



A Guide to effectively engaging with CALD communities:

Based on lessons learnt during COVID-19



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This collaborative project has been authored by Research Project Worker: [Andrea Obeyesekere](#). [Dr Paul Schmidt](#) authored section 6 Connecting CALD engagement with public decision making and a companion resource for this document titled *Supporting and learning from CALD community engagement: the importance of boundary spanning roles*.

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Glossary of Terms

Settlement Sector

The settlement sector in Queensland comprises a broad range of organisations and services who play an important function in supporting newly arrived individuals, families, and communities to settle well in Queensland. The settlement sector includes services including and not limited to health, housing, employment, education, legal, family, children, and youth.

Community Leader

Community Leader is a Leader of a CALD Community. This Leader could be an Elected Community Leader from an established Community Association, but it could also include an active community member from a CALD community who may not have a formal leadership role but is well-connected and well-respected within community and is presently active in making things happen.

Community

Community is the Culturally and Linguistically Diverse (CALD) Community of a particular region.

CALD Sector

Reference to the CALD Sector in this document refers to the combination of the Settlement Sector, Community Leader and Community as defined herein.



Introduction

This document, reflections on working with Queensland CALD communities during COVID 19, was developed from May to December 2022 where consultations were held with six different regions across Queensland. The document outlines a model of engagement for working effectively with CALD communities, reflective of the lessons learnt during the pandemic and was informed by both frontline services and communities' perspectives on how to build capabilities and respond to this next phase of living with COVID-19.

Through a range of community consultations with people and organisations who had played an instrumental role in their regions, a multitude of innovative local initiatives and best practice examples were unpacked, and this was driven by a deep understanding of community, that made a difference in the resilience of Queensland regions through the pandemic.

These conversations were captured using a **Community Conversation Tool 1; Regional experiences through COVID 19 (Appendix 1.1)**

The consultation explored how throughout the COVID-19 pandemic, CALD communities in Queensland and the Settlement Sector adopted a range of approaches to supporting communities to be safe and connected. The visual representation of the key elements/pillars that should underpin community engagement called the "Triangle of Trust," highlights the essential elements for best practice when working with CALD communities, including empathy, engagement, and empowerment, which are underpinned by the important value of trust. Further, a "Tree of Empowerment" model, illustrates four stages essential for empowerment; listening, connection, and support, enabling communities to lead confidently on issues specific to their communities.

This Guiding document incorporates the shared key engagement principles as a fundamental approach in engaging CALD communities that is reflective of respective relationship building and strong community led resilience. The consultation was also guided by the findings from the [Evaluation of a collective response initiative to engage CALD communities in COVID-19 health communication Report](#) (July 2021) by lead evaluator Dr Bridget Abell from the Australian Centre for Health Services Innovation, Queensland University of Technology.

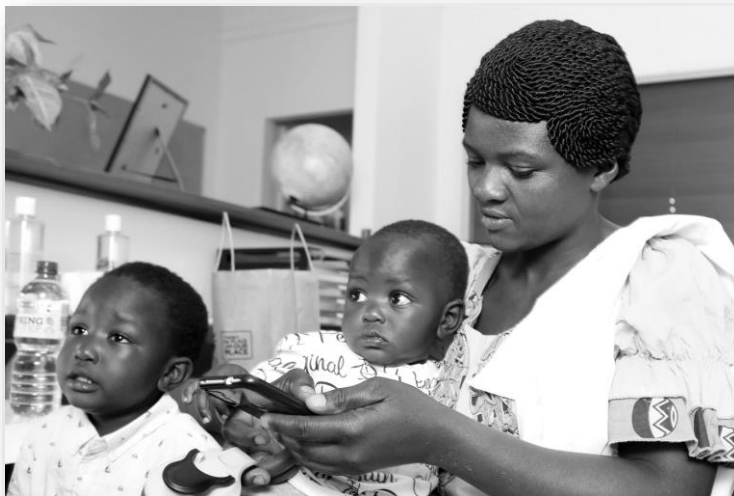
1. CALD COMMUNITIES

Who is CALD?

The widely accepted definition of CALD in Western countries including Australia is communities with diverse cultures, languages, ethnic backgrounds, nationalities, traditions, societal structures and religions. With almost half of Australians either born overseas and, or having one or both parents born overseas, there has been a dramatic shift in thinking around CALD communities across Australia, and their identity in our Queensland community.

The Australian Bureau of Statistics states that if someone is born overseas, and they speak a language other than English at home or aren't proficient in English, then that person is considered culturally and linguistically diverse (Australian Bureau of Statistics (ABS), 2022). CALD

identity data collection across Australia, remains intrinsically linked to country of birth, English language proficiency and time periods lived in Australia. The experiences of the COVID-19 Pandemic challenged these traditional definitions of CALD, and a review is needed to have an equal focus on the 'C' (cultural) component of the acronym.



Defining CALD – Lessons Learnt from COVID-19

An analysis of eleven health consumer engagement frameworks from 2007 to 2019 across Australia found that only four of the eleven discussed engagements with CALD communities. Of these four engagement frameworks, their reference to CALD was focused on language barriers, with limited exploration of culturally sensitive services. *(See Appendix 1.2 – List of Australian Health Consumer Engagement Frameworks 2007- 2019 reviewed)*

The current project explored the importance that needed to be placed on cultural protocol, cultural sensitivity, and cultural acceptance in COVID-19 community engagement approaches.

The COVID-19 pandemic highlighted the need for more research, resources, and more focus on what culturally sensitive services look like. The COVID-19 pandemic challenged both the community and health sectors to grow their awareness of taking varied approaches to engagement beyond just providing language support. Most effective engagement that built community confidence and understanding, was engagement premised by a willingness for two-way dialogue, a listening ear, a willingness to be flexible with approaches that connect to people, by considering the cultural context of their perspective.

Beyond this is the firm realisation that CALD is not a stand-alone sector. Australia as a multicultural society, and progress for all of community requires a weaving of full cultural consideration into all engagement approaches going well beyond language and looking at other drivers of cultural perspective including lived experience, religion/beliefs, values, ethnicity, gender, behaviors, and communication styles.

CASE STUDY: Realities may be different for services and communities

Townsville Frontline workers supporting Humanitarian Entrants from Central African Republic Experience in communicating the National Lockdown.

In March 2020 Queensland moved quickly in response to growing numbers of cases being detected since January 2020 across the State. National social distancing rules were introduced, Australian International Borders and the Queensland Border closed with the Nation going into its first COVID-19 Lockdown.

