Supporting and learning from CALD community engagement: the importance of boundary spanning roles

A companion resource to *A Guide to effectively engaging with CALD communities: Based on lessons learnt during COVID-19*

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Abbreviations

CALD Communities	Culturally and Linguistically Diverse Communities (also referred to as *cultural communities*)
CAMS Program	Community Action for a Multicultural Society Program
CCHEP	CALD COVID Health Engagement Project
CCA	Community Connector Advisor
MA	Multicultural Affairs within the Department of Children, Youth Justice and Multicultural Affairs, Queensland Government
MCL	Multicultural Connect Line
QUT	Queensland University of Technology
SEQ	Southeast Queensland

Introduction

"If it wasn't for the community engagement happening by and with the [cultural] communities, government decision makers would have been basically flying blind during COVID"

– community sector participant.

In response to the COVID pandemic in Queensland, significant community engagement took place with multicultural communities between 2020 and 2022. Reviews of this work show that it had a measurable impact on the ways Culturally and Linguistically Diverse (CALD) populations responded to the COVID pandemic (Abell 2021; Abell 2022).[1] The importance of CALD community engagement is increasingly recognised by decision makers in diverse areas such as health, disaster management, youth justice and education, for effective intervention and communication with CALD communities.

Community engagement is the process of two-way interaction between an identified group and another party (often government). Engagement with CALD communities provides opportunities for public decision makers to hear: CALD community needs, skills and insights; and whether current partnerships and policies are working. The design of effective community engagement strategies depends on a range of factors, such as the level of community participation offered, the way participants are selected and the influence that community participants can have on decision making.[2] The level of participation offered to community in an engagement strategy needs to consider what is required to support equitable decision making; to enable stakeholders to work together; and to achieve effective outcomes.[3]

During the COVID response in Queensland, a range of roles sat behind the direct CALD community engagement work. These roles supported and amplified community engagement. They also fed-back to government decision makers and promoted adaptive change as the pandemic and its impacts shifted. When community engagement is not accompanied by these connecting roles, it can be very difficult for community engagement activities to contribute to government decisions and policy change. These roles are even more important in complex, drawn-out or dynamic settings, like the COVID pandemic.

This resource focuses on the connecting roles that sit behind direct community engagement – roles that some refer to as boundary-spanners.[4] In this resource *boundary-spanner* means a role that sits behind direct CALD community engagement activities, seeking to enhance the engagement and enable decision makers to respond to the learnings. They: can be embedded in government or non-

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[1] Abell, B. Evaluation of a collective response initiative to engage CALD communities in COVID health communication: Evaluation Report, Australian Centre for Health Services Innovation, QUT; 2021, https://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2021/09/COVID-communication-report.pdf

Abell B. Evaluation of the CALD COVID-19 Health Engagement Project (CCHEP): Final Report. Australian Centre for Health Services Innovation, QUT; 2022, https://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2022/12/CCHEP-Evaluation-Final-2022.pdf

[2] Bobbio L. Designing effective public participation, Policy and Society, Volume 38, Issue 1, March 2019, Pages 41–57, https://doi.org/10.1080/14494035.2018.1511193 ; Fung, A. Varieties of participation in complex governance. *Public Administration Review*, 2006, Volume 66, Issue 1, Pages 66–75.

[3] World Health Organisation, Community engagement: a health promotion guide for universal health coverage in the hands of the people. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

[4] Williams, P. The competent boundary spanner. Public Administration; 2002 Issue 80, Pages 103-124.

government organisations; in diverse positions focusing on policy, programs and CALD communities; and they operate across more than one community and government system.

This resource has been developed through semi-structured consultations with 18 key practitioners who worked in government and non-government, multicultural and health sectors during the response to the COVID pandemic in Queensland 2020-2022. The strategies, examples and recommendations are however transferrable to other engagement initiatives and social challenges across various sectors. These practitioners provide a cross section of key initiatives carried out from roles at local, state and national levels. The aim is to provide a practical resource for supporting and learning from CALD engagement activities, and to support the call from community leaders to rethink what partnership with CALD communities means.

This resource is a companion to *A Guide to effectively engaging with CALD communities: Based on lessons learnt during COVID-19,*[5] which focuses on direct community engagement with CALD communities. The *Guide to effectively engaging with CALD communities* was developed through

> *a reflections project [that] examined the experiences of working with Queensland's CALD communities during the COVID-19 pandemic. The project collaborated with six different regions across Queensland to create an engagement model that reflected lessons learned during the pandemic. This model was informed by the perspectives of frontline services and communities on how to build capabilities and respond to the next phase of living with COVID-19. Through this project, numerous innovative local initiatives and best practices were explored, which significantly contributed to the resilience of Queensland regions during the pandemic* (Obeyesekere, 2023, p6)

Taken together, the tools and strategies in this resource and in the *Guide to effectively engaging with CALD communities* support an interlinked approach to CALD community engagement and government decision making. Community leaders in Queensland have called for a change to the way partnerships and engagement with CALD communities take place, to not return to the lower levels of engagement experienced prior to the pandemic. Our hope is that these resources can support and guide genuine engagement and informed decision making that rises to this challenge.

The report explores ways to enhance and learn from community level engagement with cultural communities by exploring key considerations for boundary spanning work (section 1); principles for responding to these key considerations (section 2); and the main functions with practice examples (section 3). Six key recommendations for decision makers are proposed:

- Identify opportunities for connecting community with decision makers in a strategic manner – to support community engagement and policy development and decision making;
- Recognise the role of pre-existing trusted relationships as a critical resource for CALD engagement, policy development and building capacity for future disaster responses;
- Explicitly design and invest in boundary spanning roles and capabilities, especially for responding to urgent crises or situations where government does not have established trusted relationships;
- Support and endorse boundary spanning roles;
- Design and implement practical approaches for learning and adaption;
- Develop authentic partnerships with CALD communities.

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[5] Obeyeskere, A. A Guide to effectively engaging with CALD communities: Based on lessons learnt during COVID-19., CALD COVID Health Engagement Project; 2023

1. CALD Community engagement: key considerations for boundary-spanning roles

Key considerations for boundary-spanning work to support CALD community engagement can be grouped into four themes: cultural diversity; community engagement; context; and complexity.

Consideration 1: Cultural diversity

Cultural communities are diverse. Even within a single cultural community there can be distinct sub-groups with their own traditions, leadership structures, skills and interests in community engagement.

> *"An agency might think that they are engaged with the Dinka community, because they know the community leader, but actually there are 13 Dinka groups in this area, with their own dialects, their own leaders and their own attitudes towards service providers and government" – cultural community leader*

Across Queensland, the mix of communities in every location is different, their connections with each other varies and their capacities change over time. Access and equity issues also differ between communities and within them – unemployment, education and length of time in Australia are just 3 factors that interact with cultural dynamics.

Implications for practice: It is virtually impossible for one practitioner to understand all the dynamics of cultural diversity – even those who identify as coming from a CALD background. Boundary spanners need to partner with those who do have the cultural understandings, knowledge and expertise (See section 3.1 Linking)

Consideration 2: Community engagement

CALD community engagement is more effective when it is local and when it is integrated with communications activities. Trust, relationships, and ongoing connections are easier to maintain at the local level. The large physical distances in Queensland also increases the importance of local level engagement and community development. Many practitioners highlight the strong overlap between CALD community engagement and communications activities. That communications which are co-designed with local communities are more likely to engender higher levels of trust, relevance and effectiveness.

Implications for practice: Boundary spanners need key partnerships to effectively reach the local level and partnerships with state communications roles. Key partners are rarely found at both the local level and within a CALD community. CALD leaders often carry out their role in a voluntary capacity, while also working elsewhere in a full-time job. A key partner might instead be at the local level but outside of the CALD communities (e.g., a local multicultural service provider local government officer, or health role) or within the CALD communities, but outside of the local level (e.g., a CALD leader with a regional or state level role).

> *"When I had to do something in Cairns, I would just call the refugee health nurse, or Centacare FNQ. They knew everyone and what was happening. They know us and work well with us too…" - health participant*

Partnerships with communications experts and linking them with cultural expertise are important for designing culturally relevant resources. Ideally through a co-design process where boundary spanners

play bridging roles or provide cultural expertise and/or bridges with stakeholders carrying out local-level engagement. (e.g., section 3.2, example of Queensland Health CALD COVID slide-deck). Be cautious of an over-reliance on traditional approaches to communications such as independent development of information resources by content experts; and technical accredited translations into community languages. Particularly where cultural expertise is not included at the beginning of the resource development process.

