# Federation of Ethnic Communities' Councils of Australia

## Commonwealth Government Covid-19 Response Inquiry

## 15 December 2023

## Who we are

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing people from multicultural communities and their organisations across Australia. Through the membership of state, territory, and regional councils and their members, we represent over 1,500 community organisations.

The Australian Multicultural Health Collaborative (the Collaborative) is the national multicultural health peak body.

## What we do

For over 40 years, FECCA has proudly worked alongside culturally and linguistically diverse communities, the broader Australian society and government to build a successful, productive, and inclusive multicultural Australia where everyone, no matter their background or how long they have lived in this country, has the opportunity to belong and reach their full potential.

FECCA draws on the lived experience of Australia's culturally and linguistically diverse (CALD) communities and the expertise of its extensive and diverse membership to develop and promote inclusive, innovative, and responsible public policy that reflects the needs and perspectives of multicultural Australia. We are committed to building a strong, innovative, and inclusive nation that harnesses its greatest strength, the diversity of its people.

The Collaborative is an initiative of the Federation of Ethnic Communities' Councils of Australia (FECCA) and is led by an Interim Coordination Group reflective of the membership. The Collaborative provides a national voice, leadership and advice on policy, research, data, and practice to improve access and equity, address systemic racism, and achieve better health and wellbeing outcomes for Australians from multicultural backgrounds.

The Collaborative is representative, and membership based. Members include consumers and carers; health services and wellbeing/social care services; practitioners; and researchers. The Collaborative also welcomes as affiliates other national health peak organisations.

## Foreword

FECCA and the Collaborative thanks the Commonwealth Government COVID-19 Response Inquiry (the Inquiry) for the opportunity to provide the insights, expertise, and experiences of people from CALD backgrounds on lessons learned to improve Australia's preparedness for future pandemics. In our submission, we have made a reflection on the Commonwealth Government's response to the COVID-19 pandemic and made recommendations to better target future responses to the needs of CALD populations in the event of future pandemics.

For inquiries, please contact ███████████████████████████████████████ or on ██████████████

# Background

The World Health Organization (WHO) declared the novel coronavirus (COVID-19) a Public Health Emergency of International Concern on 30 January 2020 and a worldwide pandemic on 11 March 2020. Australia reported the first case of COVID-19 in the country in late January 2020 and initiated public health measures to reduce the spread of the virus in March 2020. One of the early measures put in place was closure of the Australian border to non-residents from 20 March. Subsequent measures were largely introduced by individual state and territory governments and included restrictions on movements across state and territory borders, as well as social distancing requirements and restrictions on social and economic activity. All jurisdictions maintained at least some restrictions throughout the pandemic with considerable variations.

The pandemic and subsequent lockdowns and restrictions impacted on various spheres of life including health, economic, social, education among others. The pandemic also amplified among others, the unpreparedness and weaknesses in infrastructures, supply chains, government preparedness and actions, human resources, and public health systems[1].

People from multicultural backgrounds in Australia have been affected by persistent health inequities and barriers to access timely information and healthcare, as exposed by the COVID-19 response [2],[3],[4] [5],[6].

The Fault Lines Report[7], an independent review into Australia's response to COVD-19 highlighted significant issues for multicultural Australians:

- at the national level with:
    - engagement with multicultural communities
    - communication of health messages
    - vaccines uptake
    - significantly higher mortality rates for overseas-born Australians from non-English speaking countries.
- at the State/Territory level with:
    - disparate and inequitable enforcement of lockdown measures.

Data from the Australian Bureau of Statistics COVID-19 by Mortality Wave demonstrated that:
    - 70% of people in Australia who died during the COVID-10 delta wave were overseas born.
    - Overall, during the pandemic, overseas born people died at twice the rate than the Australia born.
    - Middle East-born Australians died at seven times the rate of the Australia-born.

## Reflections on the Commonwealth Government's response to the COVID-19 pandemic

This reflection draws on studies and feedback from CALD communities and addresses the following specific areas; governance, health response measures and broader health supports for people impacted by COVID-19 and or lockdowns.

### 1) Governance

The formation of the National Cabinet was commendable and was seen as an effective response to the pandemic in Australia. The COVID-19 public health crisis was effectively managed by drawing on the powers, knowledge, and capacities of both the Commonwealth and the States, achieving a balance between collective action and tailored responses[8]. Non-essential businesses and activities were shut down and restricted and Australians were urged to stay at home. While these measures were increasingly accepted by people living in Australia at the start of the pandemic, extended lockdowns (some extreme and strictest in the world[9]) resulted in family separations, anxiety, loneliness, and loss of jobs. Temporary visas holders - often employed in low-paid, essential jobs - were ineligible for the government's pandemic welfare support, leaving many in vulnerable positions. These had a negative impact on social cohesion.