In Townsville, frontline workers at Townsville Multicultural Support Group (TMSG) supporting humanitarian entrants from Central African Republic speaking only Sango had a small window of opportunity before the lockdown commenced to communicate important public messaging.

Working closely, frontline support services quickly assembled the Central African Republic Community at TAFE and using a remote phone interpreter (only one qualified interpreter for Sango in Australia residing in Paris, France), the workers were able to provide Queensland Government messaging regarding the seriousness and spread of COVID-19, social distancing, and lockdown mandates to the community. Staff felt relieved that the important information was able to be communicated and were assured of community safety.

When the workers asked the community if there was anything further they wanted to discuss, one man in Sango said, 'So we are all going to die now'. Staff were surprised and deflated and felt that the interpretation had not provided the assurance it was meant to.

However, community leaders through the interpreter explained that people clearly understood the messaging, and it was not an interpretation issue at all, but their reality/perspective from their lived experience. For example, when dangerous viruses infect a refugee camp, there are mass deaths. This is what they were accustomed to from health crises from their previous settlement locations.

Immediately, frontline staff took an empathetic approach to explain the greater capabilities of the health system in Australia to manage the health needs arising in the Pandemic. They provided greater assurance to the community about the Australian health system's capacity to respond and its availability in the crisis to everyone. They unpacked in more depth the need for community contribution to health safety. They emphasised the communities' contribution to overall safety following precautions like social distancing and sanitising, and how this contribution was very important as the overall health plan. Everyone noted the immediate calm that overcame the community following this, and their willingness to follow the mandates and guidelines, and the importance they placed on their own role to keep their families and the Townsville community safe.

Credit: This Case Study has been put together from contributions of Think Tank Members Susan Edwards, Townsville Hospital and Health Service and Thi Huong Tra Nguyen Townsville Multicultural Support Group

2. Working with CALD Communities

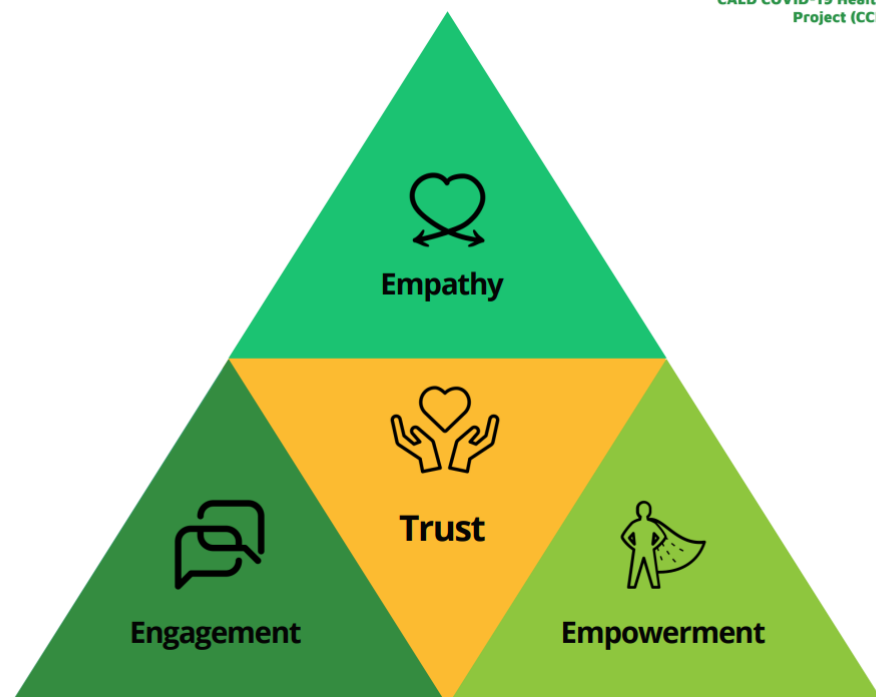
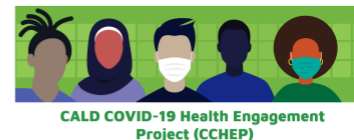
The Triangle of Trust Model

Through extensive consultation with stakeholders and Queensland CALD Community Leaders, three key themes were identified for better understanding and working with community - Engagement, Empathy and Empowerment. The three themes are connected by the shared value of Trust. The importance of Trust was repeatedly emphasised in every group and individual consultation, essential in relationship building with CALD communities as it fosters mutual understanding, respect, and effective communication. Trust is essential for a community to have confidence in a service, and to drive their genuine partnership in achieving best outcomes for community members.

For frontline services who support CALD communities, there has always been a deep understanding of the importance of building strong working relationships. The strength of the Settlement Sector in Queensland is the bi-cultural connection of services to community. Bi-cultural workers use their cultural knowledge, language skills, lived experience and strong community connections to elevate community voices, advocate and connect services and facilitate cultural safety. The Settlement Sector knows that their bi-cultural workers who bring trust and build confidence of community on their service are an invaluable asset.

A strength-based approach is a widely used and effective approach in settlement practice globally. Canada's [Positive Spaces Initiative](#) and the United States' [Asset-Based Community Development model](#) are examples of how this approach is being used. In Australia, the [Australian Government Department of Home Affairs. \(2018\). Settlement Services Program Empowerment Framework](#) is one of the strength-based models used in settlement services, which focuses on empowering individuals and communities by identifying and building on their strengths, resources, and capabilities. This approach helps to promote sustainable outcomes by building on the strengths of individuals and communities, rather than focusing solely on their challenges and limitation. The triangle, known as the strongest shape, offers a wide base of support and serves as reminder of the importance of strength-based practice across the sector.

The Triangle of Trust



The Triangle of Trust defined



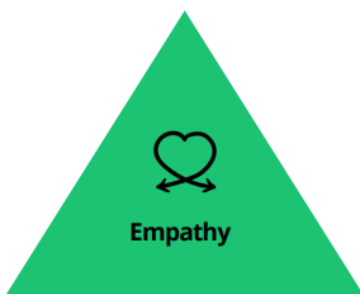
CALD COVID-19 Health Engagement Project (CCHEP)



Trust is about building confidence in each other. Genuine trust is the cornerstone of supporting equitable relationships. Taking a co-operative, active listening approach to the development of a working relationship helps gain trust, build trust and can support regaining trust if broken.



Engagement goes beyond interacting with a community unilaterally. It is individualised and relational based, involving open-mindedness and a genuine willingness to collaborate. Engagement is underpinned by a strengths based approach.