Consideration 3: Context

The governance of a social issue involves different agencies, policies and programs at different levels of government and sitting within different sectors. The way these parts connect (or don't connect), the different responsibilities involved, and the stakeholder interests, all shape the way CALD communities experience a social issue. For example, the response to the COVID pandemic involved: connections between government and non-government organisations at federal, state and local government levels (vertical connections); connections between sectors and departments such as Children, Youth Justice and Multicultural Affairs and Queensland Health, immigration and social services (horizontal connections); and in Queensland, the pandemic was also governed through the disaster management framework and the health system (inter-system connections). This involved prominent roles for emergency services and disaster managers, and it structured the roles played by health experts in various ways. CALD community engagement needs to be connected to strategic points in these formal governance structures so that community experiences can feed into public decision making.

Implications for practice: Practitioners can connect CALD community engagement with formal governance structures in strategic ways. They can establish and maintain connections with key stakeholders whose roles concern the issues identified through CALD engagement. For example: roles within federal government, national NGOs and associated peak bodies; state government, tertiary sector and faith groups for international student issues; and agricultural department, employer networks and local governments for regional multicultural workforce issues (e.g., section 3.3, example: Getting feedback to where it is most strategic).

Consideration 4: Complexity

The challenges and opportunities for cultural communities are usually complex and often wicked. For example: many stakeholders are involved, with differing interests and aspirations; different fields of expertise are involved in planning and management; high levels of uncertainty; there is no clear solution for the whole issue; and change occurs in unexpected ways.

Implications for practice: Boundary spanners can use diverse stakeholders and different perspectives to establish a more comprehensive understanding of issues and emerging needs. However, this diversity can make it difficult for partners to decide on a course of action, especially during times of change. To meet this challenge, boundary spanning roles can promote resilience and adaptation within stakeholder networks. Such as strategies to maintain partnerships between stakeholders at times of uncertainty (See section 3.4 Adapting).

2. Principles, values and frames held by boundary-spanners

Commonly held principles and values assist practitioners in boundary spanning roles to respond to the key considerations discussed in the previous section (Figure 1). They are categorised into values for assessment, intentions and interactions.
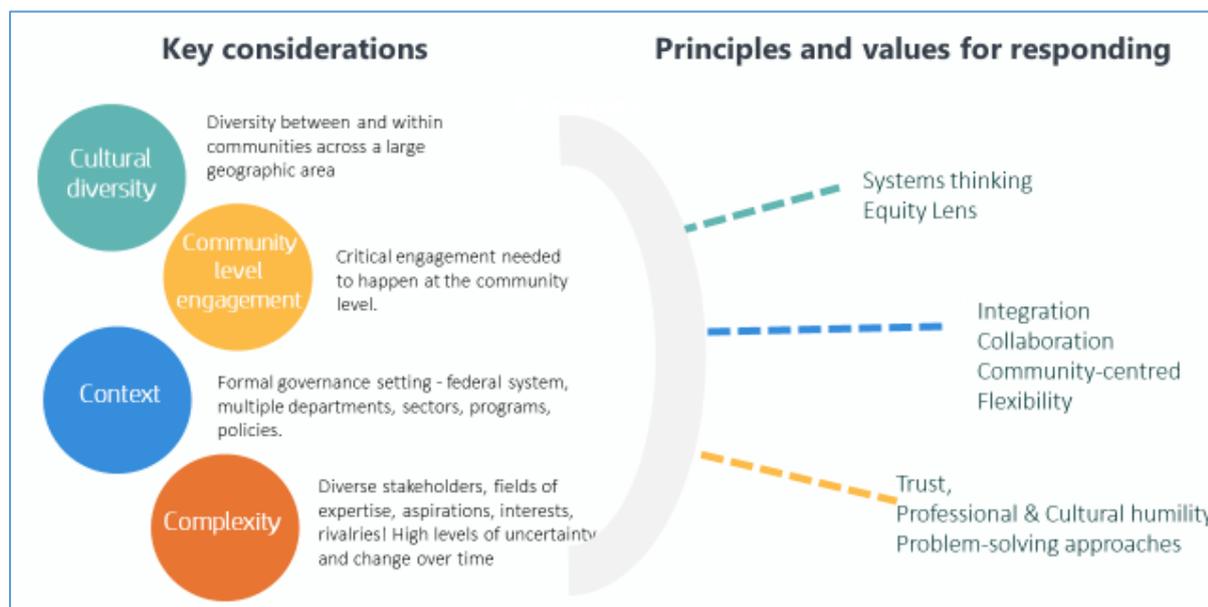

Figure 1: Principles, values and frames enabling practitioners in boundary spanning roles to support CALD community engagement

To support assessment

Systems thinking: seeks to understand the relationships and interactions related to CALD community engagement and the issues of interest. In the case of the COVID pandemic this includes the interplay between: the COVID pandemic, cultural aspects and attitudes, community engagement activities, and government decision making. Systems thinking is especially important for complex settings like CALD community engagement. It supports strategic and multi-factor understandings of CALD communities, their strengths and their challenges. It helps in identifying new boundaries that need spanning.

Equity lens: seeks to identify and focus efforts on CALD populations and the inter-sectional sub-groups that have unequal access to social support systems – for example new and emerging communities, people with disabilities, elderly people, people on temporary visas people without visas. It seeks to understand the factors that underpin inequity for CALD populations to shape partnerships and engagement work CALD communities, relevant services and key decision makers.

To focus intentions

Integration: seeks to align and coordinate activities between diverse stakeholders, sectors and levels of government. Seeking integration can include, but is not limited to: policies, programs,

funding/resourcing, leadership, information/data, strategies, evaluation or guiding principles.[6] These different dimensions of integration give boundary-spanners a range of options for promoting alignment and coordination. For example: reducing duplication between funded program activities (see section 3.1 example of Community Connector Advisor); sharing information and datasets between stakeholders; and encouraging organisational leaders to combine efforts amplify; and creating dialogue between cultural community leaders and technical experts (see section 3.3 Zoom forum example).

Collaboration: is stakeholders working together to achieve an outcome. Boundary spanners need to collaborate to achieve their goals and practitioners often form collaborative networks with others in boundary spanning roles (see section 3.1 CCHEP steering group example). However, collaboration between different organisations with different interests can be difficult, especially at times of change or uncertainty. Challenges to collaboration include: restrictive policies and silos, competitive funding and limited resources. Boundary spanners build different types of collaborative relationships according to different levels of collaboration (e.g., from low level sharing of information through to high level cross-organisational teams) and the purpose of the collaboration (e.g., community consultation, program delivery, policy development, advocacy). Practitioners note that with the prevalence of video-conferencing apps, it is easy to attend and observe meetings online across large distances. Local level stakeholders often appreciate this kind of participation. However, meeting attendance is a weak form of collaboration, and it is also important to show a willingness to contribute in practical ways. By for example, sharing: information; influence; time; resourcing; or expertise (see section 3.2 Enhancing).

Community-centred: is the delegation of CALD engagement functions to be as close to cultural communities as possible, i.e., empowerment. Detailed knowledge about where specific cultural communities reside is rarely found above the community level. The *Guide to effectively engaging with CALD communities,* Section 2.2 details the importance of empowerment for CALD engagement. In Queensland, a community centred approach also assists to decentralise decision making beyond Greater Brisbane and into regional centres with significant CALD populations.

Flexibility: means a responsive and adaptive way of working. Flexibility encourages a diversity of engagement strategies for different situations, a willingness to experiment and innovate – and therefore to sometimes fail. Flexibility is especially important for pursuing culturally safe and responsive CALD engagement. It is important for flexible ways of working to have a stable core that maintains stability between stakeholders. For example: a set of agreed principles (see section 3.1 example of CCHEP project principles); pre-developed response strategies (section 3.4 Adapting) and strong trust relationships.

To frame interactions

Trust: is recognised as especially important for engagement with cultural communities[7]. However, effective boundary spanning work also depends on government and non-government organisations being able to trust. Boundary-spanners need to be able to trust each other to support close

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[6] Morrison, Tiffany. (2004). Institutional integration in complex environments: pursuing rural sustainability at the regional level in Australia and the U.S.A.

[7] Hajek et al, Understanding the experiences and communication needs of culturally and linguistically diverse communities during the COVID-19 pandemic, Research Unit for Multilingualism and Cross-Cultural Communication, Report for the Victorian Government. University of Melbourne; 2022.

collaboration. From a government perspective, trust can be strengthened through for example: collegial long-term partnerships with non-government stakeholders; new formalised relationships such as funding contracts; and collaboration within working groups (see section 3.2. Enhancing).

Professional and cultural humility: the recognition that there are limits to your expertise – whether cultural or technical. This makes it easier to delegate to or differentiate roles with partners. Humility encourages respect for the experiences and responsibilities of others. It can also help a practitioner to better understand their own roles and expertise within a broader set of stakeholders. At the organisational level – it can be easier to partner with organisations whose staff have a clear and comfortable understanding of their organisational purpose, expertise and points of differentiation with other organisations.

