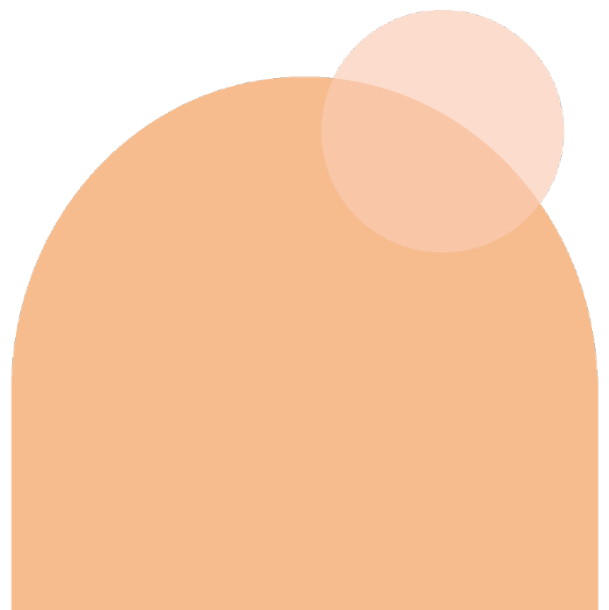
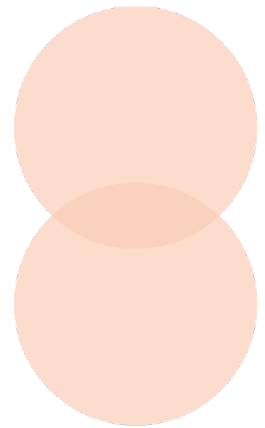
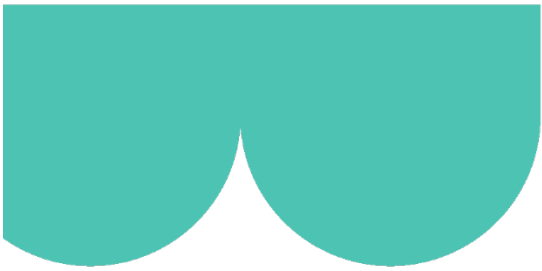
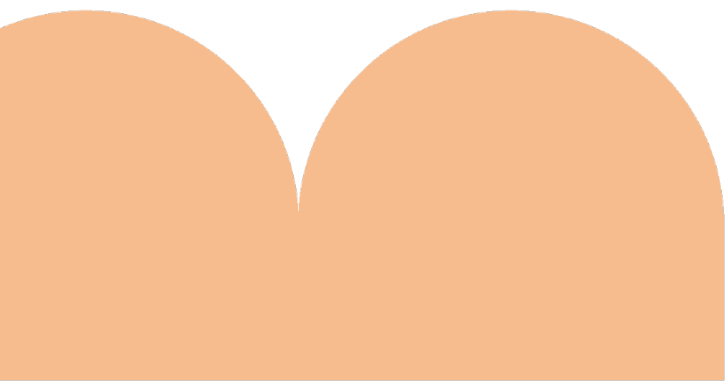


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**Strategic Engagement Coordinator
Initiative
Albury-Wodonga Multicultural
Community COVID-19 Response Review**

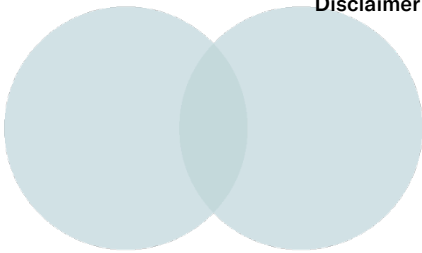
6 April 2022





Albury-Wodonga Multicultural Community COVID-19 Response Review

Prepared for Ovens Murray Strategic Engagement Coordinator funded by the Department of Families, Fairness and Housing
Date April 2022
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During October and November 2021, a COVID-19 outbreak occurred in the cross-border cities of Albury (New South Wales) and Wodonga (Victoria). This outbreak affected multicultural community members, including many recent humanitarian migrants.

A review of the cross-border response to support people from multicultural communities in Albury-Wodonga was undertaken between December 2021 and January 2022. Funded by the Department of Families, Fairness and Housing (DFFH) through the Ovens Murray Strategic Engagement Coordinator, the review aimed to consider the cross-sector and cross-border COVID-19 response associated with the Albury-Wodonga multicultural communities and document key insights and learnings that could assist in supporting Albury-Wodonga multicultural communities during future emergencies.

Data was gathered through a series of 34 telephone and in-person interviews with stakeholders from 20 organisations, who were involved in the response and relief efforts for multicultural communities in Albury-Wodonga during the outbreak. These included staff from health services, local government, NSW and Victorian state government agencies and organisations, a member of parliament and volunteers and staff who directly support multicultural communities in Albury-Wodonga.

Overall, it is evident that a significant effort was made by the multicultural sector workforce, some community leaders, agencies, health services, and local government to support multicultural communities during the outbreak. The Ovens Murray Strategic Engagement Coordinators' role in supporting these efforts was recognised by a majority of the stakeholders as extremely important.

Challenges during the outbreak, included the different approaches taken by each State in relation to restrictions, testing, vaccinations, communication, contact tracing, and emergency management arrangements which caused confusion.

It also appeared that Victorian agencies and services had more available local resources to support the Wodonga community during the outbreak. In many cases, these Victorian-funded resources, such as the Ovens Murray Strategic Engagement

Coordinator supported the Albury (NSW) community as well. A lack of Murrumbidgee Local Health District staff in Albury, resulted in Albury Wodonga Health's Public Health Unit, which is Victorian funded, supporting testing and vaccinations in Albury.