Empathy is more than recognising diversity within a CALD community. An emphatic approach is about authentic relatability, being able to understand and invest time in listening and adapt attitude and actions.



Empowerment respects the autonomy and innate strength of CALD communities. Empowered communities decide the support they need that is right for them.

Building Confidence

Trust is critical to authentic relationship building. Speaking to a range of stakeholders and CALD Community Leaders across Queensland found that there was a shared understanding that genuine trust is the cornerstone of supporting equitable relationships. Trust is about building confidence in each other by nurturing an on-going working relationship through active listening and co-operation. See *Appendix 2.2 - List of Qld CALD Community Leaders who were consulted.*

Building trust with CALD Communities requires an understanding and acknowledgement of the broad diversity of the CALD community, and in addition, the cultural complexity within different CALD community groups. The project found that throughout the pandemic, Government and Public Health relied heavily upon the Settlement Sector and their long established relationships for effective community engagement. Government and Public Health could not take a 'one way' approach connecting to community. The Settlement Sector advocated strongly at the start of the pandemic and throughout the different phases of COVID-19 that each community, on its own, needed to be looked at in its full 'cultural' context, having regard for the intersect of a multitude of factors such as community health literacy, religious views and practices, community leadership structures, gender roles and sexuality, racism and discrimination, ongoing trauma including vicarious trauma, social and economic equity, deep concern for those left behind and varied COVID-19 experiences and perspectives heavily influenced from news received from abroad.

Building trust also includes ensuring that communities feel safe and are valued for their lived experiences, and that they are welcomed into dialogue on a respected, equal platform. Through this approach, communities are afforded the opportunity to voice their thoughts and concerns, and to safely share their vulnerabilities without judgement, offering practical approaches to building confidence at a community level. During the COVID-19 pandemic, Government and Public Health were forced by rapidly developing science and ever changing health, social and economic policy to regularly engage with diverse communities across the State. The project team through deep consultation with a range of stakeholders & CALD Communities explored the different relational phases during the pandemic which centred around Trust.

CASE STUDY: Tropical Public Health Services COVID Vaccine Rollout Project - Steps to Gaining Trust and Building Trust

In 2021 Far North Qld Tropical Public Health was tasked with running the Vaccination program for CALD Communities. The team reached out to Local Settlement Provider Centacare FNQ and Refugee Health service to gain the trust of CALD Community Leaders. Settlement Services and Regional Community Leaders Public Health unit then delivered a range of information sessions to build trust across a number of new refugee communities.

Objectives:

- Improve COVID vaccine immunisation rates for vulnerable groups in Far North Queensland

Stakeholders:

- Tropical Public Health Services (Cairns)
- Cairns Community Health - Refugee Health service
- Centacare FNQ - local Settlement Provider
- Cairns Hinterland Hospital Service Interpreter Service Coordinator Cairns Hinterland Hospital Service COVID-19 Vaccination Program
- Northern Queensland PHN

Activities:

- Attend quarterly Refugee Health Network Meetings
 - Presentation about COVID-19 virus and vaccine at the Multicultural Leaders' Network meeting in August 2021
 - Provide information to Centacare Multicultural Services Manager on how to organise group bookings.
 - Attend Centacare Multicultural Services Vaccination Information Day in September
 - Community fun day with BBQ, music, and activities
 - Information sessions in 3 rooms with Burmese, Nepali, Swahili and Kinyarwanda languages
 - Services Australia information booth
 - Sign up for COVID vaccine booth.
 - Liaise with translation services to assist with group bookings, registration and informed consent to vaccination.
 - Attend Cairns Convention Centre Mass Vax event for booked CALD groups (Nepali Migrant and Refugee community, Swahili, Kinyarwanda and Burmese Migrant and Refugee communities)

Outcomes:

- 24 attendees to Multicultural Leaders meeting
- 180 CALD community members attended Vaccination Info Day with 70% of this cohort registering for their vaccine.
- approx. 50 from Nepalese community and approx. 30 from Swahili, Kinyarwanda & Burmese community had dose 1 Pfizer

Issues:

- Venue for group bookings originally at Cairns South Clinic in Edmonton, but concern re access/transport because of location. This was rectified by offering for the groups to be immunised at Mass Vax clinic Cairns Convention Centre in the city centre.
- Second and possible 3rd group from the CALD community no longer able to have dose 2 at the city centre Mass Vax clinic due to clinic closure. Will need to organise an alternative central location for easy access.
- Those without Medicare card raised concern regarding cost of healthcare should they experience a reaction post vaccination. Has been raised with executive to be followed up.
- Requested financial support to run information day from the PHN who unfortunately were unable to help.

Recommendations:

- Centacare would like to offer another Vaccination Information Day that coincides when dose 2 is due and ideally would like to have vaccinations also offered on that day.
- Pacific Island community not accessed through this initiative, but strategies to engage this group are needed

Credit: This Case Study has been created from contributions of Think Tank Members Nancy Goncalves Tropic Public Health, Far North Queensland).

Community networks that engaged regularly during the pandemic kept regions strong and connected, ensuring that engaged communities could hear from experts across the State, understand State-wide implications and offer insight to the regional experience of their communities/community.

CASE STUDY: All of Community Approach to Public Health Messaging and Strategy across QLD

The Queensland Government and Public Health turned to the Settlement Sector for support in Public Health Messaging. Their willingness to bring community leaders & CALD Front line services across the state together to discuss best engagement practices, showed a genuine belief and willingness to work with community for best outcomes.

The unprecedented national lockdown and the rising numbers of COVID-19 in neighbouring states amongst migrant and refugee communities, saw the Queensland Government acknowledging that Public Health messaging, community safety and community confidence would come from building better relationships across Queensland with CALD Communities and Frontline Migrant services.

In late March 2020, Multicultural Affairs advised they would be holding a State-wide Community/Faith Leader and Multicultural Organisational meeting with the Executive Director Wayne Briscoe and the Chief Health Officer Jeanette Young. The purpose of this meeting was to provide community and faith leaders across the State with up-to-date pandemic information, provide further information on the Government response, and to also listen to community concerns, suggestions around better engagement for what was classified as 'at risk' community groups, and to discuss the preparation of communities for a future vaccine. The Government and Public Health had been made aware that several faith groups were moving into significant Religious Calendar months, so these meetings were critically important for planning around possible mass transmissions at upcoming faith events across multiple faith and cultural groups.