Problem-solving approaches: are strength based, constructive approaches to working with others. Problem solving approaches assume that stakeholders are working as best they can within the capabilities that they have. Problem solving approaches also help boundary spanners to resolve differences with partners or query the decisions of partners in a constructive manner.

3. Boundary spanning roles: functions, strategies and tools.

The tools and strategies that are used by practitioners fall into five inter-dependent functions (Figure 2). This set of functions shows a systems approach to boundary spanning work.

Figure 2: Functions played by boundary spanner roles supporting CALD community engagement

Individual practitioners don't necessarily carry out every function – but within networks the functions become linked, and this supports a systems change approach. Within each function, boundary spanners employ a range of strategies and tools as will now be discussed.

3.1 Linking:

Linking is making connections with and between community-level actors, government and potential collaborative partners. This establishes the networks that practitioners work through to support and learn from CALD community engagement. Linking is most successful when it is based on respect and mutuality.

To enable effective linking it is important to first develop a clear assessment of the engagement issue from a community perspective and from a governance perspective. Government actors play a critical role for these assessments by setting Terms of Reference for scoping activities and community engagement initiatives. It is important for cultural expertise and local level engagement to be included early in the project planning cycle through dialogue with CALD leaders and their allies so that local. Community leaders are cultural experts that are usually volunteering their time as a commitment to their community. Consultation with leaders – as with any expert – needs to be acknowledged and compensated appropriately. The assessment of governance is a desktop exercise that is ground-truthed with local-level stakeholders. Key policies, programs and agencies are mapped and key stakeholders who are involved with cultural communities and the engagement issue (e.g., COVID pandemic) are identified. It is important to identify the different levels of government and sectors where: stakeholders; formal structures and decision-making processes are located. It is also important to understand the concerns and interests of key stakeholders with respect to CALD communities and the engagement issue (e.g., COVID pandemic), and to consider how new linkages could enable engagement to reach CALD communities where the need is greatest. This provides a foundation for successful linking and developing partnerships.

Based on this assessment, program designers and funders of community engagement need to consider how to best connect local CALD communities and decision makers. This guides the design of government and non-government-based roles with boundary-spanning aspects. In more complex and controversial settings, a strong non-government partnership will enable more flexible boundary spanning work to take place. For example, the Queensland COVID response had dedicated roles at the Refugee Health Network Queensland and the Australian Red Cross that were concerned with CALD COVID engagement (see section 3.1, example of linking to avoid duplication). To design these types of roles, it is important to reflect on the considerations (section 1) and principles (section 2) for enabling successful boundary spanning roles that support CALD engagement. Identify existing trusted stakeholder relationships and the structures (e.g., programs/services) they are embedded within. These factors can be used to guide the choice of procurement model, details of funding agreements and terms of reference. To flex and adapt to local level engagement, it is also important develop non-prescriptive, principle-focused workplans that can manage complexity and uncertainty.

These ways of working call for a steering and partnership approach from government. Even for issues that are urgent or controversial, outcomes are enhanced by collaborative approaches (See section 3.4 Adapting). Traditional procurement and delivery models tend to less effective for CALD engagement while project design that is flexible and community centred can produce significant communications, resource development and other outcomes, as evidenced by CALD engagement in Queensland for COVID (Abell 2022).

Key tasks and strategies for Linking

- Systems mapping and stakeholder mapping
- Equity assessment[8]
- Assessment of governance
- Reduce duplication
- Promote cross-departmental connections within government
- Networking and partnering – establish trust and buy-in
- Design dedicated linking roles – contracts, work plans and terms of reference
- Clarify and delegate boundary spanning functions to existing roles.
- Support dedicated and delegated roles
- Set and agree on principles for working towards outcomes
- Clarify understandings of issues and opportunities
- Align procurement models, contracts, terms of reference and workplans to enable boundary-spanning work.
- Forum building – create/allow opportunities for linking to occur i.e., working groups
- Promote sharing of information and datasets between stakeholders,
- Encourage existing leaders to collaborate – formal and informal

Examples of Linking

Principles for the CALD COVID Health Engagement Project (CCHEP)

A set of principles were used to define the CCHEP and how activities would be approached. The principle-based approach was a simple but practical way of linking stakeholders in a flexible way. As with many urgent or controversial issues – emergent networks of stakeholders formed in response to the impacts of COVID on CALD communities. The steering group for CCHEP, illustrated the way forums can be created to link practitioners who emerge into boundary spanning roles.

CALD COVID Health Engagement Project (CCHEP) Principles

- **Collaboration -** Regular, open and honest communication, valuing of each partners' strengths and resources to enable inclusive and sustainable systems advocacy

- **Equity** – Improved equity of access to information and services. Actively pursuing marginalised communities

- **Community Development** – Empowering and supporting communities to take collective actions, within a strength-based framework.

- **Capacity Building** – Of service providers, government and policy makers – how to work together, engage meaningfully with CALD and refugee communities, and to be culturally responsive

    Refugee Health Network Queensland (https://www.refugeehealthnetworkqld.org.au/cald-covid-health-engagement-project/)

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[8] Example equity assessment tool: Equity Lens for decision making, https://www.hsph.harvard.edu/diversity-dev/wp-content/uploads/sites/2597/2021/08/ODI-Equity-Lens-for-Decision-Making-WCAG.pdf

Linking to avoid duplication: Community Connector Advisor (CCA) and other programs

The CCA initiative was funded by Multicultural Affairs, Department within the Department of Children, Youth Justice and Multicultural Affairs (MA) and established at the Australian Red Cross in August 2020. The role had responsibilities for providing CALD communities in Queensland with accurate COVID information, identifying gaps in referral pathways and responding to emerging needs for CALD communities from the impacts of the COVID pandemic.

The CCA role was designed to - complement two Queensland Health funded initiatives. The Multicultural Connect Line and the precursor to the CALD COVID Health Engagement Project (CCHEP). The Multicultural Connect Line was established at World Wellness Group in July 2020 to provide COVID information to people from CALD backgrounds and to refer them to health and social supports. The precursor to CCHEP was a collaboration of health agencies and multicultural service providers that was translating and sharing information about COVID with CALD communities. This collaboration evolved into the CCHEP in December 2020.

Although the design of these initiatives complemented each other there was a risk that their implementation would cause duplication. To reduce the risk of duplication and promote an integrated government response, the Red Cross worked with the funding body (MA) to identify CCA responsibilities that could be delivered by linking with the Multicultural Connect Line and the CCHEP. In particular, identifying referral pathways (potential MCL duplication) and the provision of COVID information (potential CCHEP duplication. The CCA then began to use existing scanning activities with CALD stakeholders to promote the Multicultural Connect Line and to collect information about new referral pathways for sharing with the Multicultural Connect Line coordinator. The MCL also supported the scanning activities by sharing information about gaps and emerging needs identified with callers to the line. To integrate with CCHEP, the CCA was invited to become a member of the extended CCHEP team, participating in team meetings, distributing COVID information resources and sharing information about emerging needs from service providers. This example of linking was found to reduce duplication, enable health funded projects to lead the response to a health crisis and contribute to greater alignment between Queensland Health and -Multicultural Affairs. It was enabled by flexibility from funding bodies and trusted relationships between collaborative partners.

Regional scoping & linking: establishment of the state-wide CCHEP coordinator role

This example illustrates: ways for state-level roles to link with local level networks – particularly in regional areas; and ways to connect health and multicultural stakeholders. In January 2022, the CCHEP was extended and expanded from a Southeast Queensland focus to a Queensland wide scope. A state-wide coordinator was recruited and tasked with engagement into regional Queensland. The coordinator began with a scoping exercise to understand the structure of key networks in different regions and the stakeholders involved. Many introductions to these stakeholders were brokered through someone with an existing relationship such as the Refugee Health Network Coordinator or Red Cross Community Connector Advisor, rather than cold calling. Linking progressed differently in each region according to the existing health and multicultural networks at the local level. Many regions were very self-sufficient, and the CCHEP coordinator sought ways to support the CALD engagement that was already taking place. Consequently, in some regions the CCHEP coordinator observed and learned from local initiatives – sharing those learning as relevant with other regions. In other regions, a collaborative partnership developed with local multicultural services. In some cases, there were opportunities to support new networking of local multicultural services and health agencies. For, example, in one region a meeting for health professionals was facilitated to discuss data about CALD community vaccination and feedback regarding community experiences. In another region, a set of forums were facilitated to support networking of local health and multicultural stakeholders with an interest in CALD engagement. It is also important to note that the establishment of the state-wide coordinator role involved an intentional re-clarification of roles within the broader collaborative network of boundary-spanners. Some activities that were previously undertaken by the Red Cross Community Connector Advisor were handed to the new role such as health engagement with regional CAMS providers. In turn the Community Connector Advisor complimented the CCHEP coordinator's focus on health by focused on the broader social impacts of COVID and social determinants of health, thereby complimenting the new state CCHEP coordinator role.

