



**Burnet Institute**  
Medical Research. Practical Action.

Voices from the pandemic:

## What we heard from service providers



# Acknowledgement of Country

Burnet Institute Board, staff and students recognise the Traditional Owners and Custodians of the land on which we live and work.

We are proud to acknowledge the Bunurong people of the Kulin Nations as the traditional owners and custodians of the land on which our head office is located and recognise their strong and ongoing connection to Country. Recognising the ongoing impact of colonisation and intergenerational trauma on Aboriginal and Torres Strait Islander people, our position as a leading medical research institute demands that we strengthen our commitment to close the gap in health outcomes.

To do this, we are working to develop and maintain strong relationships with Aboriginal and Torres Strait Islander communities both locally and nationwide. Unequivocally, we need to ensure that Burnet Institute becomes a safe, respectful and inclusive workplace for First Nations people and that research initiatives pertaining to Aboriginal and Torres Strait Islander matters rest in the hands of Aboriginal and Torres Strait Islander peoples.

*In 2022, the Burnet VOICE team met with a diverse range of stakeholders to learn about their experiences during the pandemic and what they now see as the priority areas for action. We've collated what we've learnt into this short summary.*

## **The pandemic was a constantly changing environment**

During the early part of the pandemic, one of the challenges organisations faced was the high demand for tailored communication and information for specific cultural or linguistic groups' needs. Due to the ever-changing nature of community needs across different contexts and time, many organisations faced difficulties in keeping their information up-to-date and disseminating it in a timely manner to help people make informed decisions.

Some organisations faced challenges with a lack of engagement, such as through poor turnout to online information sessions. Sometimes, this was due to community fatigue, however it was also caused by insufficient internet access and poor digital literacy. In frontline service provision, some organisations experienced issues with knowing where to refer community members with needs that they were unable to meet.

## **Connecting with community in different ways was necessary**

Limited or no face-to-face interactions made it challenging to establish meaningful connections with community members. Organisations found that upskilling community members and staff, particularly in digital literacy and social media, helped to build trust with the community. They also found that using different social platforms with different cohorts was successful. For instance, one organisation used WhatsApp to communicate with the African community, Viber with the Afghan community, and IMO with the South Sudanese community. One organisation created an in-language help line with around ten languages available. Alongside the help line, they created a database of resources available to the public.

To engage with multicultural communities, services organised multiple programs, such as leadership programs, online forums, art classes, study support, self-care, health information and faith-based sessions with trusted leaders, often conducted online over Zoom, Teams, or other platforms. A number of organisations provided one-on-one online support to prepare young people for employment or help them engage with other online events or involved bicultural workers in most sessions. While engagement in these sessions was challenging, sending the link directly to clients on WhatsApp and assisting them on WhatsApp video to open the link helped.

Organisations also highlighted the importance of diverse content formats when sharing information with the community. Individuals engaged with videos and audio shared on social media, particularly when community leaders shared key messages. For some organisations, content created by trusted partners from the community was the best form of engagement. Most communities responded well to guest speakers and forums (online or in person) where they could ask questions, and interpretation was available. In addition to forums, constant communication with the community was helpful, including follow-up calls, email newsletters, and setting up specific email addresses and phone lines to answer questions.

## **Creating accessible and engaging services and supports**

To support the community, some services distributed resources like rapid antigen tests and food packages and had pop-up COVID-19 and flu vaccination centres, some of which featured entertaining activities like a petting zoo and caricature artists to help make the environment friendlier and less clinical. These initiatives were successful in part because they were set up in accessible locations, such

as community centres or local libraries, and offered incentives like vouchers or giveaways to encourage participation. Events or opportunities to network and build social connections were also sought by the community. Some organisations added more creative workshops and online sessions and provided spaces to chat with others to build connections. Events like open days at mosques and pop-ups were very successful. Bicultural workers available at these events were crucial to their success.

Building and nurturing pre-existing relationships with other organisations and with the community was a key aspect that helped the initiatives succeed. Partnerships played a critical role in helping organisations better understand community needs. By exchanging data and experiences between services, partners were able to inform the next steps, focus or target audience for their programs and initiatives.