Settlement Services, Community Leaders and Public Health Workers have shared that this approach initiated from the National Lockdown period was critical in building trust with the community. The State-wide zoom meetings saw over 100 community leaders and settlement workers from Brisbane Metro to regional centres like Mount Isa connecting in each time. The sessions were deliberately organised with key live addresses from Public Health and Government Leaders – Leaders speaking to Leaders. These meetings proved invaluable and continued until early 2022 keeping the sector informed and well connected across the State. Community Leaders felt valued and heard. A Caseworker from a Regional Settlement Service said 'The importance of those State-wide forums, should never be dismissed or viewed lightly. They were impactful. Participants from our region in these forums appreciated the government transparency, and it affirmed their roles as leaders keeping them also more connected to others in such an unknown and uncertain time'.

Credit: This Case Study has been put together from contributions of Think Tank Members Jodi Pipes (Far North Queensland), Thi Huong Tra Nguyen (North Queensland), Rachel Smith (Darling Downs) and Kevin Dando (Southern Queensland)

TOOLKIT – THE TRIANGLE OF TRUST

The Triangle of Trust has been created as a visual for Service Providers and CALD Communities to understand the important key engagement principles. There is two practical trust themed Tool Kits created:

- [For Services to assess their approach with Community and reflect upon best engagement](#)
- [For Community to assess engagement taking place with services and a Self-reflection Tool to assess trust levels within community.](#)

3. Understanding Communities

Empathy and Cultural Complexity

The Settlement Services and CALD Community Leaders across Queensland, that participated in consultations unanimously agreed that to truly understand a community is to go beyond just acknowledging its diversity and establish an empathetic approach to connection. An empathetic approach to connection is about authentic relatability, deeply entrenched in a genuine willingness to listen and adapt one's attitude and actions. Taking an empathetic approach is to go beyond ensuring there is no language barrier. An empathetic approach to community is one which recognises that community perspective, and a respect, understanding and adaptability of system to how a community lives, will reap better outcomes.

The CALD Sector is vibrant and dynamic, with its strength lying firmly in its diverse make up. Australia is one of the most diverse multicultural nations in the world, with some CALD communities having resided in Queensland for well over a century. However, despite the length of time that a community has settled in Australia, there can still be numerous complexities and subsets within a community, relating to religious beliefs, cultural practices, gender expectations, socio-economic status, family expectations, and lived experiences, including trauma and inter-generational trauma. There is no singular approach to adopting an empathetic stance, but going beyond acknowledging and allowing vulnerability in engagement with CALD communities is critical. Recognising and acknowledging power dynamics in engagement is vital. Acknowledging this power imbalance requires comfortable relinquishment of power and active listening, empathy, and response to different perspectives to attain equity and inclusivity in decision-making. The project team was told in a group consultation 'it is as simple as allowing yourself to imagine walking in his shoes'.



CASE STUDY: CALD includes communities living in Australia for over 150 years.

In early 2020 the Australian Chinese Community across Australia found a surge of negativity towards their community and reported racial vilification. Taking an emphatic approach to engagement with the Chinese community provided Public Health with critical information around health support and education for Chinese and East-Asian communities including International Students.

A Hospital in North Queensland had noticed an alarming number of calls from people wanting advice on whether they should have COVID-19 testing because they had encountered person who was of Chinese descent. They reported 'I sat next to a person on a bus who was Chinese. Should I be tested?'

Health staff reached out to the Chinese Community Leader and explained she was checking in on the community's well-being. The leader was so moved by her care and consideration and said the whole community had been vilified. They had never experienced this before given over 85% of the community were born in Australia and were 2nd or 3rd generation Chinese Australians. The leader confided they had to support their community members to report of threats of harm, that they were genuinely fearful from. The worker ensured that the leader had good links to the Cross-Cultural Police Liaison Unit, and they proceeded to discuss health and the Chinese community.

At this point the Chinese community leader further explained that they would need support communicating across North Queensland not only to the Chinese, but most East Asian communities the processes of presenting at a health facility if unwell. Despite the community being settled in Australia for over 150 years, common practice with health when unwell is not to seek primary health care support, but to seek medical care at the hospital, as this is normal practice in China. The worker quickly linked the community to resources and support to deliver information sessions, which proved critical when transmissions in community increased and rollouts came into effect around mass testing. The emphatic approach towards a well-established CALD community was incredibly important in keeping this community safe and connected.

Credit: This Case Study has been put together from contributions of Susan Edwards, Think Tank member Townsville Hinterland Hospital Service.

1. Sector Care and Community Care

Sector wellbeing and community wellbeing were two areas that were discussed at lengths in the intensive consultations.

Sector Care

Settlement Sector leadership felt incredible pressure in balancing an empathetic approach with community, and the need to rapidly respond to Government and Public Health. This delicate balance was happening within a climate of global and national uncertainty. Consultation across with the Settlement Sector in this project highlighted the following:

- Initially, the pressure on settlement staff and leadership was overwhelming. This was an unknown period for everyone. Settlement workers were not just concerned for client's welfare, but their own safety and that of their family and friends. Working from home creates many challenges for maintaining professional and work-life balance.
- The pressure to work for such a long period of time at such a fast pace has been relentless, and many highly skilled staff walked away from the sector because of fear of burnout. This has resulted particularly in regional areas on a major skill deficit across the Settlement Sector. This gap in service is being felt acutely as we move into the phase of living with COVID and return to more business-as-usual pre-pandemic work.
- Those who have remained in the Settlement Sector have been under significant professional pressure having to quickly diversify skill sets and adapt very quickly to changes in strategic direction.

In the consultations, there was many discussions around the need to have support that goes beyond EAP (Employment Assistance Programs). Many in the sector shared grass root initiatives that teams trialled for supporting better workplace wellbeing, some of which continue today as we move into the living with COVID phase. Such initiatives included:

- Weekly team wellbeing check outs: Each Friday an all-team members would meet online and informally share their plans for the weekend with their families, which included mostly stay at home gardening/cooking/fitness activities because of the national lockdown.
- Yoga online sessions on midweek hump days: Each Wednesday (mid-week) teams would do Yoga online as a midmorning activity to connect not over work and to provide some opportunity for physical and mental stimulation.
- Book Clubs, Cooking Clubs, Gardening Clubs: online opportunities to connect with colleagues around something different to work was seen as important. Staff said they missed their lunchbreaks talking with their colleagues about hobbies and not work, the clubs provided an opportunity for work-free connection and mental and physical wellbeing opportunities.

More formal workforce support was also discussed in the consultations. Many people across QLD acknowledged that there is a combination now within organisation's workforces of workers working from home and workers working on-site. This has created a different set of challenges moving forward such as keeping work teams connected to one-another, and ensuring workers maintain good work-life balance.