Information from the interviews has been used to inform the recommendations. These are broken into those that could be implemented in the short to medium term and those that should be considered in future emergencies.

Using the recommendations for future emergencies, a Crisis Checklist has been developed to support future emergencies where multicultural communities in Albury-Wodonga are affected (Appendix one).

Summary of short-medium term recommendations

1. Albury Wodonga Health and Murrumbidgee Local Health District to:
 - a. consider the development of a joint crisis management plan to provide a clear framework for collaboration in future emergencies.
 - b. ensure there is clarity about responsibilities in Albury during the COVID-19 pandemic. This should be documented and communicated to all relevant levels within the organisations.
 - c. consider recruiting a role(s) or bi-cultural workers to improve internal understanding of the local multicultural community and to connect with multicultural groups to build trust in and knowledge of local health systems.
 - d. improve interpreter access for the multicultural community when using their services.
2. Victoria and NSW, potentially through the Office of the Cross Border Commissioner, to consider the appointment of a cross-border emergency coordination role to support vulnerable cross border communities, including overall cross-border logistics and coordination, during emergencies.
3. NSW and Victorian agencies and local government to encourage key contacts from health services and the multicultural workforce to undertake emergency management

training to ensure processes are understood for future emergencies.

4. NSW and Victorian agencies involved in emergency management, local government, and health services to sponsor all front-line staff and other key staff to undertake cultural competency training including training in how to use phone interpreters.
5. Local government to include staff with knowledge of the multicultural community and the challenges they face in their emergency management meetings during the planning, response and relief stages of an emergency e.g., community development staff.
6. State agencies to (or continue to):
 - a. resource cross-border services such as FoodShare, who have established processes and capacity to provide emergency relief support across the region.
 - b. provide funding for local multicultural organisations to employ bi-cultural workers to build the capacity of their communities and support them in times of emergency.
 - c. support training and skill development of community leaders who are currently acting as volunteers, to enable them to be employed as bi-cultural workers in the future.
7. Department of Home Affairs and local government to work collaboratively to improve cross border data collection and understanding of multicultural groups, languages spoken and numbers of individuals within the Albury-Wodonga community.
8. DFFH to continue providing funding for the employment of the Strategic Engagement Coordinator to support multicultural communities.
9. DFFH to work with the Strategic Engagement Coordinator to clarify the role's responsibilities in a cross-border crisis and communicate these with other stakeholders.
10. The Ovens Murray Strategic Engagement Coordinator to form a working group to facilitate and progress the implementation of recommendations from the review and promote the Crisis Management Checklist.

1. Background

1.1 Review objectives and methodology

Review objectives

This review, funded by the Department of Families, Fairness and Housing (DFFH), as an initiative of the Ovens Murray Strategic Engagement Coordinator had the following objectives:

1. To review the cross-sector and cross-border COVID-19 response associated with Albury-Wodonga multicultural communities between early October and mid-November 2021, including consideration of systems, structures, and community values/beliefs.
2. To document key insights, learnings and case studies from the October/November 2021 COVID-19 response that could assist in supporting Albury-Wodonga multicultural communities during future emergencies.
3. To develop a place-based framework to enable improved support for multicultural communities in future emergencies in regional Victoria and cross-border communities.
4. To recognise the contribution of people who supported the COVID-19 response in Albury and Wodonga for multicultural communities including evaluation of the role of the Ovens Murray Strategic Engagement Coordinator.

Review methodology

The review findings have been gathered through a series of 34 telephone and in-person interviews with stakeholders from 20 organisations, who were involved in the response and relief efforts for multicultural communities in Albury-Wodonga during the outbreak. A full list of organisations that participated in interviews is provided in Appendix two.

The review findings, present a summary of key points that were heard during the interviews. These are presented under a series of headings that reflect the line of questioning used in the interviews, these include:

- COVID communications for the multicultural community
- Communications within and between organisations
- Testing arrangements
- Emergency relief
- Medical care
- Border arrangements
- The Ovens Murray Strategic Engagement Coordinator role.

Information from the interviews has also been used to inform the recommendations. These are broken into those that could be implemented in the short to medium term and those that should be considered in future emergencies.

Using the recommendations for future emergencies, a crisis management checklist has also been developed, as a tool for future emergencies affecting the Albury-Wodonga multicultural communities. The checklist is largely transferrable to other areas of Australia.

1. Background

1.2. Albury-Wodonga multicultural community context

Albury and Wodonga are two cities separated by the Victorian and NSW border (the Murray River) with a combined estimated population in 2020 of 97,717 people¹. Albury is in Southern NSW and Wodonga, in Northeast Victoria.

Department of Home Affairs data² shows that between 2016-2021 the combined primary migrant settlement in Albury-Wodonga was as follows:

- 544 Humanitarian migrants
- 622 Family migrants
- 1,070 Skilled migrants

Local reports indicate that since 2008 over 3,000 Bhutanese refugees have been settled in Albury-Wodonga. More recently there have been large numbers of Congolese refugees settled in the area³. It is estimated in 2021, there were around 800 Congolese adults in Albury-Wodonga, many of which have very large families⁴.

These humanitarian migrants are thought to be particularly vulnerable in emergencies, such as pandemics, due to language barriers, experience with trauma, and limited financial, digital, and/or transportation resources.

¹ .idcommunity, 2022. Demographic resources for City of Wodonga.

² Department of Home Affairs, 2016-2021 Settlement data reports.

³ SBS News, 28 November 2021. How a special vaccine program connected with this region's multicultural residents.

⁴ Pers comm. February 2022. Ovens Murray Strategic Engagement Coordinator.