> **CALD COVID Urgent Comms WhatsApp group – A linking mechanism**
>
> A WhatsApp group for service providers and community leaders in SEQ was established by the CCHEP team and the Community Connector Advisor in early 2021. The WhatsApp group was a one-way channel to share plain English versions of the Queensland Premier's Press conference and COVID information resources that were developed by CCHEP. The group also shared translated information about public health direction, the vaccine rollout and COVID-19 treatment. A collaborative relationship also developed with Queensland Health so that official messaging for multicultural audiences could also be shared through the group. The WhatsApp group had a 'network of networks' model. The members were people from cultural communities and service providers who played a communication role for their own networks. Connecting with communities that faced greater health access and communication barriers was prioritised. A review of the group in late 2021 estimated that the combined networks of the members was more than 19,000 people in Southeast Queensland. The model respected the role of existing CALD communications channels and the value of trusted relationships for communication. Where people wanted to remain anonymous, they could receive messages through a group member, rather than directly connecting to the group. In this manner the WhatsApp group could quickly distribute updated information in a consistent form that could be shared through social media in plain English – or translated by leaders into community languages as required and then shared onwards through those cultural community channels. For Queensland Health, the WhatsApp group was a key public distribution channel that supported direct and targeted communication. Government agencies seldom have the opportunity for sharing information so directly to community via networks established by the community sector. This is a significant enabler for effective distribution for urgent communications that could be replicated for other emergency responses.

3.2 Enhancing

Enhancing activities amplify and add value to community-level engagement. Government actors can enhance CALD engagement by resourcing and 'championing' them. To resource effectively it is important to again consider the dynamics of CALD engagement (section 1 and section 2). Resourcing through rigid and proscriptive models (i.e., not flexible) can make it difficult to deliver engagement in strategic and culturally engaged ways. Dedicated funding that does not involve strong CALD partnerships and accountabilities (i.e., not community-centred), may struggle to achieve sustainable outcomes. Service providers and funding bodies need to consider how genuine community partnerships can be assessed and maintained, and how to define an appropriate balance between the interests of CALD communities and their partnering agencies in the way resources are invested.

Enhancing of CALD engagement can also occur by providing information and access to experts. These approaches need to consider issues of trust. For example, the COVID pandemic response show the importance, and the difficulty of getting information from official government channels into trusted community channels. Communications channels can be designed that allow for anonymous participation of information sharing with government (See section 3.1, example of WhatsApp group). Similarly, when providing access to experts, consider who a cultural community may trust. For example, clinicians and general practitioners from CALD backgrounds were included in COVID engagement activities.

It is important for government and others with influence to be ready to champion CALD engagement activities – and this needs to be understood from an equity perspective. Local community engagement

can begin to challenge barriers that create inequity for CALD communities. This may expose or embarrass significant stakeholders and their interests, who in turn may respond in ways that endanger or undermine CALD engagement outcomes. This situation calls for a championing role, but not necessarily a combative one. A government ally can champion CALD engagement by using collaborative approaches. If powerful stakeholders are included or networked into the periphery of CALD engagement, they are less likely push back, and more likely to see a role for themselves in solving the problem.

Key tasks and strategies for Enhancing

- Needs assessments, Opportunity assessments
- Allocate dedicated funding and design flexible approaches to delivery
- Provide information and expertise in appropriate ways – preferably co-designed with local level partners and cultural expertise
- Empower and Delegate – seek trusted opportunities for this
- Champion and advocate in strategic ways
- Endorse and authorise – local engagement and boundary spanning initiatives
- Upskill significant stakeholders to enable their participation

Examples of Enhancing

G11 and translating into community languages

The Mater Refugee Health Advisory Group known as the 'G11' is an initiative to support effective community engagement with people from refugee backgrounds that was established at Mater Refugee Health before the COVID pandemic. Members of the G11 had health sector experience, were from a range of new and emerging cultural communities and had extensive networks within their communities (Peterson et al. 2019). Pre-COVID the G11 was focused on liaising with clinicians to increase cultural responsiveness and to give voice to communities within health agencies. They were recognised as experts in their communities, supported to understand the health system and to develop skills as peer researchers. When COVID hit, the G11 noticed that false information was spreading in communities. They came to Mater Health and asked what could be done. Therefore, an approach was established whereby Queensland Health messages about COVID were simplified, with the help of a clinician in Plain English text and then recorded into different translated audio formats. Distribution channels for these messages emerged organically via community social media groups. As distribution of messages expanded – the work of the G11 began to overlap with similar work being carried out by elected community leaders. G11 organisers met with some cultural community leaders and as a result, important role clarification and realigning of the G11 work took place – to explicitly work with and complement community leadership. This work continued to evolve, with Queensland Health becoming more involved as COVID progressed. As a tool for engagement with new and emerging communities, it was pre-adapted to adaptation and re-alignment, due to the ongoing change of needs and the mix of new and emerging communities.

Queensland Health CALD COVID slide deck (collaboration with Queensland Health Strategic Communications team)

The CALD COVID slide deck was developed for use by CCHEP staff carrying out direct community engagement, however it was also available for others to deliver the material with communities. As delivery of the COVID vaccination program drew near, CCHEP staff and G11 members reached out to the Communications team at Queensland Health. They were concerned that CALD communities had many questions about COVID and the COVID vaccine that were not being answered. They asked Queensland Health to assist in developing a resource in plain English that could be delivered. Each slide was based on a key question – and the initial set of questions were collected by adding questions to an early review of CALD COVID engagement work by Abell (2021). Clinicians were involved in the fact checking of answers to these questions to design the slide deck. The slide deck was hosted on the Queensland Health Resource library and over time it was updated with new slides as more questions emerged. Those carrying out CALD engagement activities were given the link so that they could directly access and deliver the most current version of the slide deck. Information sessions were delivered with bicultural workers, accompanied by a clinician - preferably from a similar CALD background to the participants, and used a selection of questions from the slide deck depending on the questions being asked by those participants. The generation of this resource would not have been possible without the combination of cultural expertise from CCHEP staff and CALD community leaders, the communications expertise at Queensland Health and the boundary spanning roles at the Refugee Health Network linking them together in an ongoing developmental approach.

Initiatives with health stakeholders

The Refugee Health Network Queensland ran a number of online sessions with clinicians in their network during 2020 and 2021. Before COVID there had been regular events with clinicians and they had always included a representative from the G11. So this work was a re-purposing of pre-COVID forums. The trusted relationship that many cultural communities have with their GP made them a crucial stakeholder for supporting CALD engagement (Abell 2022). During the pandemic it was difficult for GPs to be aware of the latest multicultural information resources and community attitudes regarding the pandemic. These sessions were able to meet the needs of GPs and practices in a meaningful way so that they could inform communities and understand how their lives were being impacted.

The forums with clinicians were part of a broader piece of work aiming for equity of access to COVID-19 vaccination for different CALD cohorts. For example, engagement with clinic providers aimed to make them aware that people on temporary visas, or without a visa were eligible for the vaccine for free. Vaccine pathways and vaccination clinics were designed for people without visas. These initiatives drew on feedback from community-level engagement activities.

Moreton Bay COVID Vaccine Information Project with CALD Communities (see Appendix 1 for full case study)

The Community Development team at the Moreton Bay Regional Council developed the 'COVID Vaccine Information Project with CALD Communities' to examine the CALD community's health concerns and needs as well as initiate a bespoke model of care for the region. The community aspiration for the project was to deliver COVID-19 information in translated languages by reliable sources; to enable informed decision making; to increase vaccination rates and reduce COVID-19 transmission in the region.

Approximately 685 people from CALD communities with significant language and access barriers attended various Covid-19 vaccination information sessions offered between August and December 2021. The translated materials and interpreters for the CALD community groups helped inform people to make vaccination decisions. Some groups enlisted the skills of their own community leaders or attendees to help interpret information and questions.

Development and distribution of case studies and good practice

Some service providers had the opportunity to write up case studies of their most effective CALD engagement activities. Boundary spanning roles could then use share these examples with others carrying out CALD engagement and with interested government stakeholders. Other stakeholders did not have the opportunity to quickly write up their work. Boundary spanners were able to enhance community engagement by drafting verbal accounts of effective work. For example, the Community Connector Advisor attended numerous online network meetings. When examples of effective engagement were shared verbally in these meetings, the CCA could transcribe the information shared these notes to the person who shared the case example in case it could be useful in their work. The CCA would seek permission to share these cases with other service providers and government stakeholders.

Similarly, staff at the Refugee Health Network collected examples of COVID vaccination clinics that were culturally appropriate. This information was used to produce a resource outlining good practice for design and delivery of CALD appropriate vaccination clinics for multicultural and health stakeholders.