Community Care

During consultations, Settlement Services across Queensland shared that through taking an empathetic approach, they were acutely aware of the broad community fatigue being felt by those communities they supported.

CALD Communities in addition to the uncertainty of the pandemic and rapidly changing circumstances in Australia, were also heavily burdened by news from their home countries. Communities felt desperate and despondent for those left behind who were in dire situations. Community gathering and lockdown mandates in Australia meant that communities were unable to connect face to face including practicing culture and faith. Lockdown for some communities brought back unsettling feelings from what they had fled including restrictions of freedom. For many CALD Communities across QLD, this deeply affected their spiritual well-being.

Community Leaders in the pandemic were under considerable pressure balancing their advocacy and support roles for their community. They were being heavily leant upon by Settlement Services for better understanding of their communities' experiences, and in addition they were balancing community pressure to secure support, especially around prioritising their community needs.

A Settlement Service in the Consultation discussed how they had delivered Community Leader Professional Supervision via flexible funding they had received from the Queensland Government during the Pandemic. This was greatly appreciated by Community Leaders and continues to be accessed by leaders almost two years on (sustained through other funding models). Community Leaders report that through this Professional Supervision they have been able to unpack the challenges they face and try new ways/approaches for better community outcomes to restore balance to their role.

There was some discussion at the consultation phases of developing grassroots tools for communities around self-care, in addition/add value to counselling including Trauma Counselling. This is still in discussion, and presently consensus from the project team is that sourcing opportunities for ongoing training for communities, and opportunities to co-design programs targeting community fatigue would be better placed with community for creating these resources, and they would need to not only be culturally appropriate and relevant but location appropriate and relevant. There is no 'one size fits all' solution for community. Community needs to be the driver and designer of these programs.

CASE STUDY: Good News Stories Keep Communities Going

Multicultural Families Organisation (MFO) is a not-for-profit organisation that has supported culturally and linguistically diverse (CALD) families and communities on the Gold Coast for the past 23 years. MFO's dedicated staff originate from 21 different countries and share a passion for equality, social justice, and human rights.

During COVID-19, Multicultural Families Organisation (MFO) ran a number of grass roots programs to support a broad range of cultural communities of the Gold Coast region through the Pandemic.

Teams responded daily to the crisis unfolding before them, working closely with other Settlement Partners in the Gold Coast and Northern New South Wales to ensure a co-ordinated response, and working side-by-side with community members to ensure those most at-risk, were heard, and that culturally safe support was being provided as needed. Supports for CALD Communities included regular wellbeing check-ins in language, supporting people on non-substantive visas to access appropriate services for help, supporting those in financial hardship with relief support.

'Sometimes it felt like every time we achieved a successful outcome with a person, there was another ten to look at supporting, with complex needs.'- Frontline worker MFO

MFO knew that to keep staff and community engaged and positive through such unprecedented times, they needed to celebrate good news. It was important to celebrate as a reminder that achievements are possible.

MFO started a monthly newsletter which had a community focus, showcasing the wonderful achievements, particularly those that were community driven, and community supported. Today the monthly newsletter continues, and it is a constant reminder of what can be achieved when you are determined and willing to go beyond for others. <https://www.mfo.org.au/>

Credit: This Case Study has been put together from contributions of Kevin Dando Think Tank Member Multicultural Families Organisation (MFO) South Queensland Region.

TOOLKIT: Tackling Burnout

Working Closely with the Think Tank Members the project developed a *Tackling Burnout Kit*.

This Toolkit is designed to support Workforce Wellbeing. It has been inspired by the work of QPASTT during the pandemic with their own staff. These include:

- [Workplace temperature Check](#)
- [My Workplace & Me Self Care Grid](#)
- [Working from Home Self Care Plan](#)
- [Workplace Bingo](#)

5. Community Engagement & Empowerment

The Importance of Engagement

Engagement goes beyond interacting with a community unilaterally. It is individualised and relational based, involving open-mindedness and a genuine willingness to collaborate. Engagement is underpinned by a strengths-based approach.

During the COVID-19 pandemic, it became evident that simply disseminating information was insufficient. Instead, building strong and trustworthy relationships with the community was necessary in order to establish a dialogue that would lead to a deeper understanding of how to connect and progress forward.

Settlement Services and Community Leaders provided rich information about their experiences throughout the pandemic and their ongoing work as Queenslanders moved into the *Living with COVID-19* phase.

The Tree of Empowerment Model

Connection Support Empowerment

The Tree of Empowerment provides a graphic illustration of CALD communities Engagement and has four stages:

1. **Roots:** An opportunity for dialogue. Opportunity to provide an **UPDATE** on *what they know* with an open invitation for comment that they are wanting to **LISTEN** to – *What do you think?* At this stage of engagement there is a two-way exchange of ideas on the subject. This stage is characterised by an opportunity for discussion and immediately offers an opportunity to broaden our perspective.
2. **Trunk:** An opportunity to expand initial dialogue and explore further commonality – Let's Talk. Through further **CONNECTION** there is a coming together of ideas, and an offer of **SUPPORT** where those involved start to work together. This stage of engagement is characterised by organised opportunities to share knowledge, wisdom, and experience. At this stage of engagement there is mutual respect for each contribution.
3. **Branches:** An opportunity to provide community to take the lead. Community is **ENTRUSTED** by a partnership approach and receive advocacy and resource support. The trust established in Stage 1 and provides reassurance to community of the willingness to collaborate for best community outcomes.
4. **Leaves:** An opportunity for empowerment. Real empowerment is when **COMMUNITIES TAKE THE LEAD**. At this stage the community should be asked further – *As you lead this initiative on an issue that is important to you, how can we further support you?* By continuing in the partnership arrangement, there is a real opportunity for continued growth.

The stages of engagement provide a solid foundation for empowerment, the model welcomes diversity in encouraging those with difference in opinion, life experience and cultural practices to 'fly in' and share. Finally, the model requires commitment to meeting regularly to debrief and reflect.

The Tree of Empowerment



CALD COVID-19 Health Engagement Project (CCHPEP)

Community Led Action

Communities supporting communities

Bold, Innovative Projects

- Partnership approach
- Cross cultural
- Intergenerational
- Holistic

Entrust

You take the lead

- Grass Roots initiatives
- Partnership approach
- Advocacy
- Resource Pooling
- Endorsement

Connect

Let's talk

- Workshops
- Community Conversations
- Question and answer sessions

Support

It's time to work together

- Advisory Committee
- Co-designed and/or co-facilitated workshops

Update

This is what we know

- Digital messaging
- Fact Sheet
- Recorded messaging
- Community information sessions

Listen

What do you think?