1. Background

1.3. COVID-19 in the Albury-Wodonga community

During 2020 and early 2021 the Albury-Wodonga community had very few confirmed cases of COVID-19. Between July 2020 and 13 October 2021, just eight cases were recorded in Albury⁵ and 11 cases recorded in Wodonga⁶.

In mid-October 2021 COVID-19 cases began to trend upwards, resulting in an outbreak in Albury-Wodonga. From 14 October through to 18 November 2021, 490 cases of COVID-19 were recorded in Wodonga⁶ and 685 in Albury⁵.

A breakdown of how many case numbers affected multicultural members of the Albury-Wodonga community is not available. Anecdotally, many recently settled humanitarian migrants from Congolese and Bhutanese backgrounds were affected. Informal records from the multicultural sector workforce show that by 21 October 2021, 97 individuals from 56 multicultural households were either positive or symptomatic and suspected as positive cases, many of those affected were Congolese, with one positive Bhutanese case⁷.

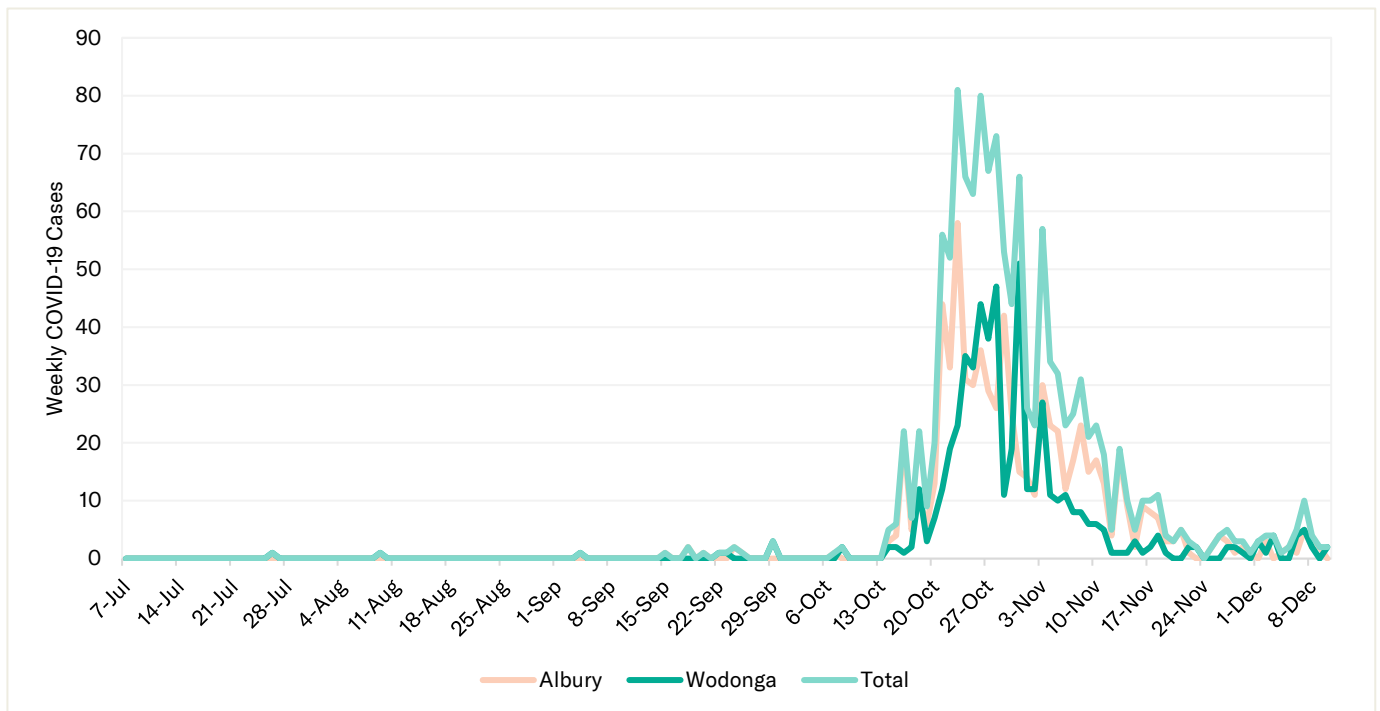


Figure 1. COVID-19 cases in Albury-Wodonga between July and December 2021

⁵ NSW Government 2021. COVID-19 cases reported in NSW.

⁶ Victorian Government 2021. All Victorian cases by local government area.

⁷ Pers comm. October 2021. Lucie Wallis, Ovens Murray Strategic Engagement Coordinator..

1. Background

1.4. Stakeholders

Many stakeholders were involved in providing support to the multicultural community during the October/November 2021 Albury-Wodonga outbreak. These include, but are not limited to:

Local multicultural sector workforce and volunteers

- Albury Wodonga Ethnic Communities Council (AWECC)
- Albury Wodonga Volunteer Resource Bureau
- Australian Red Cross
- NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
- Murray Valley Sanctuary Refugee Group
- Ovens Murray Strategic Engagement Coordinator (funded by Department of Families, Fairness and Housing)

Other not for profits

- Albury Wodonga Regional FoodShare

Health services

- Albury Wodonga Health
- Albury Wodonga Local Public Health Unit (Part of Albury Wodonga Health)
- Murrumbidgee Local Health District
- Gateway Health

Local Government

- Wodonga Council
- Albury City Council
- Rural City of Wangaratta

Victorian State Government

- Department of Education (Victoria) and local schools
- Department of Families Fairness and Housing (DFFH)
- Department of Health

NSW State Government

- NSW Ministry of Health
- Department of Education (NSW) and local schools
- Multicultural NSW
- Regional Development Australia (Murray)
- Resilience NSW
- TAFE NSW

Australian Government

- Services Australia

1.5. Local outbreak response and relief

From August 2021, prior to the October/November outbreak in Albury-Wodonga, regular meetings had commenced to discuss the Albury-Wodonga cross border COVID-19 response in the multicultural community. These meetings included agencies, members of state and federal parliament, cross border commissioner offices, health services and the local multicultural workforce and were chaired and coordinated by Regional Development Australia (Murray) and the Ovens Murray Strategic Engagement Coordinator.