FECCA strongly advocated for community-informed COVID-19 response and subsequently the Department of Health and Aged Care established the national Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group which achieved, through its subgroups:

- Significantly improved quality of translated materials through FECCA's facilitation of testing translations for accuracy and cultural resonance with communities
- More effective communication and outreach through community-led and designed initiatives funded through the CALD COVID-19 Small Grants administered by FECCA.
- Amendments to the National Notifiable Diseases Surveillance system to include, in addition to the existing Aboriginal and Torres Strait Islander indicator, indicators relating to 'country of birth' and 'language spoken at home'.
- A data linkage project which measured vaccine uptake among speakers of languages other than English down to the local government area, assisting in targeting of messaging.

FECCA continues to provide advice to the Department about the COVID-19 pandemic from the lens of CALD communities and commends the government for expanding the focus of this group to broader health and wellbeing matters for multicultural communities.

### 2) Health response measures

The Government disseminated public health messaging around the symptoms of COVID-19 and protective behaviours, but this message did not reach all Australians in a timely manner. During the COVID-19 pandemic, distrust in public health bodies emerged from poor quality or delayed translation of materials, the omission of some languages from translated resources and conflicting messages from different sources. This environment also facilitated the spread of misinformation about the pandemic, restrictions, and possible cures, which were disseminated by susceptible members of CALD communities, as well as the general public.

FECCA welcomed the move by the Department to create a CALD COVID-19 Health Small Grants Fund that continues to support multicultural community organisations to lead and undertake targeted grassroots communication activities to increase uptake of COVID-19 vaccine within a wide range of CALD communities, including so-called 'hard to reach' and new migrants to Australia. In addition to FECCA's participation in the CALD COVID-19 Health Advisory Group and vaccination statistics from the Data Working Group, we were able to identify priority language groups that needed support with COVID-19 vaccination campaigns and communities who were unvaccinated. FECCA initiated involvement with these communities through the Small Grants project, providing support for them to conduct their own vaccine campaigns.

FECCA provided feedback and insights from CALD communities to the Government on barriers to accessing the vaccine through the CALD COVID-19 Health Advisory Group. The Small Grants project helped build trust in the collective good of the COVID-19 vaccine roll-out by allowing communities to be at the core of communicating about this urgent public health intervention.

### 3) Broader health support

FECCA commends the Government for availing the COVID-19 vaccination to everyone in Australia, even for those without Medicare card like international students and others on temporary visas. The vaccine protected communities from severe illness and death from COVID-19 and those who contracted the virus had milder symptoms. It was also commendable that the government made available free PCR testing for everyone living in Australia regardless of their citizenship status. The testing enabled COVID-19 cases to be identified early and was a critical component of the 'test', 'trace', 'isolate' and 'quarantine' (TTIQ) framework[10], aimed at reducing community transmission of COVID-19. Vaccination and PCR testing protected the most vulnerable persons by minimising the risk of serious illness, hospitalisation and death from COVID-19.

The strict measures imposed on aged care facilities that restricted visitors and resident movements and making it a requirement for staff to be fully vaccinated (flu and COVID-19 vaccine), return a negative PCR test prior to returning to work and wearing PPE played an important role in minimised the risk of outbreak in the facilities.

## RECOMMENDATIONS

FECCA makes the following recommendations to better target future responses to the needs of people from CALD communities.

### A. Creating an inclusive public health emergency-ready policy framework and healthcare system

It is vital that Government puts in place systems and policies that adopt a whole-of-government approach, evidence-based, understand the social determinants of health, and embed inclusive principles that reflect Australia's highly-diverse and multicultural population.

### Recommendation 1: Continue supporting the Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group

As discussed above, the Advisory Group effectively mobilised key CALD stakeholders which continues to provide critical advice and inputs on broader health issues affecting CALD communities. Such

platforms create strong networks and builds knowledge of both government and communities necessary to be effective in addressing future public health emergencies.

### Recommendation 2: The Australian Centre for Disease Control (ACDC) to establish a standing advisory mechanism specifically for Australia's multicultural communities.

Given the important role of the ACDC in steering Australia's future response to communicable diseases (including pandemics) and to non-communicable diseases, the ACDC should establish a standing advisory mechanism to ensure that its responses include comprehensive communication and engagement with Australia's multicultural communities. This would be best achieved in partnership with FECCA and the Collaborative.