- Community Conversations
- Information sessions



The Tree of Empowerment



A model created to show the importance of each step in CALD Community Engagement



Strong trees are deeply rooted in the earth, those roots form important connection and sustain life. Similarly, long lasting community relationships are founded upon an openness and willingness to share what is known, and in turn listen deeply to different perspectives on this knowledge. This step of engagement is a two-way exchange, building connection and growing trust.

The trunk of the tree provides a solid and firm support. Likewise, engagement needs time and opportunity for talking and working together. Many roots can come together above the ground as a firm tree trunk, working together to solve problems through messaging, advice, co-designed and co-facilitated workshops, which strengthens community engagement and increases the impact on community.

The branches of a tree provide structural support for leaves fruits and flowers and are a vessel of nourishment. The next step of engagement – Entrust – provides the structure, platform and advocacy for community to take the lead. The branches step offers a partnership approach to community and breaks down barriers for resource pooling and endorsement.

The leaves of the tree provide nourishment from the sun, combining it with water and carbon dioxide to breathe life and energy into the world. Community led action, is an exciting product of the community engagement model. When communities support communities through authentic partnerships, you see bold, innovative projects that have the platform, capacity and community trust to be cross cultural, intergenerational and holistic.

Birds fly in from afar, they assess their new home from the branches of a tree. They watch, they sing, they build their nests and raise their families. Migrants find themselves in a new community and one that is welcoming, offering real opportunities for belonging will support them to settle well. When they are happy birds lead their flock in thriving, fulfilling lives.

An engaged community is one that has a broad range of community leaders engaged that work collaboratively for best outcomes. There are over 800 bird species in Australia, and their beauty and strength is in their difference. They each have different traits and experiences.

The Tree of Empowerment model acknowledges the importance of providing opportunities for many leaders with different opinions, life experiences and cultural practices. This model encourages difference to be respected and considered. Strength in diversity is realised when we commit to working with a range of community leaders with a broad range of varying opinions and approaches. The model challenges us to ensure there is always opportunity and safety for difference. This approach provides a strong platform to build broad, multi-layered trust and confidence in community.



Flourishing trees are watered regularly. The watering can emphasises the nourishing element of the model. Impactful, sustainable community engagement comes from trusting relationships that are strengthened through regular connection, celebration of achievement, opportunity for reflection and evaluation of approach. Achievement of great, bold and ambitious outcomes is only possible when there is investment in growth.

Empowerment in Practice

The *Tree of Empowerment* was inspired by numerous COVID-19 engagement projects that services across Queensland have delivered over the last two years. Two case studies below show the impact of Community Empowerment in practice across the State.

CASE STUDY: Cairns Multicultural Community Leaders Network

The Cairns Multicultural leaders' network was initially established in May 2020 as an opportunity for diverse communities to meet and discuss their regional challenges during COVID-19, priorities for the next 12 months and to discuss opportunities for ongoing training and partnerships.

Centacare FNQ's Multicultural Community Leaders Network seeks to support multicultural communities to identify their priorities and meet their needs, by facilitating a platform for community associations to meet and discuss their strengths, challenges and goals; enhance social connectedness and participation; and provide opportunities for ongoing training and partnerships. A major aim of the network was to build capacity in communities to develop close and meaningful links with mainstream services, so that they can refer and collaborate directly as communities. In just over 1 year Centacare FNQ has seen communities holding preventative health session liaising directly with QLD Health Nurses, partnering with Theatre Groups like Jute Theatre Company and making direct referrals for youth leadership programs and family support services. A second feature was to create a united and strong voice in the region for diverse communities.

This network has been critical to providing Federal, State and Local Government with valuable insight on the COVID-19 response, recovery planning and now building COVID-19 community resilience across the region. As a collective under the facilitation and coordination by Centacare FNQ the network has co-designed and co-created the In Your Language YouTube Series. This YouTube series has various playlists covering a range of social, health, economic, employment and wellbeing issues, in language to build capacity of local CALD community members. At the commencement of the network communities came together bimonthly via Zoom, however they have now transitioned to a mix of face to-face meetings and Zoom meetings. The network has achieved high levels of representation from diverse communities in Cairns including established and new and emerging communities. It allows CALD community groups and service providers to cross-promote training and events and collaborate on common initiatives instead of duplicating services. It also provides an opportunity to identify gaps and advocate with one voice strongly in the region to achieve outcomes. For example, the network has advocated for more accessible COVID-19 testing and vaccine pop-up clinics. The network is driven by priorities identified by participants in areas including health, employment, arts and culture, and provides a platform for CALD communities to advocate directly with service providers and all levels of government around issues of importance to them.

A major challenge in developing and implementing the network was Zoom fatigue and COVID-19 information fatigue. These issues have been addressed by diversifying guest speakers and facilitating some face to face meetings. Outcomes of the program include:

1. Building of bridging capital through bringing together community leaders from diverse communities including established and new and emerging communities
2. Organisational collaboration: Promotion of grant opportunities and linking in to grant workshops organised by Cairns Regional Council and Multicultural Affairs.
3. Increased referrals into Centacare FNQ CALD Employment programs (SQW and Diverse Workforce) leading to outstanding employment outcomes for CALD communities in the region.
4. Promotion of CALD COVID-19 vaccination information days, leading to increased vaccination rates in CALD communities in Cairns.
5. Facilitation of training in response to community needs including Mental Health First Aid and joint consultation with QPASTT, thereby enhancing the capacity of CALD communities in Cairns to meet the needs of their communities, refer to appropriate services, and provide advocacy around cultural and systemic barriers.
6. Enhanced social connectedness (bridging capital) among diverse CALD communities in Cairns as demonstrated by participation in each other's cultural events and celebrations, and the cross-cultural support shown through COVID-19 community response and recovery.

Credit: This Case Study has been put together from contributions of the Community Engagement Team Centacare FNQ and is featured in SCOA <https://scoa.org.au/wp-content/uploads/2021/12/Cairns-Multicultural-Community-Leaders-Network-Template.pdf>

TOOLKIT: Handy 5 for CALD Community Messaging

The *Handy Five for CALD Community Messaging* is a tool kit designed to help individuals and organisations create resources in languages that are accessible to diverse communities. This kit provides guidance on creating a range of resources, including written, video, oral, and digital materials. Effective communication is critical for building trust and understanding within CALD communities. By creating resources in languages that people understand, we can ensure that key messages are communicated clearly and accurately. This tool kit aims to empower individuals and organizations to engage with CALD communities effectively and build better relationships based on mutual understanding and respect.

