identified any areas of needs specific to CALD service users and is your organisation able to meet them? If not, do you provide referral for other services?

5. What does cultural competency look like across different layers of your organisation?

Future

- How has the COVID-19 pandemic affected access to and delivery of social services for CALD service users especially? Will it inform any long-term changes to the way you operate?
1. Do you conduct any independent evaluation of your services? If yes, what have these evaluation/s shown?
 2. In your opinion, what are the current limitations of social service provision in Australia and why do these gaps exist?

Appendix D: Interview questions for community members

Demographic questions

1. What is your age?
2. What is your ethnic background?
3. What languages do you speak, besides English?
4. Which year did you arrive in Australia?
5. Where were you born? If Australia, where were your parents born?
6. What is your occupation?

Introduction

1. Briefly, can you tell me how and why you came to Australia?
- Are you here with your family?

Social Services

1. Which social services in health, housing and employment have you accessed in the last 10 years?
- We use health very broadly to include mental health, aged care and disability; employment services can also include job training e.g. English learning.
 - (we may need to focus on 1-2 experiences with specific providers due to time constraint)
 - Which specific provider.

Awareness

1. How did you learn about this service?
 - Was it recommended by someone?
2. Was there a reason for your choice of this service

provider?

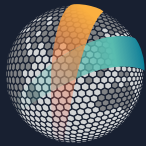
- Did you choose it because it is mainstream/ ethno-specific (based on cultural, religious background)? Does that matter to you? Why/ not?

Experience

1. What was your experience like with this service provider and its staff?
 - Specifically, does it cater to your cultural, linguistic and religious needs? If so, how? Are there any challenges you faced with the service/staff? (e.g. crosscultural understanding; awareness of special needs)
2. Is this a service provider you will/have returned to? Frequency? Why/not?
3. Has your experience of this service provider changed over time?

Impact

1. Has this service addressed your needs? Elaborate. (e.g. basic need met; service/staff went above and beyond etc)
2. Reflecting on your experiences of these service providers, how have these experiences affected your sense of belonging and inclusion in Australian society?
 - How does the experience affect you feeling recognised (for who you are) and having rights in Australian society?



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