The spread of COVID-19 in the Albury-Wodonga multicultural community was identified in mid-October by case workers who provide support to recently settled migrants and refugees. Schools also detected increased symptoms in students during this time and encouraged students to get tested.

Working in collaboration with the multicultural workforce, the Ovens Murray Strategic Engagement Coordinator, raised the issue of the rapid escalation of COVID-19 in the local multicultural community with public health units, NSW and Victorian agencies, and local MP's.

Using another existing forum, coordinated by the Ovens Murray Strategic Engagement Coordinator, the local multicultural workforce collaborated to coordinate food, offer advice, and in language communications on testing, isolation, and self-care and used a WhatsApp group to coordinate requests from the community for food and medical relief. This coordination continued throughout the outbreak and in partnership with Albury Wodonga FoodShare, provided the primary means of culturally appropriate food relief for the multicultural community until the end of the outbreak.

Albury City Council and Wodonga Council activated sub-committees of their local emergency management committees, who met several times a week during the outbreak. The committees were activated under each state's legislative and emergency management frameworks.

These meetings, one based in Albury, and one based in Wodonga brought together agencies, health services, neighbouring local governments, selected members of the multicultural workforce, FoodShare, and other stakeholders to plan for and coordinate activities to support relief and recovery.

Vaccination, testing and health response

Albury-Wodonga has a shared health service, Albury-Wodonga Health, which provides health care for COVID-19 positive community members as in-patients and out-patients in both Albury and Wodonga.

Under Victorian arrangements, COVID-19 testing, vaccination, and contact tracing are provided in Wodonga through the Albury Wodonga Local Public Health Unit, part of Albury Wodonga Health.

In Albury, under NSW arrangements, the Murrumbidgee Local Health District Public Health Unit is responsible for contact tracing and disease surveillance.

In NSW, testing and vaccinations are meant to be undertaken by Local Health District Operational Response Teams under emergency management protocols.

Due to Murrumbidgee Local Health District having no operational staff in Albury, they have worked in collaboration with Albury Wodonga Health and private providers to service Albury's testing and vaccination needs.

20 AUGUST 2021

Cross-border and cross-sector meetings commence to discuss COVID-19 preparation and response for Albury- Wodonga multicultural community.

13-14 OCTOBER 2021

Local multicultural workforce and schools begin to identify COVID in Albury Wodonga Multicultural Community and commence regular meetings to plan community communication and support

15 OCTOBER 2021

Foodshare commence food deliveries to isolating multicultural households

16-24 OCTOBER 2021

Home testing made available to some households.

21 OCTOBER 2021

Albury Local Emergency Management Committee establishes a Wellbeing Sub-Committee to support relief and recovery associated with the outbreak. Includes range of NSW agency, Albury City, members of multicultural workforce, Murrumbidgee Health, FoodShare, Wodonga Council and more

23 OCTOBER 2021

Outbreak peaks with 81 COVID-19 cases in Albury Wodonga. By this point 12 out of 27 Albury schools have had at least one live case

25 OCTOBER 2021

Victorian DHHS request Wodonga Council to activate the Municipal Recovery Manager to support isolated members of the community during outbreak. A Wodonga COVID Relief and Recovery Committee is then established with membership from multicultural workforce, FoodShare, Wodonga and Albury councils, agencies and more

26 OCTOBER 2021

NSW government send Swahili interpreters to support outbreak. Interpreters continue on-ground for two week period

29 OCTOBER 2021

NSW Chief Health Officer, Dr Kerry Chant, visits Albury and holds live webinar for Albury schools, providing advice on testing options and requirements

2. Findings and recommendations

2.1. COVID-19 communications for the multicultural community

The table below provides a summary of feedback on what worked and didn't when communicating with the Albury Wodonga multicultural community in relation to COVID-19.

Table 1. Findings - COVID-19 communications with the multicultural community

What worked?	What didn't work
<ul style="list-style-type: none"> • Tailored communications to suit community needs including: <ul style="list-style-type: none"> ○ Audio and video messaging in language by local leaders, such as the series posted on Facebook by AWECC. ○ Messaging from respected multicultural community members. ○ One on one communication – door to door or direct calls from known parties. ○ Communication channels that the community already uses e.g., Facebook and WhatsApp groups. • Multicultural workforce meetings with local community leaders. • Joint communication releases and messaging between response and relief organisations e.g., Albury Wodonga Health with local governments. • Funding local organisations to employ members of the Congolese and Bhutanese community to support communications and programs. • Empowering community leaders to support communication and activities in a paid capacity. • Mix of local and outsider interpreters to enable the community to feel comfortable sharing personal information. • Multicultural sector workforce worked outside scope of their roles and additional hours to support the local community. 	<ul style="list-style-type: none"> • Assumptions about the local multicultural community that hindered communications included that they: <ul style="list-style-type: none"> ○ Could all read written materials in their language. ○ Read newspapers, listen to popular radio, and watch the news. ○ Had good health literacy and understood how the health system worked. ○ Understood that there is a state border with different rules between Albury and Wodonga. ○ Have digital literacy and access to online or electronic materials. ○ Trust government or figures of authority. • Once in isolation, unknown contacts from the response and relief organisations phoning the multicultural community who: <ul style="list-style-type: none"> ○ Didn't pick up due to fears of scamming. ○ If they did answer, didn't understand what was being said and couldn't relay messages to support workers including who called and why. • Limitations in the currency of census and other data about cultural groups, languages spoken and individuals in the community, meant that local government and State agencies didn't have a full picture to inform communication planning or other responses. • Denial of COVID-19 in local multicultural communities, meant that it was difficult to engage with the community and their leaders. • At the start of the outbreak, the community was going directly to community leaders for information and response and relief organisations didn't have strong links with community leaders around COVID. • Early in the outbreak there was a lack of translated and accessible materials available for the local multicultural community.