CCHEP Flexi-funding

Excerpt from Abell B. Evaluation of the CALD COVID-19 Health Engagement Project (CCHEP): Final Report. Australian Centre for Health Services Innovation, QUT; 2022, pp.43-44.

> *CCHEP in 2022 [implemented] …an innovative model of 'flexi-funding'. Queensland Health provided up to $60 000 to enable CALD communities across the state to be supported and remunerated for undertaking specific activities which promoted equitable access to COVID-19 messaging and information. While funding was most often provided to groups or communities, the funding could also be used to support individual community members who participated in identified CCHEP activities such as reference groups and resource development.*

The flexi-funding model was underpinned by four key principles:

- *Community development and community empowerment;*
- *Equity and access;*
- *Transparency, accountability in the allocation of resources;*
- *Efficiency in the use of resources*

All funding was distributed according to these principles and the model guidelines. Requirements included engagement with CCHEP, approval by the CCHEP Steering Group, adoption of a flexible and collaborative approach with the CCHEP team, community-led engagement initiatives, and projects to address gaps or develop resources. Costs for items such as refreshments, food, and cultural entertainment which are not usually eligible for inclusion in standard grants were allowed in flexi-funding applications. This was highlighted by multiple stakeholders as an important defining feature of the appropriateness and effectiveness of this funding. Such investments are culturally necessary to meaningfully engage and support community…

The flexi-funding model was effective in creating action and support for grassroots, community-led COVID-19 and health engagement with CALD communities in Queensland. It also had good reach across the state with funding awarded ranging from $4500 to $5500 for projects in Brisbane, Logan, Gold Coast, Cairns and Far North Queensland, the Darling Downs and Mackay. A range of activities has been conducted by CALD communities in partnership with CCHEP and other service providers and agencies. This has included community events, resource development, education, and vaccination hubs.…

…Feedback about these activities has been overwhelmingly positive. …[This] suggests that CCHEP has been successful in its objectives to build strong partnerships with communities and key stakeholders to address systemic barriers and promote strength-based strategies. It demonstrates that resources are most effectively used when the development is led by the community to address identified issues of need. Given the positive feedback from funding recipients, it also provides evidence of the effectiveness of CCHEP's underpinning reciprocal engagement approach with communities.

<div align="right">Abell, B. 2022, pp43-44.</div>

3.3 Feedback

Feedback is two-way information sharing between decision makers and community level partners. These activities build an evidence base for action and for challenging assumptions about CALD communities and their experiences. Feedback supports learning within organisations (e.g., local service provider), networks (e.g., program partners) and institutions (e.g., Health sector, government departments). Feedback is especially important in dynamic situations for maintaining a high level of situational awareness about emerging needs and opportunities.

Key enablers for feedback include trust; management of consultation fatigue and contextualised information. Trust is particularly important for information being fed-back to government or funding bodies. Dedicated roles and channels can be designed for providing trusted channels for feedback and appropriate levels of anonymity (see the CAMS scanning example). Consultation fatigue is a growing challenge because decision makers increasingly recognise the critical role of CALD leaders and local organisations and seek to consult them. Consultation fatigue can be minimised through targeted and

strategic feedback relationships to reduce the feedback channels required, in addition to providing appropriate compensation. Mutual 2-way relationships can also reduce consultation fatigue by shifting the relationship from consultation to a partnership mode that is beneficial for both parties. One practical way to increase mutuality is share updates with participants on any progress that has occurred in response to the feedback they provided. A final enabler of feedback is to provide contextualised information that supports decision making. Feedback that includes contextual factors, explains the significance of the information or synthesises the raw information can assist decision makers to better interpret and respond to the feedback. Perhaps the most direct way to contextualise feedback is to create opportunities for dialogue between CALD expertise and government decision makers (see example of CALD Leaders zoom forum below).

Key tasks and strategies for Feedback

- Listen and learn from community
- Assess new plans, strategies and changes in governance of the engagement issue
- Design multiple channels – for scanning and feedback with different stakeholders and with options for anonymity
- Get feedback to those who can respond to the learning – i.e., responsibility in the federal system and particular sectors
- Develop feedback in formats that can be easily shared within government - policy briefs, situation updates, reports
- Amplify cultural community voices so that they can be more easily integrated into government decision making. Where possible, create platforms for those voices to be heard directly by decision makers.

Examples of Feedback

Community leaders zoom forums

Videoconferencing emerged as an important tool for 2-way feedback during the early COVID restriction period. In Southeast Queensland, when COVID restrictions changed in a significant way, and there was a possible need to share the new restrictions with communities. CCHEP program partners would meet immediately after a significant COVID announcement to ask settlement service partners whether community leaders were interested in an online discussion about the change in restrictions. Importantly these zoom forums began to involve a presentation from Queensland Chief Health Officer (CHO), along with other officials from Queensland Health, Multicultural Affairs, and sometimes other state departments. Several forums were held during 2020 and 2021 and the involvement of the CHO became easier as the format became familiar and connections between CCHEP, Queensland Health and the CHO's office strengthened over time. The forums provided consistent sharing of government health information to many CALD leaders and stakeholders. However, the dialogue model of this sharing also made it valuable for feedback, clarification from leaders and strengthening the trust of stakeholders in Queensland Health.

The coordinated approach to linking for the Zoom forums is also important to note. The forums were co-sponsored by sector partners who co-designed the invitation, agenda and questions for clarification. Each organisation shared the agreed invitation through their own community leader and stakeholder distribution lists. This approach meant that a centralised distribution list didn't need to be created; people received the invitation from a more trusted contact and through an existing communication channel (e.g., email list); they could see that service providers were working together; and the invitations sent through different channels and into social media networks, were consistent and accurate. This enabled much better community reach than any department led event and the forums were tailored to community concerns. The forums were well attended with most having 80-130 participants. Most participants had their own community or stakeholder networks through which they further distributed the updates from the Zoom forum.

Getting feedback to the most strategic place within a federal system

Most boundary-spanning roles that emerged in Queensland were carried out through state or SEQ regional wide positions in multicultural and health sectors. However, some aspects of health, social services and migration in Australia are a federal government responsibility, such as emergency relief for people unable to work. In addition, local governments have prominent roles in community development and disaster management (the COVID pandemic response was delivered through the disaster management framework in Queensland). This meant that a practitioner might become aware of emerging needs but had little contact with stakeholders at federal or local government levels who could respond to those needs. Public Health Networks were an important connection that was available because they operate at local or regional levels but are funded by and connected with the Federal Department of Health. Other federal level networks also emerged in response to the pressures of COVID on multicultural communities e.g., The Australian Council of Social Services (ACOSS) facilitated a forum of NGOs and some NGOs also participated in the Department of Health, CALD Vaccination Committee. National NGOs also liaised through their existing relationships with various federal departments such as ACOSS with the Department of Social Services, and others with the Department of Immigration, Services Australia etc. Queensland based practitioners aimed to collect and share detailed information about policy decisions and their effects on exposed CALD communities in Queensland into those established and emergent federal forums. National NGOs also played a valuable role in sharing best practice, ideas and learnings from state level stakeholders in Queensland and elsewhere in Australia.

Similarly, at the local government level, connections with key individuals in community development and disaster management were cultivated as part of information sharing activities. Where possible these were expanded into 2-way sharing relationships – so that boundary spanning roles could incorporate local government experiences of CALD communities into their scanning activities.

Scanning with CAMS providers

The Community Connector Advisor (CCA) position at Red Cross was funded by Multicultural Affairs (MA) with responsibilities for COVID information sharing and scanning for emerging needs amongst CALD communities in Queensland. The primary network for this engagement was through the CAMS program (Community Action for a Multicultural Society) -19 providers covering 21 program areas located in areas of Queensland with higher cultural diversity. CAMS was also funded by MA – i.e., the scanned information was being reported back to the funding body. The effectiveness of this scanning was enabled by efficiency, confidentiality and offering mutuality. The liaison meetings were kept to a minimum to respect the time poor nature of workers, other sources of information from CAMS providers were collected to further reduce the time investment needed (i.e., CAMS social media, newsletters, and online network meetings). Meetings were held individually and periodically with CAMS workers so that confidentiality was maintained, and they could speak as freely as possible. CAMS workers had control over how anonymous they wanted the feedback to be. No identifiable information was shared without explicit consent. Control over information that is shared with their funding body, due to the importance of that relationship. Furthermore, in a competitive funding environment – the emerging needs identified by a service provider, might be the subject of their next grant application and need to be developed up as a project proposal. Opportunities to make the scanning as mutual as possible were also offered. Information and trends from across Queensland were shared with the CAMS provider – and the CAMS provider was able to identify the sorts of information and needs they were most interested in hearing at future liaison meetings.