### Recommendation 3: Build data on CALD populations for evidence-based public health preparedness and response.

FECCA recommends establishing a link between health and non-health data for CALD populations. It is crucial to consistently gather data on the factors that influence service provision within CALD communities while ensuring the diversity within CALD communities is captured. Such comprehensive data on CALD populations is vital for grasping the disparate impact of emergency events and response measures. This information enables the development of responsive, tailored interventions to mitigate these impacts. Without accurate and adequate data, these communities risk becoming invisible, making it increasingly challenging to address their unique needs.

### Recommendation 4: Implement inclusive health system orientation programs.

The inherent complexity of the health system is compounded by the absence of established relationships with healthcare providers, adding an extra layer of difficulty[11] . This challenge is particularly pronounced among newly arrived migrant communities, who lack established networks and community organizations that could provide support. FECCA advocates for the implementation of inclusive orientation programs that specifically target new permanent migrants and aim to facilitate their integration into the healthcare system. Such inclusive initiatives become especially crucial during crises when individuals need to navigate government systems to access critical services and information.

### Recommendation 5: Provide ongoing mental health support for CALD communities.

People from CALD backgrounds have been profoundly affected by the COVID-19 pandemic, with a majority of its members reporting worsened livelihoods and mental health during the pandemic[12]. Worse mental wellbeing exacts a huge individual and family price and a significant economic toll.  Those with psychological vulnerabilities and pre-existing mental illnesses are particularly at risk, and the heightened demand for mental health services is expected to persist throughout the recovery phase[11]. FECCA is therefore recommending proactive government engagement with CALD communities to provide essential ongoing mental health and well-being support. This approach ensures a more comprehensive and culturally sensitive response to the unique challenges faced by CALD communities in the aftermath of the COVID-19 pandemic.

> Mental health issues, stemming either directly or indirectly from COVID-19, have consistently emerged as a prevalent theme in feedback from CALD communities. This observation is derived from insights gathered during FECCA's in-person CALD community consultations and the reports submitted through the Small Grants initiative by various communities.

### B.  Ensuring culturally appropriate and community-driven communication and outreach.

### Recommendation 6: Improve communications through codesign.

While the Government initially had a range of public health communication to reduce the spread of COVID-19, concerns were eventually raised around failure to consider CALD communities in these critical communications. In order to keep their community safe, CALD community leaders felt obligated to assume many roles such as translating and repacking complex health messages and disseminating these through preferred channels with the support of a pool of trusted volunteers.

Community leaders reported that having key messages delivered by respected members of the community also contributed to building trust for the vaccines. Federal and state-level governments need to involve community led organisations during crises in codesigning and delivery of targeted messages in a timely and in a culturally appropriate manner, taking into consideration the diversity in language, culture and ethnicity present within CALD populations.

### Recommendation 7: Establish coordinated, consistent, and trusted communication.

Building trust with CALD communities is paramount, and this can be achieved by disseminating information through trusted intermediaries, such as medical and public-health experts[13]. Tailoring such messages to the specific behavioural drivers of each community is crucial for effectiveness[14]. During the height of the pandemic, regular press briefings on restrictions and updates significantly alleviated uncertainty and anxiety within communities. To ensure communication clarity and effectiveness, testing of messages should be conducted where possible.

The establishment of CALD community reference groups is also recommended to provide ongoing input into decisions that affect them, ensuring representation of Australia's demographic and sociocultural diversity[13]. Recognizing the prevalence of information gaps being filled by overseas sources through social media during the pandemic, the importance of regular, open, and honest communication is underscored. Such communication serves to inform without inducing fear, encourages personal responsibility for the common good, and addresses uncertainties by providing pragmatic and mental preparation for the immediate and longer-term future[2].

### C.  Strengthening the language support ecosystem

### Recommendation 8: Provide timely and effective language support.

FECCA strongly recommends that the Government takes proactive measures to ensure the timely provision of accurately translated information to communities. This involves developing and reviewing source documents with input from the target communities before translation, ensuring linguistic accuracy, cultural appropriateness, and community relevance. To enhance accessibility, alternative formats such as audio and videos should be considered wherever possible. The Department has already demonstrated a commitment to improving messaging through consultations and the use of simplified messages.

Acknowledging the vital role of community feedback in building trust, the Government should remain responsive to community input, fostering a sense of being heard and valued. Additionally, there is a critical need for the Government to provide support to communities in accessing and navigating government websites, ensuring that information is readily available and easily accessible to all.