- Handy 5 In Your Language Written Resources
 - Handy 5 In Your Language Audio-Visual Resources
 - Handy 5 In Your Language Digital Resources
- [Handy Five for CALD Community Messaging.pdf](#)

6. Connecting CALD engagement with public decision making

Public decision makers and those engaging directly with communities usually have different understandings of engagement. This often stems from their different responsibilities for tackling the challenges a community faces. At the community level, a community uses cultural and other skills to tackle the challenges they face. Community leaders have responsibilities for seeing this happen. This is why the tree of empowerment moves from the roots at the bottom to the leaves at the top and pulls in a direction where community plays the most active role in engagement that is possible.

However public decision makers are often thinking about the responsibilities of government towards its citizens. They tend to use technical skills to manage social issues. This is why engagement by public decision makers may lean towards approaches like informing communities or consulting them for their opinions. When we manage to bridge these different understandings, it gives public decision makers the opportunity to find ways that balance their responsibilities with the community level approach outlined in this Guide. A companion resource for this toolkit has been developed to look at roles that connect CALD engagement with public decision making. These roles support CALD engagement and feedback community experiences to government decision makers. They work across government and community-based systems, spanning the boundaries between them¹. People in these roles are found in government and non-government organisations, in positions involved with policy, programs and sometimes advocacy. When we consulted them, we found that just like CALD communities, they saw trust as important for their work. The tools and strategies used by boundary-spanners fall into five main areas shown in the diagram below. The companion resource explores each of these areas, looking at what enables them to be successful, different strategies and examples from recent work in Queensland.

Taken together, the companion resource and this Guide, support an interlinked approach to CALD community engagement and government decision making. Community leaders in Queensland have called for stronger

¹ Williams, P. The competent boundary spanner. Public Administration; 2002 Issue 80, Pages 103-124

partnerships and engagement with CALD communities. Our hope is that these resources can support genuine engagement and informed decision making that rises to this challenge.



7. A living Resource

This will be a living resource, any contributions to this resource of Best Practice Case Studies, Community Engagement Tools, and Resource links are warmly welcomed.

Please submit any suggestions via email to info@refugeehealthnetworkqld.org.au



Additional tools and resources will be held here: <https://www.refugeehealthnetworkqld.org.au/learnings-about-cald-engagement-during-covid-19-in-qld/>

Appendix 1.1 - Community Conversation Tool – Regional experiences through COVID 19

State event	Date	Response & actions by region
1) First cases of COVID 19 in community and National Lockdown. What were your major challenges? What were your major achievements? In reflection would you do anything different?		
First COVID-19 case detected in Queensland	Jan-20	
	Feb-20	
National social distancing rules introduced. Australian International borders close, Queensland borders close. Nation goes into lockdown. PCR testing available	Mar-20	
	Apr-20	
2) Roadmap to easing Queensland's restrictions. What were your major challenges? What were your major achievements? In reflection would you do anything different?		
QLD began easing restrictions Family, friends and community Stage 1 15/05/2020 (2 weeks) <ul style="list-style-type: none"> - Gathering restrictions – 5 inside, 10 outside - Students back at school 25/05/2020 - COVIDSafe checklists for dining, beauty and nail salons and retail - Funerals max 20 indoors, 30 outdoors - Borders still shut. Max travel 500kms in QLD if living in Outback. Stage 2 01/06/2020 (5 weeks) <ul style="list-style-type: none"> - Gathering restrictions – 20 ppl - Funerals max 100pm - Recreational travel commenced within Qld Stage 3 03/07/2020 <ul style="list-style-type: none"> - Gathering restrictions 100 ppl, indoors, outdoors, weddings, funerals - Return of contact sport - Physical distancing enforced – 4sqm rule - QLD border opened with restrictions to VIC. Enhanced border control measures incl border passes and ID screening 	May-20	
	Jun-20	
	Jul-20	
	Aug-20	
	Sep-20	
	Oct-20	
	Nov-20	
	Dec -20	
Brisbane, Moreton Bay, Ipswich, Redlands and Logan go into a three-day lockdown	Jan-21	
3) Vaccine rollout What were your major challenges? What were your major achievements? In reflection would you do anything different?		
National vaccination rollout begins in Queensland Check in QLD app launched	Feb-21	
4) Subsequent lockdowns What were your major challenges? What were your major achievements? In reflection would you do anything different?		

Brisbane, Logan, Moreton Bay, Ipswich and Redland go into a three day lockdown Mandated check in at pubs, restaurants and cafes	Mar-21	Lockdown for Brisbane, Moreton Bay, Ipswich, Redlands and Logan also in 01/2021.
	Apr-21	
	May-21	
11 local government areas (LGAs) in Southeast Queensland in addition to the Townsville LGA, including Magnetic Island and Palm Island go into a three day lockdown Vaccination status of all staff working in aged care, or having regular contact with an aged care service on weekly basis needs to be provided.	Jun-21	
Brisbane, Logan, Moreton Bay, Ipswich, Redland, Sunshine Coast, Gold Coast, Noosa, Somerset, Lockyer Valley, Scenic Rim Regional Council go into a three-day lockdown (extended to 9 days) Check in QLD becomes mandatory	Jul-21	
Cairns and Yarrabah to enter three-day lockdown	Aug-21	
Brisbane, Gold Coast, Logan, Moreton Bay, Townsville and Palm Island enter stage 2 restrictions	Sep-21	
	Oct-21	
5) Living with COVID What were your major challenges? What were your major achievements? In reflection would you do anything different?		
Vaccine mandates extended to all private healthcare staff across the state, including staff working in hospitals, aged care and disability services and workers in education, early childhood, corrections, youth justice and airport settings Digital vaccination certificate can be linked to the Check in QLD app	Nov-21	
Restrictions for unvaccinated put in place	Dec-21	
QLD border restrictions lifted RATs not widely accessible during peak of second wave in Jan 2022 but become more available for general public use from the beginning of the year, and eventually PCR for general testing phased out over 2022.	Jan-22	
	Feb-22	
	Mar-22	
	Apr-22	
	May-22	
Vaccine mandate eased for workers in Schools, early childhood education, outside school care, kindergartens, family day care; Prisons, community corrections, work camps; Police watch houses; Youth detention centres; Airports	Jun-22	
	Jul-22	
	Aug-22	
Workers in private hospitals, primary care and private allied health no longer to be mandated by govt	Sep-22	
	Ongoing	