The use of reports and other data to support feedback

Reports and research carried out about a community engagement issue can be important tools for feedback to decision makers. Robust research is especially important for shifting policy discussions from a discussion about anecdotes, towards evidence-based policy development. Policy briefs and strategic advice are also useful for providing decision makers with information they can incorporate into decision making. Some practitioners monitored for opportunities to compile and share policy briefs in a strategic manner. In the Queensland COVID response, there are a range of significant examples used in Queensland. Australian Red Cross produced a significant report early in the COVID pandemic (mid 2020) about the impacts of COVID on more exposed cohorts from CALD backgrounds (Sampson and Kunz, 2021). QUT in partnership with CCHEP produced two evaluations to demonstrate the effectiveness of CALD community engagement (Abell 2021; 2022), and the CCA produced an unpublished review of the WhatsApp group – CALD COVID Urgent Comms SEQ that was shared with partners and government stakeholders. The Red Cross Global Migration Lab published a report of global examples of the barriers and opportunities faced by migrants globally, which highlighted the Queensland approach, and with mention of the collaboration between the CCA and CCHEP (Red Cross Red Crescent Global Migration Lab, 2021, p.13). These reports supported discussion in federal and Queensland government departments. In the hands of local-level organisations, some of these reports became effective communication tools with local governments and other key stakeholders.

3.4 Adapting

Adapting, concerns the response to changes in issues and opportunities. For boundary-spanners this especially involves working to build resilience and change management capabilities amongst networks and key stakeholders. These capabilities are especially important in situations that are: dynamic or controversial (e.g., COVID-19, youth justice); drawn out or dispersed (e.g., drought, racism); and compartmentalised or fragmented (e.g., education sector, employment). Strategic thinking and the ability for stakeholders to coordinate are key enablers for adaptation. Strategic thinking for adaptation can draw on the skills sets of practitioners and others in their immediate networks. A skills audit can identify those with prior experience in: crisis, disaster or change management; and those with general entrepreneurial skill. Entrepreneurial skills are often plentiful amongst CALD communities and multicultural service providers. When practitioners combine their change management experience, a rich understanding of adaptation challenges can enable a more comprehensive approach to strategic thinking and action (see the scenario planning example below).

Also important for adapting is the ability for stakeholders to coordinate between each other to achieve change. Government can play a key role in strengthening coordination by: promoting a collaborative tone amongst stakeholders; leading by example; and endorsing coordination efforts that may emerge. Shared understandings of change and clear roles are important for supporting adaptation within collaborative networks. Heuristic models such as the Disaster Management Cycle can used to develop shared understandings of change (see example below: Shared understandings of change). Clear roles can be designed by identifying partners within a network that are operating at a particular scale (e.g., local, state national) or within a particular sector (e.g., health, disaster management). It is especially important to identify what roles need to happen through local CALD engagement and therefore how boundary spanning work can complement that work – see example below: Townsville outbreak. Coordination strategies need to be in place before a crisis occurs. It is rarely possible to improve coordination amid responding to a crisis. Instead, the recovery phase of a crisis provides good opportunities, when stakeholders evaluate their responses to an event has just taken place, or the preparation phase, for events that stakeholders see as very significant (see example below: scenario planning)

Key tasks and strategies for Adapting

- Interpret change through a heuristic model e.g., disaster management cycle, stages of pandemic
- Build adaptive capacity and resilience – to maintain partnerships during times of change
- Develop coordination strategies during the recovery and preparation phases of crisis management (e.g., evaluations of the response to a crisis that has recently occurred)
- Pre-plan for change and uncertainty - anticipatory planning, strategic planning, scenario planning
- Clarify – and re-clarify roles – capacities within CALD communities and local level organisations can change rapidly.
- Promote and support entrepreneurial thinking

2021 COVID Lockdown in Townsville: local & state level stakeholders, their roles and actions

Due to a potential COVID case, Townsville went into lockdown on the 29th of June 2021. During 2021, Queensland had periods of being COVID free that were punctuated by occasional COVID infection cases. Lockdowns were commonly used to control the spread of infection. The response by practitioners supporting local CALD engagement drew on the Queensland Disaster Management

Queensland Disaster Management Arrangements – where the management of a crisis is led at the local level, and higher level regional and state roles become more involved if local level capabilities are not sufficient to manage a crisis at the local level. Crisis activation stages were used to coordinate the response, i.e., alert (make stakeholders aware), lean forward (prepare to respond), stand up (response phase of the crisis), stand down (end of response, evaluations of response and new focus on recovery).

Alert phase: Early on the 29th, as it became likely that Townsville would go into lockdown, the Refugee Health Network Coordinator and the Red Cross Community Connector Advisor reached out to their existing connections in Townsville to check they were aware of the potential lockdown, and to ask how they could support from the state-level.

Lean forward: An impromptu online meeting organised between local stakeholders and state-level boundary spanning roles. The aim was to bring cultural community, multicultural services and health agency interests together to plan how to communicate with cultural communities in Townsville about the COVID lockdown. Local stakeholders included: multicultural, refugee health and health communications roles from Townsville. State-level stakeholders included: Refugee Health Network Qld, CCHEP, Community Connector Advisor and Queensland Health staff. State level CALD community organisations were also invited such as: the Islamic Council of Queensland; the Queensland African Communities Council; and the Pacific Islands Council of Queensland. The aim was to represent the different core interests at local and state levels – each of these stakeholders had different stakeholder networks in the Townsville area. A number of these stakeholders were not previously connected.

State-level participants shared lessons learned from previous lockdowns. Townsville-level and other CALD participants shared their knowledge of CALD communities and priorities for communication. The health communications officer was linked with HHS staff in Brisbane and plain English communication scripts from Brisbane were shared and adapted for delivery in Townsville. Priorities for translation were outlined and Townsville stakeholders identified which languages the state-level participants could assist with. Useful communications resources developed by Queensland Health and CCHEP were also shared with Townsville participants.

Stand Up: Stakeholders stayed in touch via email during the lockdown in Townsville, but the onus was on Townsville stakeholders to connect as needed so that work was led at the local level and resourced by state-level participants as requested.

Stand-down: a post-event evaluation meeting took place to review lessons learned and to clarify how stakeholders would respond to any future lockdown or outbreak. Importantly – any equity issues that emerged were fed back to Queensland health and Townsville health agencies – for example, access to COVID testing by cultural communities.

Scenario planning in preparation for the opening of the Queensland borders

In preparation for the Queensland border to re-open in Dec 2021 the CCHEP steering group carried out a scenario planning exercise. To explore plausible situations of COVID impacts and possible strategies for response. Participants were from multicultural services, health agencies and government. Although the pace of COVID infections in Queensland quickly outstripped the plans that were developed, the scenario planning exercise was a useful example of building response capabilities in a network of stakeholders from different sectors.

The exercise used a simplified approach to scenario planning that is detailed by Strong, Carpenter and Ralph (2020). In the exercise: An overview of scenario planning and key steps was provided; a set of scenarios was outlined; participants went into breakout rooms each with a different scenario for analysis and planning; participants came back together to share and discuss the scenario planning in breakout groups.

The scenarios included: an urban outbreak in Greater Brisbane, an early outbreak on the Queensland border, a regional outbreak in Central Queensland and an agricultural area outbreak. The scenarios aimed to describe 'severe' situations that are internally consistent and involve multiple factors such as: marginalised CALD cohorts, e.g., people on temporary visas; likely responses from government, e.g., restrictions etc.; likely impacts on cultural community members e.g., employment, health; and vaccination rates in each general location.

The scenario planning process began with framing, assumptions and scoping of risks. Framing for the scenario was outlined, e.g., the time and location. Assumptions were clarified, e.g., that hospitals would come under pressure from COVID cases, but not be overwhelmed – where possible these assumptions were based on available data and modelling. Then risks were scoped, especially with respect to: the main threats, situations where the impacts on cultural communities might become severe; and the cohorts who were most marginalised and exposed.

Participants then carried out an initial reflection, which was then revisited for refining. The initial reflection sought to identify key stakeholders, critical impacts and their consequences, the main uncertainties connected with those impacts, and how each participant and their partners might respond. In this example, the exercise ended at this point – however the reflections produced through these steps can form the basis for action plans and communication strategies. These plans can be evaluated as more information becomes available – and the scenario reflection can be updated as situations progress. The participants of this exercise reported that it was useful for refining their thinking and identifying priorities for their organisation in preparation for the border to open. A version of the exercise was distributed to CAMS providers across Queensland to encourage scenario planning at the local level.

CCHEP expansion

The CCHEP project was expanded in January 2022 in response to: the statewide roll out of the COVID vaccination program; reopening of the Queensland borders with other Australian states; the transition to 'Living with COVID' in Queensland. The proposal for the project expansion was developed in dialogue with the CCHEP steering group and other key stakeholders. This iterative process took more time than traditional project development, however by incorporating the views of different partners, the expansion achieved strong buy-in across health and multicultural sector partners. Multiple iterations of feedback between CCHEP managers and core partners improved the quality of the project plan.