Table 1. Findings – COVID-19 communications with the multicultural community

What worked?	What didn't work
	<ul style="list-style-type: none"> • Health services not using available phone translation services when contacting households in isolation and the significant wait times for organisations that did try to use these translation services to support the community. • Multicultural community members were ostracised at work and school, due to fear of COVID-19 spread.

Recommendations

Short or medium-term implementation

- State agencies to continue to provide funding for local multicultural organisations to employ bi-cultural staff to build the capacity of their communities and support them in times of emergency.
- State agencies to support training and skill development of community leaders who are currently acting as volunteers to enable them to be employed as bi-cultural workers in the future.
- NSW and Victorian agencies involved in emergency management, local government, and health services to sponsor all front-line staff and other key staff to undertake cultural competency training including training in how to use phone interpreters.
- Department of Home Affairs and local government to work collaboratively to improve cross border data collection and understanding of multicultural groups, languages spoken and numbers of individuals within the Albury-Wodonga community.

For future emergencies

- Use local contacts who work with the multicultural community to determine what languages and dialects need to be translated.
- Consider what messages need to be translated and develop audio, video, and written in language resources as soon as possible (not just written).
- Use communication channels that are already being used by the community e.g., Facebook and WhatsApp groups, religious group supported channels.
- Emergency management plans to consider what assumptions are being made about the literacy, transportation, and digital resource availability, knowledge of and trust in government processes, and work out options to support members of the community who are vulnerable.
- Organisations should collaborate on public communication, including joint cross-border communication.
- Meet with local community leaders early and identify opportunities to involve them in communications.
- Source funding to reimburse local community members for their time in supporting emergency response, relief, and recovery through a trained casual workforce.
- Provide face-to-face and phone interpreter services to support communication.

2. Findings and recommendations

2.2. Communications between organisations

The table below provides a summary of feedback on what worked and didn't in communication and coordination within and between the organisations involved in the Albury-Wodonga COVID-19 multicultural community response.

Table 2. Findings - communications between organisations

What worked?	What didn't work
<ul style="list-style-type: none"> • Prior to and during the outbreak the Ovens Murray Strategic Engagement Coordinator brought agencies, parliamentarians, health services, local government and the multicultural workforce together to discuss the Albury-Wodonga Cross Border COVID-19 response in the multicultural community. • Service providers who were connected to their community were advocating for community needs to decision-makers including agencies, MPs, and other organisations. • State emergency management meetings in both Victoria and NSW invited key multicultural contacts including the Ovens Murray Strategic Engagement Coordinator and FoodShare to provide on-ground intel and response coordination. • Victorian and NSW emergency management meetings invited relevant representatives from organisations across the border. • Dr. Kerry Chant ran a workshop with Albury school Principals which helped schools to improve messaging to schools and families. • Ovens Murray Strategic Engagement Coordinator provided communication and intelligence link between state agencies, local government, public health units the multicultural sector workforce, and the community. • Multicultural specific infection numbers were withheld from reporting and media to reduce risk negative feedback from the local community. • Ovens Murray Strategic Engagement Coordinator contributed \$5,000 of budget for emergency food, medical relief, interpreters and to cover additional working hours for the multicultural sector workforce. 	<ul style="list-style-type: none"> • Needed earlier support from state agencies to mobilise required communications for the community. • Local governments were unaware of the scale of the outbreak and if aware could have mobilised emergency management processes quicker to support the community and the multicultural workforce. • Upon commencement of Emergency Management arrangements, there was a lack of understanding by local government and agencies of the humanitarian migrants who lived in the community, were affected and their needs. • Lack of understanding of the role of emergency management frameworks and arrangements by organisations that do not usually participate in these processes. • A lot of separate meetings were being held with similar content and some emergency management meetings struggled to get attendance. • Emergency management meetings, which are meant to be a high-level coordination process, discussed individual community member needs, slowing down the process. • The role of the multicultural workforce was not well understood by state agencies and local government resulting in significant additional workloads for the sector through involvement in the emergency. • Overall cross-border coordination of home and mobile testing and allocating the interpreters could have been improved. Some of these coordination responsibilities in both Albury and Wodonga ended up with the Ovens Murray Strategic Engagement Coordinator. • Many different organisations were involved in communications, which made it difficult to have a single source of truth. • It was difficult for the multicultural workforce on the ground to find the right information to support the community. • There was a lack of clarity on whether Albury Wodonga Health or Murrumbidgee Local Health District was responsible for

Table 2. Findings – communications between organisations

What worked?	What didn't work
	<p>testing and vaccination. Responsibilities in Albury still appear to be unclear.</p> <ul style="list-style-type: none"> • Schools became responsible for determining who was a close contact at education sites. There was limited understanding of how to do this and different approaches were taken across the region. • Consistent joint communication was not able to be negotiated between the two health services (Albury Wodonga Health and Murrumbidgee Local Health District).