> Language and translation issues were a significant concern identified in many of the reports from COVID-19 Small Grants projects and in our consultations. The translated information about COVID-19 and vaccines early in the pandemic were often not easily accessible or had translation errors. Even in some of the widely spoken languages in Australia, basic errors persisted and was worse in new and emerging languages. Over the course of this project, FECCA continually provided advice to the Department of Health on their communications based on the languages spoken by FECCA staff and feedback from the communities. FECCA acknowledges the complexity of public health communication when the message can change week to week. This is a challenge that may not be completely resolved with the diverse range of languages spoken in Australia.

FECCA worked extensively with Australian Institute of Interpreters and Translators (AUSIT) to develop recommendations for a Community Review Panel and ensure the quality of translated material from the Department. Having performed a scoping review and a trial of a Community Review Panel in Arabic, Chinese, and Spanish, AUSIT developed translation guidelines and recommendations. Although FECCA acknowledges that not all the recommendations were feasible, some of their recommendations required less effort and resources. One of the recommendations was to have better briefs to the language service providers to ensure they are aware of the target audience. According to the findings of AUSIT's reports and trial, these small changes could have large impacts on the quality of translations.

### Recommendation 9: Improve accessibility of hotline services.
FECCA recommends that the government establishes hotline services operated by bilingual and bicultural teams and health professionals to offer essential in-language information during a crisis. Having such a service would contribute to a reduction in information gaps, ensuring that CALD communities have continuous access to critical information. Given the dynamic nature of the pandemic marked with widespread misinformation, this service will provide extra support for CALD communities.

### D. Building community capability for public health emergencies

### Recommendation 10: Create coordinated response from the government that is inclusive of community perspectives and lived experiences.
FECCA recommends that governments engage CALD communities and people with lived experience in making decisions that would affect them, and that the decisions are communicated with openness and honesty, while explaining why particular actions are essential or challenging and the rationale for decisions made. Policies that are inclusive of community and lived experience perspectives build trust and strengthens social cohesion which are crucial during public health crisis.

The Small Grants Fund project is a notable example of government support that has played a crucial role in fostering trust within multicultural communities towards the Government and the Australian health system. For many organisations, this was their first time engaging with Government agencies, offering a valuable platform to voice their concerns and actively contribute to solutions. The resulting community-Government engagement played a pivotal role in building trust in vaccination messaging, motivating communities to proactively receive the jab. This initiative also facilitated enhanced community engagement both within and between different communities. FECCA organised sharing webinars where organisations could discuss their projects, sharing both their successes and challenges. Representing diverse countries, cultures, languages, and religions from around the world, organisations from all corners of Australia came together with a shared sense of purpose. Some even forged connections and collaborated to address common challenges.

## Recommendation 11: Invest in building the capability of communities and health providers to provide culturally appropriate health services.

FECCA recommends that the Government enhance the capacity of community leaders during non-crisis periods to ensure their readiness to offer coordinated and systematic support in future crises. This involves training community leaders to enhance their knowledge, skills, and confidence in effectively communicating about pertinent issues. Emphasis should be placed on capacity building regarding the community leaders' role in disseminating information, conducting difficult conversations with community members, and addressing misinformation. It is imperative to provide community leaders and stakeholders with dedicated access to expert advice during such a time. A key lesson from the Small Grants Fund project was also the invaluable role of peer-to-peer learning during a crisis.

Additionally, there is a necessity to bolster the capacity of health providers to deliver culturally appropriate health services. Given the diverse and heterogeneous nature of communities, this requires diplomacy, strong communication skills, and an understanding of contextual factors crucial for building trust before any information sharing or action is initiated. Furthermore, there is a need to prepare and train the next generation of health providers, including medical students, to confront real-world challenges at the intersection of environmental, animal, and human health.

## Recommendation 12: Strengthen community centred approaches to health emergencies.

Throughout the pandemic, FECCA collaborated with CALD communities who had self-mobilised in response to COVID-19. CALD community leaders not only translated and interpreted the health messaging but also rallied their community members to undergo testing, receive the COVID-19 vaccine, and adhere to other preventive measures. Recognising and appreciating this valuable asset within communities and understanding what drives their effectiveness present new opportunities to bolster public health responses [15]. Viewing communities as diverse entities with intrinsic strengths and expertise, capable of developing valuable solutions, is essential. CALD community leaders played a crucial role in advocating for public health safety behaviours and ensuring coordinated access to vaccination appointments for community members. In light of these experiences, FECCA strongly recommends that the government reinforces community-centred approaches to health emergencies and other crises.

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