Organisations commonly partnered with health services, local councils, schools, and other community groups, recognising the value of collaboration and sharing resources for long-term benefits. Stakeholders advocated for more partnerships with similar goals, designing projects together and building relationships.

## Understanding impact

Only a few organisations evaluated their programs or initiatives formally, with some relying on informal evaluations. Some evaluations focused on attendance rather than quality, due to the rapid and reactive nature of pandemic response. Where more detailed evaluation was conducted, it helped organisations better understand the impact of their programs and make evidence-based adjustments to improve their reach and outcomes.

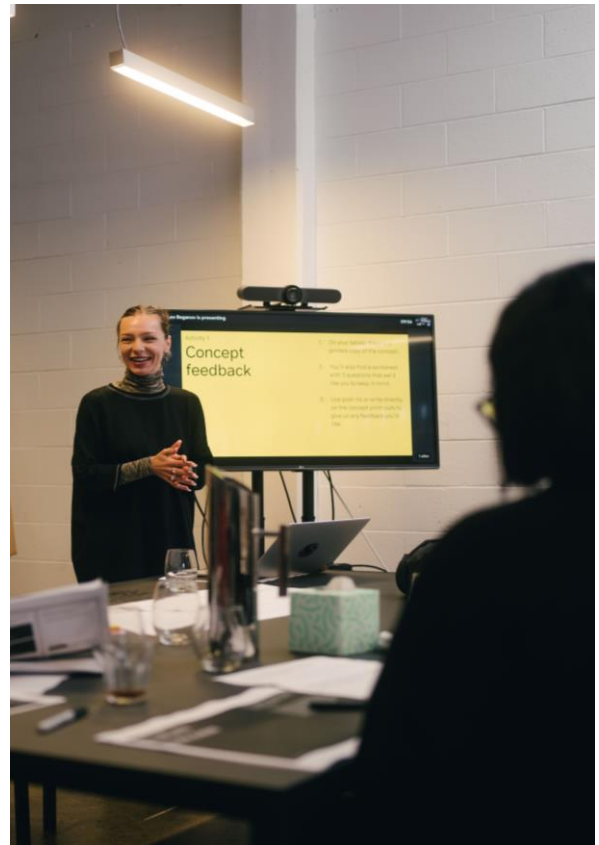
Community feedback resulted in more effective event scheduling, such as hosting vaccination hubs on Saturdays instead of Friday nights, in order to increase family participation. Additionally, community feedback emphasised the importance of trust in the organisation to engage community members, expand service utilisation, and disseminate information. Referring community members to services that were unavailable or inaccessible could quickly erode that trust.



## Priorities for action

COVID fatigue was a major challenge for services in the latter part of the pandemic. Other issues are becoming more prominent now, such as a lack of culturally appropriate mental health services, social anxiety in the community, lack of community connection, various health problems, unemployment, overcrowded housing, family violence, cost of living, poor quality education for young people, lack of resources, and difficulty navigating a complex service system to find appropriate support for the community. Stakeholders believe that It's important for communities to be more involved, such as through engaging with respected leaders who have connections with people from different communities. Social events can also be organised, but it's crucial to make sure that any response is culturally appropriate.

Here are some of the ideas stakeholders shared with us to support sustainability in programs and services:



- 1** | Collaborating with bicultural workers to engage communities, foster networks and partnerships and sustain projects.
- 2** | Creating an easily accessible digital platform with clear language and shareable resources to facilitate information sharing across regions and communities.
- 3** | Using innovative delivery methods such as video and multilingual content to improve engagement and accessibility.
- 4** | Learning how to conduct a complete evaluation to inform future projects and test ideas with partners and stakeholders.
- 5** | Leveraging digital tools to scale up services and measure impact.



# BURNET INSTITUTE

We are an Australian, unaligned, independent, not-for-profit organisation. Our mission is to achieve better health for vulnerable communities in Australia and internationally by accelerating the translation of research, discovery and evidence into sustainable health solutions.

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April 2023

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