Recommendations

Short or medium-term implementation

- NSW and Victorian agencies and local government to encourage key contacts from health services and the multicultural workforce to undertake emergency management training to ensure processes are understood for future emergencies.
- Local government to consider including staff with knowledge of the multicultural community and the challenges they face in their emergency management meetings during the planning, response, and relief stages of an emergency e.g., community development staff.
- Albury Wodonga Health and Murrumbidgee Local Health District to consider the development of a joint crisis management plan to provide a clear framework for collaboration in future emergencies.
- Victoria and NSW, potentially through the Office of the Cross Border Commissioner, to consider the appointment of a cross-border emergency coordination role to support vulnerable cross border communities, including overall cross-border logistics and coordination, during emergencies.

For future emergencies

- Local government should identify a representative or representatives from the local multicultural sector workforce and invite them to participate in emergency management processes.
- Consider communication and knowledge sharing opportunities and processes to connect decision-makers with on-ground staff.
- Consider the role of bi-cultural workers and the multicultural workforce in communicating with the community and ensure they have adequate/timely information and adequate resources to support their clients.
- Consider the role of schools in the emergency and how to ensure they have adequate information to support their school community.

2. Review findings and recommendations

2.3. Testing arrangements

The table below provides a summary of feedback on what worked and didn't in the coordination and implementation of COVID-19 testing arrangements for the Albury-Wodonga multicultural community.

Table 3. Findings - testing arrangements

What worked?	What didn't work
<ul style="list-style-type: none"> • AWECC, Refugee Sanctuary and Gateway Health updating testing site information and bookings on websites and social media. • Ovens Murray Strategic Engagement Coordinator advocating for home testing and supporting an on-ground home testing campaign, accompanied by community leaders. • Accessible pop-up clinics and a four-lane mega testing site established on Gateway Island, that was used cross border. • A registered nurse who was Congolese, supported testing. • Improved access to home testing with the support of Albury Wodonga Health and Murrumbidgee Local Health District. • Pop-up testing and vaccination clinics across Albury-Wodonga. • Community leaders helped with contact tracing and provided advice to inform Albury Wodonga Health strategies. • Schools supported messaging about the need to get tested. 	<ul style="list-style-type: none"> • Pre-planning for the outbreak seemed insufficient, with a focus on COVID-19 prevention rather than planning for an outbreak. • Some barriers to testing for the multicultural community that were observed included: <ul style="list-style-type: none"> ○ Traditional beliefs and community myths. ○ Fear of testing e.g., thought it was a vaccine. ○ Fear of the contact tracing process exposing your health issues to the whole community. ○ People too sick to travel to testing. ○ No car to get to testing sites. ○ Fear of breaking isolation to get tested. ○ Information on testing not available in language. ○ Financial concerns that if they tested positive, they could not work and earn money. • Individuals transporting families from other households to testing sites, causing additional COVID-19 spread through the community. • Families with no cars had to walk significant distances, at times with young children and stand in line for many hours to access testing. • Confusion around whether you could attend walk-in testing sites with symptoms or as close contacts. • The lack of staff from Murrumbidgee Local Health District in Albury made it difficult to implement ongoing home testing support. • Testing sites were being operated by private providers in Albury making it difficult to quickly arrange in home testing. • Home testing was more readily available in Victoria than NSW. • Albury Wodonga Health was only resourced to support Wodonga for testing and vaccination but was also supporting the Albury community.

Recommendations

Short or medium-term implementation

- Albury Wodonga Health and Murrumbidgee Local Health District to ensure there is clarity about responsibilities in Albury during the COVID-19 pandemic. This should be documented and communicated to all relevant levels within the organisations.

For future emergencies

- Consider what barriers the multicultural community may have to participating in standard emergency management systems and processes and address these in planning.
- Consider opportunities to utilise community leaders to support emergency management activities in a paid capacity.

2. Review findings and recommendations

2.4. Emergency relief

The table below provides a summary of feedback on what worked and didn't in the coordination and implementation of COVID-19 emergency relief for the Albury-Wodonga multicultural community.

Table 4. Findings - emergency relief

What worked?	What didn't work
<ul style="list-style-type: none"> • Emergency relief for households coordinated by multicultural sector staff from commencement of outbreak to the end. • The services provided by FoodShare, including: <ul style="list-style-type: none"> ○ FoodShare being integrated into emergency management processes and meetings. ○ FoodShare having access to a large volunteer workforce. ○ Quick identification of the diversity of food required and that standard hampers would not work with the multicultural community. ○ Was a local cross border service with access to refrigerated trucks, local cultural food catering, volunteers, local knowledge and contacts warehouses, and a community pantry which enabled efficient coordination. ○ Funding from Victoria from DFFH to purchase culturally appropriate food along with truckloads of food hampers from DFFH and Resilience NSW. ○ FoodShare working with multicultural sector staff, agencies, and volunteers to coordinate food relief. • WhatsApp group coordinated by multicultural sector staff identified and coordinated emergency relief needs. These relief needs were then sourced and delivered by FoodShare and volunteers. • NSW and Victorian emergency management agencies connecting with the multicultural sector workforce and advocating back through formal emergency management channels to facilitate support. • Financial relief from State Governments for local community-based organisations to support emergency relief. • State emergency management meetings in both Victoria and NSW brought key multicultural contacts including the Ovens Murray Strategic Engagement Coordinator, FoodShare and 	<ul style="list-style-type: none"> • Services Australia's systems to allow access to financial support required the community to get through English questions to access an interpreter. Note a solution was found to this issue. • The multicultural community did not know how to prepare or cook the food supplied in the food hampers issued by State Government agencies. • The multicultural community did not have the digital literacy or resources to order online food deliveries • The only African store in the area was closed due to being an exposure site. • People were breaking quarantine to access food for families. • City of Wodonga did not apply for funds through the Victorian Government program in 2020 to support local government with COVID response. This made it difficult for the Council to allocate appropriate resources. • The role of the multicultural workforce was not well understood by state agencies and local government resulting in significant additional workloads for the sector through involvement in the emergency.