Appendix 1.2 - Australian Health Consumer Engagement Frameworks 2007-2019 reviewed

- National Health and Hospitals Reform Commission (NHHRC) consumer engagement framework (2008)
- Australian Commission on Safety and Quality in Health Care (ACSQHC) consumer engagement framework (2010)
- National Mental Health Consumer and Carer Forum (NMHCCF) consumer and carer engagement framework (2010)
- Australian Health Ministers' Advisory Council (AHMAC) consumer and community engagement framework (2012)
- Australian Government Department of Health and Ageing (DOHA) consumer engagement framework (2012)
- NSW Ministry of Health consumer and community participation policy (2012)
- Queensland Health consumer and community engagement framework (2013)
- Victorian Department of Health and Human Services (DHHS) consumer participation framework (2014)
- Western Australia Department of Health (WA Health) consumer engagement framework (2016)
- South Australian Health and Medical Research Institute (SAHMRI) consumer and community engagement framework (2016) Northern Territory Department of Health (NT Health) consumer and community engagement framework (2019)

After reviewing the frameworks listed, some of the frameworks, such as the Australian Commission on Safety and Quality in Health Care (ACSQHC) consumer engagement framework the Queensland Health consumer and community engagement framework and the Australian Government department of Health and Ageing (DOHA) consumer engagement emphasise the importance of inclusive and diverse engagement with all members of the community, which could include the CALD population.

Appendix 2.2 CALD Community Leaders consulted

Members of the CALD COVID Health Engagement Project (CCHPEP) reference groups and the COVAX project bicultural workers were consulted in the development of this work.

Reference List

1. Cultural Competence in Health: A guide for policy, partnerships and participation." Australian Government Department of Health, 2019.
2. "CALD Communities and COVID-19: A Guide for Community Sector Organisations." Multicultural Centre for Women's Health, 2020.
3. "CALD Communities and Mental Health: A Guide for Primary Care Providers." Victorian Transcultural Mental Health, 2019
4. "Engaging with CALD Communities: A Handbook for Non-government Organisations." Centre for Multicultural Youth, 2019.
5. "Working with Interpreters in Health Settings: An Australian Handbook for Trainers and Supervisors." Department of Health and Ageing, 2011.
6. "Engaging CALD Communities in the NDIS: A Guide for Service Providers." Federation of Ethnic Communities' Councils of Australia, 2017.
7. "Engaging and Communicating with CALD Communities: A Guide for Disability Service Providers." National Ethnic Disability Alliance, 2016.
8. "Promoting Cultural Competence in Disability Services: A Guide for Disability Service Providers." Settlement Services International, 2018.
9. "Multicultural Playgroups: A Guide for Playgroup Leaders." Playgroup Australia, 2019.
10. "Working with CALD Young People: A Guide for Youth Workers." Multicultural Youth Advocacy Network, 2017.
11. Engaging with Multicultural Communities: An International Review of the Principles and Practices of Multicultural Community Engagement." Department of Social Services, Australian Government, 2015.
12. "Engaging with Culturally and Linguistically Diverse Communities: A Guide for Health Services." The Royal Australian College of General Practitioners, 2019.
13. "Engaging Immigrant and Refugee Parents: Strategies for Bridging Home and School." Harvard Family Research Project, 2010.
14. CALD Inclusion Tool Kit." City of Whittlesea, 2019.
15. CALD Communities and Health Literacy Toolkit." Centre for Culture, Ethnicity and Health, 2017.
16. "Cultural Competence Toolkit." The Lowitja Institute, 2018.
17. "CALD Community Engagement Toolkit." Department of Education and Training, Victoria, 2017.
18. "Building Culturally Responsive Organisations Toolkit." Multicultural Youth Advocacy Network, 2018.
19. "Working with Interpreters: A Toolkit for NSW Health Services." NSW Multicultural Health Communication Service, 2018.

20. Engaging with Multicultural Communities: An International Review of the Principles and Practices of Multicultural Community Engagement." Department of Social Services, Australian Government, 2015.
21. Engaging with Multicultural Communities: An International Review of the Principles and Practices of Multicultural Community Engagement. Department of Social Services, Australian Government, 2015. .
22. "Engaging with Culturally and Linguistically Diverse Communities: A Guide for Health Services." The Royal Australian College of General Practitioners, 2019.
23. "Engaging Immigrant and Refugee Parents: Strategies for Bridging Home and School." Harvard Family Research Project, 2010.
24. "Multilingual COVID-19 Resources." Department of Health, Australian Government. Accessed 9 March 2023
25. "COVID-19 Information in Your Language." SBS, 2022. Accessed 9 March 2023.
26. "COVID-19: Translated Resources." Ethnic Communities' Council of Victoria, 2022. Accessed 9 March 2023.
27. Baumann, A., Pham, T., & Le, L. (2014). Engaging ethnic communities in falls prevention initiatives: multilingual messaging and culturally relevant strategies. *Health Promotion Journal of Australia*, 25(2), 135-140.
28. Correa-Velez, I., Gifford, S. M., & Barnett, A. G. (2010). Longing to belong: social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social Science & Medicine*, 71(8), 1399-1408
29. Ghafournia, N., & Hossain, D. (2016). CALD (culturally and linguistically diverse) patients' perspectives of their healthcare experiences: a qualitative meta-synthesis. *International Journal of Qualitative Studies on Health and Well-being*, 11(1), 30563. <https://doi.org/10.3402/qhw.v11.30563>
30. Liu, J., & Abu-Rayya, H. M. (2017). Social support and subjective well-being among Chinese international students: A cross-cultural study. *Journal of Happiness Studies*, 18(5), 1425-1441.
31. Pekdemir, M., & Zarean, M. (2017). Culturally and linguistically diverse (CALD) families' experiences of parenting children with autism spectrum disorder: an Australian perspective. *Journal of Child Health Care*, 21(3), 305-314
32. Tieu, L., Sarkar, U., Schillinger, D., Ralston, J. D., Ratanawongsa, N., Pasick, R., & Lyles, C. R. (2015). Barriers and facilitators to online portal use among patients and caregivers in a safety net health care system: a qualitative study. *Journal of Medical Internet Research*, 17(12), e275.
33. Zhang, Q., & Koo, F. K. (2016). Health care service utilization among Chinese immigrants in Australia: a community-based cross-sectional study. *Australian Health Review*, 40(1), 91-98.