Shared models of change: Disaster management cycle

During 2020 and 2021, Queensland was generally COVID free, but alerts periodically took place in response to COVID infections and exposure. The restrictions implemented, such as lockdowns, then stepped back down as the outbreak was controlled. To support a shared understanding of the changes that were occurring and how stakeholders could respond, the Red Cross Community Connector Advisor adapted the work at Red Cross in drought management to support discussions with CCHEP partners and other CALD stakeholders (Mellor & Brown 2021). This used a general disaster management cycle that was adapted to highlight the dynamics of a drawn-out crisis like COVID –i.e., the general recovery phase that was occurring, which then flicked back into the response phase if COVID infections occurred. In discussion, health partners added their knowledge to this model of change, and this supported planning for activating in response to an outbreak, communications during the response phase (e.g., through the CALD COVID Urgent Comms WhatsApp group); and key opportunities when moving from response, back into the recovery phase following an outbreak.

3.5 Embedding

Embedding is the capturing and implementation of lessons learned and capabilities that have been developed. It can take place with individual organisations, networks, governments and non-government stakeholders. Learnings might relate to local CALD engagement, practitioners in boundary spanning roles or the broader systems that they work within. Embedding might be sought in an ongoing way (see Government scanning activities example), as a potential to be reactivated as needed (e.g., response to a health crisis), or as a development into new activities (e.g., from COVID response into Natural disaster response). Opportunities for embedding take place at multiple points in time of a strategic plan or funded program, not only in the completion phase (see CCHEP recruitment example below). However, there is often a trade-off involved in embedding – on one hand, the initiatives and capabilities that were developed can become more stable and are more likely to endure, but on the other hand they lose some of the entrepreneurial and creative dynamics that made the initiative worthwhile in the first place. In the mid-term, a key enabler for embedding is institutional and organisation memory. This can be challenging in due to high staff turnover and the project-based nature of CALD engagement activities.

Key tasks and strategies for Embedding

- Identify lessons learned
- Find an institutional home for capabilities and initiatives to endure – this may require dedicated funding and investment in systems infrastructure
- Increase the stability and likelihood to endure, without losing the worthwhile characteristics of an initiative
- Recruitment for new positions – to embed skills and experience from community into programs and government
- Generate new iterations of CALD engagement programs and initiatives
- Codify lessons learned into good practice guides, reports and evaluations

Examples of Embedding

Recruitment of CCHEP staff

The recruitment of staff for the CCHEP shows the embedding of community experience and cultural expertise into a state funded program. When funding was successfully obtained for the CCHEP in late 2020 a small team was recruited. About 50% of the staff employed were previously responding to the COVID pandemic with their CALD communities by: responding to misinformation about COVID in communities; and confronting misrepresentations of people from CALD populations in the media; and engagement with services and agencies who were designing responses to the COVID pandemic. The embedding of community skills into CCHEP was a key factor in the effectiveness of the project. Following the CCHEP these staff have continued into CALD engagement roles within services and government – further embedding their learnings into new CALD engagement initiatives.

Signs of uptake by state government departments

There is evidence that some lessons and capabilities developed during CALD COVID engagement are becoming embedded within state government units. During 2022, government and their partners reviewed the lessons learned from COVID. Recent recruitment activity shows the creation of new roles that are dedicated to multicultural engagement and policy development. Some state government officials now carry out more regular scanning activities to maintain situational awareness of emerging needs within multicultural communities and with their funded stakeholders. Some advisory groups and other COVID focused initiatives have been rolled over into new iterations that are focused on multicultural health and multicultural engagement (for example, the development of CCHEP into a new Multicultural Engagement Project). General approaches to multicultural communications show signs of a more community engaged and co-designed approaches which may be developing into a new business as usual approach.

Transfer of policy development and engagement momentum into adjacent areas: disaster management

A range of initiatives have sought to apply the lessons learned from COVID into the field of disaster management. Importantly, some have been driven by CALD leaders who have expressed interest in this sector. The interests in and opportunities for transfer of lessons learned into disaster management was also spurred on by floods in SEQ in January and February 2022. There are multiple initiatives. Some are linked to Red Cross in partnership with local governments, and the Red Cross Community Connector Advisor role was also extended for a further 12 months with a new focus on disaster management. CAMS providers across Queensland are involved in disaster management activities and partnerships with local governments. Other work is focussed on systems change and dialogue between emergency services and community leaders. This is an interesting area to watch. Different institutional settings respond to CALD engagement issues in different ways. The officials within emergency services and disaster management vary in their experience with CALD communities, but face many of the challenges that were faced by health officials at the beginning of the COVID pandemic.

Resource development to capture lessons learned

A range of resources have been launched since mid-2022, to capture the lessons learned in CALD engagement in Queensland, including project evaluations for CCHEP, papers produced by World Wellness Group and the Queensland CALD Engagement Framework and Toolkit. These resources have the potential to contribute to embedding into good practice in an enduring way.

4. Six key recommendations

Identify opportunities for connecting community with decision makers in a strategic manner – to support community engagement and policy development and decision making

- This requires a **clear assessment** of CALD community dynamics with respect to the community engagement issue and its complexity.
- This needs to take place **in conversation with CALD representatives** and their stakeholders – as early in the process as possible.
- Importantly – this needs to include an **equity lens and mapping of the governance context**.
- Once they are in place, support the **boundary spanning roles to build on the initial assessments** and refine their activities in dialogue with decision makers and government liaison officers.

Recognise the role of pre-existing trusted relationships as a critical resource for CALD engagement, policy development and building capacity for future disaster responses

- **Use pre-existing trusted relationships** between government agencies and nongovernment organisations. It is difficult to overstate their importance

- **Identify the structures and networks that these trust relationships are embedded within.** Allow them to grow and strengthen in response to CALD engagement activities and the engagement issue itself (e.g., a health crisis).
- **Develop, resource and maintain strategic trust relationships** and their associated network as a critical resource or asset for government.

Explicitly design and invest in boundary spanning roles and capabilities

- Boundary spanning roles will emerge spontaneously, particularly in urgent or controversial issues, but it is advantageous to **explicitly design an approach** for connecting community engagement with decision makers.
- **Begin by identifying existing trusted relationships** and the networks these relationships are embedded within
- **Fund new dedicated roles** for boundary spanning by focusing on effective ways to connect CALD communities with decision makers – in a 2-way fashion. Dedicated Boundary spanner roles are especially important in complex, drawn-out or dynamic settings. Dedicated roles are important for maintaining stakeholder partnerships and networks during and after times of change. Government-funded boundary-spanner roles, such as community connectors are strongly recommended to respond to urgent-crises, or where government does not have trusted, established relationships. There are many benefits to government funding these positions as they are more effective and quicker to establish than department-led roles.
- **Broaden existing roles to include boundary spanning functions and provide opportunities for these roles to link with each other together, and with dedicated roles.**
- **Reduce duplication** between these those in boundary spanning roles through networking, collaboration and role (re)-clarification.

Support and endorse the boundary spanning roles that are established or emerge

- Government can facilitate dedicated roles by **providing meaningful connections** with key roles both internal and external to government. If connected in strategic and meaningful ways, boundary spanner roles can facilitate strategic insights and collaboration across different departmental responsibilities, levels of government and societal sectors. Link boundary spanner roles by supporting strategic partnerships at critical spots in the governance structures. i.e., different levels within the federal system, different sectors involved with the community engagement issue (e.g., COVID).
- **Invest in the relationship with practitioners in these roles** – providing these types of connections requires a level of confidence in the practitioner's abilities and ways of working.
- **Pre-plan for plausible future scenarios** so that support for boundary spanning roles can occur in a timely manner.

Design and implement practical approaches for learning and adaption

- **Consider how information can flow between official government channels and trusted community channels** – this will almost certainly involve a critical role for non-government intermediaries and options for anonymous participation
- **Establish channels that assist feedback – so that community and service providers to share emerging needs, opportunities and criticisms.**
- **Re-assess roles overtime – community and service provider capacities can change rapidly.**
- **Encourage and endorse shared models of change amongst stakeholders** – and that may inform how their roles change overtime: e.g., disaster management cycle - preparing, responding and recovering.

- **Approach CALD engagement as an exercise in partnership and the integration of cultural expertise with other types of expertise** (e.g., health experts) – rather than a strategy for relaying information to CALD populations.
- **Take a community-centred approach** – which means delegating activities and responsibilities, authority and resourcing. Seeking to empower community, with government in supporting, facilitative roles.
- **Promote authentic connections for learning and dialogue** between community and decision makers**.**
- **Promote co-design approaches with cultural expertise.**
- **Rethink the meaning of partnerships** – i.e., how can strength, authenticity and accountability of partnerships be measured? What is the balance for investing resources between CALD communities and their partners?