Table 4. Findings – emergency relief

What worked?	What didn't work
<p>Services Australia to provide on-ground intel and response coordination.</p> <ul style="list-style-type: none"> • Digital technology was provided to students to support continued schooling while isolated. • Services Australia provided solutions to improve access to interpreter assistance to enable access to financial relief. • Support was big and small from food and hygiene hampers to phone credits to help people isolate. • Multicultural sector workforce worked outside scope of their roles and additional hours to support the local community. 	

Recommendations

Short or medium-term implementation

- State agencies should continue to resource cross-border services such as FoodShare, who have established processes and capacity to provide emergency relief support across the region.
- Department of Home Affairs and local government to work collaboratively to improve cross border data collection and understanding of multicultural groups, languages spoken and numbers of individuals within the Albury-Wodonga community.

For future emergencies

- Consider cultural requirements of food provisions and whether communities have the preparation skills for common Australian food items in times of emergencies.
- Identify the local channels of communication used by the community and consider options to utilise these to identify who needs emergency relief.
- Involve and resource the multicultural workforce to be involved in planning for emergency relief for multicultural communities.
- Consider what relief and support are required by communities, big and small items.
- If not already in operation develop a regular forum that brings the multicultural workforce together to share information about on-ground issues being experienced by the multicultural community and have a central person who feeds these issues back into emergency management processes on both sides of the border.

2. Review findings and recommendations

2.5. Medical care

The table below provides a summary of feedback on what worked and didn't in the coordination and implementation of COVID-19 medical care for the Albury-Wodonga multicultural community.

Table 5. Findings - medical care

What worked?	What didn't work
<ul style="list-style-type: none"> Partnership approach coordinated with local pharmacies enabled home delivery of medication and supplies such as Panadol. GP's such as Gateway Health supported their isolating patients with medical care and advice. Organisations other than the health services provided support services such as food, allowing the health units to just focus on medical needs. Known and trusted individuals delivered medical services in a manner that was appropriate to the refugee community. Ovens Murray Strategic Engagement Coordinator contributed \$5,000 of budget for emergency food, medical relief, interpreters and to cover additional working hours for the multicultural sector workforce. Multicultural sector workforce worked outside scope of their roles and additional hours to support the local community. 	<ul style="list-style-type: none"> Households did not have the right in-home tools to take care of themselves e.g., Panadol and electrolytes. Organisations providing emergency relief were unable to deliver medication or Panadol to support at-home medical care. Individuals didn't understand the health system and how to access support. Health services had a limited understanding of the multicultural community in their area or their needs. Due to a lack of interpreters, children were translating for parents on medical and emergency issues. The role of the multicultural workforce was not well understood by state agencies and local government resulting in significant additional workloads for the sector through involvement in the emergency.

Recommendations

Short or medium-term implementation

- Albury Wodonga Health and Murrumbidgee Local Health District to consider recruiting a role(s) or bi-cultural workers to improve internal understanding of the local multicultural community and to connect with multicultural groups to build trust in and knowledge of local health systems.
- Albury Wodonga Health and Murrumbidgee Local Health District to improve interpreter access for the multicultural community when using their services.

For future emergencies

- Consider how multicultural volunteers and paid staff can support emergency response efforts.
- Consider what assumptions are being made about the resources that multicultural households have on hand at home.
- Consider the health literacy, knowledge of health systems and accessibility of processes for the multicultural community.

2. Review findings and recommendations

2.6. Border arrangements

The table below provides a summary of feedback on what worked and didn't in the cross-border coordination of the COVID-19 response for the Albury-Wodonga multicultural community.

Table 1. Findings - border arrangements

What worked?	What didn't work
<ul style="list-style-type: none"> • The Ovens Murray Strategic Engagement Coordinator, coordinated, a regular cross-border meeting that brought multicultural sector support workers, agencies, local government, and others together to plan for response and relief for the multicultural community. • Ovens Murray Strategic Engagement Coordinator role worked on both sides of the border providing a link between agencies, local government, the multicultural sector workforce, and the community. • Victorian and NSW emergency management meetings invited relevant representatives from organisations across the border. • The multicultural sector workforce worked together cross-border to support the health and wellbeing of the community. • Albury Wodonga Health provided support to COVID-19 positive people on both sides of the border. • FoodShare operated on both sides of the border. • Agencies acting with flexibility and adaptability shared information and resources across the border. • Multicultural sector workforce worked outside the scope of their roles and additional hours to support the local community. 	<ul style="list-style-type: none"> • Many individuals in the multicultural community did not understand that there was a state border with different rules. • Albury Wodonga Health has the hospital and clinical staff in Albury, although they were only funded by the Victorian Government for the testing and had vaccines allocated for the Victorian population. Murrumbidgee Health was the responsible for testing and vaccination in Albury but lacked on-ground clinical staff in Albury. This resulted in a range of challenges including: <ul style="list-style-type: none"> ○ Appeared as though the pre-work had not been completed to confirm which health service was responsible for what in case of an outbreak. ○ Confusion about which health service was releasing individuals from isolation. ○ Support workers found it difficult to understand which health service was supporting their clients. ○ Home testing was more readily available in Victoria than in NSW. • Appeared to be no cross-border plans or guidelines for how agencies, local government and health services should work together in times of emergencies. • Many different and fast-changing rules in Victoria and NSW made it difficult for communities and the multicultural sector workforce trying to support them. • Families on either side of the border shared their understanding of the rules, which may differ for the other individual who was in another state. • No position like the Ovens Murray Strategic Engagement Coordinator in NSW, meaning that this position was stretched trying to service both Albury and Wodonga and working with agency teams in both Melbourne and Sydney.