Conclusion

This resource reports on consultations with practitioners playing roles that sit behind direct CALD engagement activities - roles that support the engagement and feed the lessons from engagement into decision making processes. These boundary-spanning roles are important for connecting communities with government to support dialogue, decision making and policy development. Consultations have identified important considerations, principles for supporting boundary-spanning roles and main types of tools and strategies used.

Practitioners carrying out boundary spanning need to consider the details of cultural diversity and the importance of community-level connections. This propels them to form partnerships with cultural experts and to CALD engagement that is as close to the community level as possible. Practitioners need to consider the broader context and complexity of the engagement issue. This propels them to take a systems approach and a person-centred approach to their work – and partnerships with stakeholders in different sectors and different levels of government. A set of commonly held principles can support this way of working – in terms of approaches to assessing the situation (e.g., an equity lens), intended goals (e.g., collaboration, integration) and interactions with others (e.g., trust, problem solving approaches).

Tools and strategies used by practitioners fall into five key functions: linking, enhancing, feedback, adaptation and embedding. Taken together these functions demonstrate a systems change approach to these roles. The functions were discussed in turn by: exploring enabling factors, key tasks and strategies and examples of practice. This discussion shows the broad range of strategic approaches to boundary spanning that can be carried out to support and learn from community engagement.

Six key recommendations have been outlined to better connect cultural communities with decision makers. Priorities for investment and planning have been identified. As the challenges faced by societies become more complex, the ability to respond to emerging needs and to engage with community is becoming more important. Boundary-spanning roles are a practical and efficient way to respond to this need. Cultural community leaders have called for a rethink of what it means to partner with CALD communities in authentic and genuine ways. The discussions, examples and recommendations in this resource, identify important ways for government and other decision makers to respond to their call.

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Appendix

Moreton Bay Regional Council Community Development Team
Case Study: COVID Vaccine Information Project with CALD Communities

Introduction
The 'COVID Vaccine Information Project with CALD Communities' was developed in response to requests from Queensland Police Service (QPS), Queensland Health, and Council's CEO to assist with providing suitable and accessible COVID-19 vaccination information to the CALD community.

Background
Recent public health research raised concerns regarding lower levels of vaccination rates in CALD communities because of language and cultural barriers in health communication messaging. Other 'vulnerable' sectors and networks affected by health messaging barriers, such as homelessness, demonstrated a bespoke model of care was necessary for individual regions to address their community needs. Feedback received from the Moreton Bay region's CALD community leaders in person and through online forums indicated that community members are confused and anxious about the impact of receiving a COVID-19 vaccine. This is the result of several factors:

- a lack of translated and accessible information for people
- misinformation and myths circulating on social media, and other digital and print media
- changes in messaging and information by trusted sources as greater understanding
- about the virus, its' variants, and the vaccines is developed

The Project

The Community Development team lead by Andrea Vuniwaqa and Gail Price, developed the 'COVID Vaccine Information Project with CALD Communities' (The Project) to examine the CALD community's health concerns and needs as well as initiate a bespoke model of care for the region. The community aspiration for the project was to deliver COVID-19 information in translated languages by reliable sources; to enable informed decision making; to increase vaccination rates and reduce COVID-19 transmission in the region. It was estimated that over 170 people from at least 15 cultural groups, and more language groups could benefit from this project. Disaster Management was informed of the project's progress.

Internal and external stakeholders

To begin, The Project identified the external stakeholders who could either collaborate with or directly benefit from the Covid-19 health information sharing. Internal stakeholders included the Community Development and Disaster Management Teams.

Identified cultural and community groups who would directly benefit from The Project included the Chinese, Malaysian, Indonesian, Syrian Mosaic, Iraqi, Maori, Pasifika, Karen, South Sudanese, Filipino, Indian, Thai, Bengali, Bhutanese Nepali, and the Democratic Republic of Congo communities.

TAFE Adult Migrant English Program (AMEP) students, the Pine Rivers Neighbourhood Centre (PRNC) Conversational English Class, Multicultural Women's Groups, Kenyans in Qld, Faith Leaders, and specific CALD community groups such as AIGA Samoa, Bhutanese Nepali Association of Qld, Brisbane North Chinese Association were also identified as important stakeholders for The Project.

In addition, Queensland Health's Brisbane North PHN (Primary Health Network), Red Cross, Refugee Health Network and the CALD COVID19 Health Engagement Project (CCHEP), Multicultural Australia, Multicultural Association of Caboolture, and Surrounds (MACS), Community Action for a Multicultural Society (CAMS), Mindle Bygul, and various Neighbourhood Centres in the region were identified as project collaborators.

Upcoming community events such as the Citizenship Ceremony, The Lunar Festival, Pasifika Vibes, and the Mosaic Festival were identified as potential established occasions to share the health information in a less formal environment.

Framework

Information aggregated by phone calls and emails with Community leaders was developed into a framework to understand the specific concerns, questions, and barriers to health information and action by the region's CALD community. This framework recognised the following tasks to implement:

- Identify appropriate speakers on COVID-19 vaccines
- Identify venues if a meeting place is required
- Book an accredited interpreter (free through CAMS)
- Offer to attend the meeting
- $100 per group towards expenses (e.g., transport, catering, room hire)
- Provide support information (e.g. written Qld Health information)
- Engage a professional interpreter, because of the vital status of the technical health information.
- Provide links to videos and other formats of information, particularly if available in the preferred language

Outcomes

Approximately 1,285 people from CALD and First Nations communities with significant language and access barriers attended various Covid-19 vaccination information sessions offered between August and December 2021. Unfortunately, due to the Queensland snap Covid-19 lockdown in August and subsequent restrictions several of the established informal public events were either cancelled or postponed to 2022.

Nevertheless, in total approximately 685 people from CALD communities attended Covid-19 vaccination information sessions at:

- Aiga Samoa – approximately 60 people across 3 sessions with a Samoan GP and nurse.
- Pine Rivers Neighbourhood Centre (PRNC) Conversational English Class – approximately 40 people across 2 sessions
- Bhutanese Nepali Association of Queensland – approximately 30+ attendees
- MACS – 10 attendees
- Syrian Mosaic – approximately 20 people
- CAMS event – 25 attendees
- Harvest Moon Festival – approximately 500 attendees

In total, approximately 600 First Nations people attended information sessions at:

- Deception Bay – 400 people
- Other 3 events – 200 people

The translated materials and interpreters for the CALD community groups helped inform people to make vaccination decisions. Specifically, interpreters assisted with information sharing at the PRNC Conversational English Class sessions and the Bhutanese Nepali Association session. Some groups, such as Aiga Samoa, enlisted the skills of their own community leaders or attendees to help interpret information and questions.

In addition, approximately 125 people were vaccinated across the three First Nations events where vaccinations were offered. Several people were also vaccinated from the PRNC Conversational English Class but the number of people vaccinated because of The Project's delivery is currently unknown.

Overall, The Project delivery was very well received in the CALD community which encouraged discussion and questions regarding children, the vaccines, and boosters. Unexpectedly, the sessions further provided vaccinated people a first-time opportunity to speak with a health professional in a safe environment, and to confidently share their own vaccination experiences. As a result, people felt reassured of their decision and future Covid-19 vaccination choices. The ripple effect of this personal reassurance meant people could comfortably discuss Covid-19 vaccinations with their own families, friends, cultural groups, and their broader community. This unexpected outcome had not been anticipated in The Project's planning.

Evaluation

In 2021, the Community Development Team in collaboration with health professionals, CALD community leaders, and community groups developed the 'COVID Vaccine Information Project with CALD Communities' (The Project) to address the region's public health concern regarding lower levels of vaccination rates in CALD communities. The Project successfully assisted approximately 1285 people from Moreton Bay Region's CALD communities with significant barriers to translated Covid-19 vaccination information to make more informed health choices and decisions. While it was anticipated over 170 people from more than 15 cultural and language groups could benefit from attending the information sessions, The Project's outcome shows this estimate was exceeded, including more than 125 people becoming vaccinated against the virus.

Several future considerations were revealed during The Projects' evaluation. The first consideration is how to sustain the CALD health information sharing and continue to encourage booster vaccinations as the new variants of Covid-19 emerge. A second consideration is to consider additional wellbeing and safety support for the unvaccinated population as a minority group now effected by complex layers of exclusion and social isolation. Finally, sensitivity and a soft approach was noted as being imperative to reaching Faith Groups with vaccination and public health messaging moving forward.

Overall, The Project's collaborative approach to addressing health needs in CALD communities demonstrates the value of local government working alongside community leaders, members, and public health professionals to produce greater public health outcomes in CALD communities. Of the $3000.00 budget allocated for the Project, $1250.00 remains. This does not include Community Development Team Officers time.