Table 1. Findings – border arrangements

What worked?	What didn't work
	<ul style="list-style-type: none"> • Measure of the impact of the outbreak was skewed due to each State only considering case numbers on their side of the border. • Difficulties of staff on the ground helping metropolitan teams in Sydney and Melbourne to understand border challenges, local context and local demographics.

Recommendations

Short or medium-term implementation

- Albury Wodonga Health and Murrumbidgee Local Health District to consider the development of a joint crisis management plan to provide a clear framework for collaboration in future emergencies.
- Victoria and NSW, potentially through the Office of the Cross Border Commissioner, to consider the appointment of a cross-border emergency coordination role to support vulnerable cross-border communities, including overall cross-border logistics and coordination, during emergencies.
- The Ovens Murray Strategic Engagement Coordinator to form a cross-border working group to facilitate and progress the implementation of recommendations from the review and promote the Crisis Management Checklist.
- Department of Home Affairs and local government to work collaboratively to improve cross border data collection and understanding of multicultural groups, languages spoken and numbers of individuals within the Albury-Wodonga community.

For future emergencies

- Involve relevant local government and other emergency management contacts from the other side of the border to participate in emergency management committees to ensure sharing and collaboration.
- If not already in operation develop a regular forum that brings the multicultural workforce together to share information about on-ground issues being experienced by the multicultural community and have a central person who feeds these issues back into emergency management processes on both sides of the border.
- Draw from data sets on both sides of the border to inform emergency planning, response and recovery, including records held by local multicultural groups.

2. Review findings and recommendations

2.7. Strategic Engagement Coordinator role

The Ovens Murray Strategic Engagement Coordinator is employed by the Rural City of Wangaratta with funding from the DFFH in Victoria. The aim of the Strategic Engagement Coordinator role is to identify service gaps and opportunities for collaboration, to deliver improvements to place-based support services for diverse communities.⁸

Interview participants were asked to rate the importance of the Ovens Murray Strategic Engagement Coordinator role, held by Lucie Wallis, in the coordination of the COVID-19 response for Albury-Wodonga multicultural communities. 28 interview participants answered this question. All participants who answered this question rated the role between important and extremely important and 75% of respondents rated the role as extremely important.

Overall, the comments were highly complementary. Most commonly respondents commented on how Lucie connected stakeholders and effectively advocated and secured resources to meet the multicultural communities' needs during the outbreak.

Just two comments out of the 28 captured had some negativity, these spoke of a lack of clarity about the responsibilities of the role and a lack of on-ground coordination and neutrality. In these conversations there appeared to be a lack of understanding of the role of the Ovens Murray Strategic Engagement Coordinator both as part of the on-ground emergency team and within NSW.

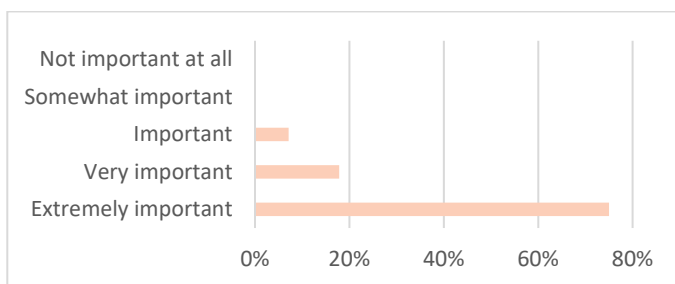


Figure 2. Rating the importance of Strategic Engagement Coordinator role in the response

⁸ Department of Premier and Cabinet, Multicultural Affairs and Social Cohesion Division (2018) Strategic Engagement Coordinators Initiative.

A selection of quotes below highlights the value of the Strategic Engagement Coordinator role. Approval has been received by interview participants to include these quotes in the report. Other de-identified quotes from interviews can be found in APPENDIX 2.

'Lucie put in a huge number of hours and had a dogged determination to get the best response for the CALD community and that needs to be applauded. Without Lucie persisting and seeking to get outcomes AWH would not have delivered the response for the CALD community.'

Lucie Shanahan, Executive Director Mental Health, AOD and Public Health, Albury Wodonga Health.

'Lucie was instrumental in the response and coordination. She worked tirelessly to support the whole community and bring agencies together.'

Andrea Ryder, Community Navigator Humanitarian Settlement Program, Australian Red Cross.

'Lucie did amazing work around high-level advocacy, that the people on the ground just couldn't do. This allowed the people on the ground to just do the work they needed to support communities.'

Jodie Farrugia, Community Development Officer, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors.

'Lucie in particular, but the role, in general, was an essential link. She was the spoke in the wheel and provided intelligence and strategic insights, linking us with other important networks in Albury-Wodonga. The work that she did really had a positive impact for the Department and for the communities.'

Sunita Varlamos, Acting Senior Community Engagement Advisor, Victorian Department of Health.

Recommendations

Short or medium-term implementation

- DFFH to continue funding for the employment of the Strategic Engagement Coordinator to support multicultural communities.
- DFFH to work with the Strategic Engagement Coordinator to clarify the role's responsibilities in a cross-border crisis and communicate these to other stakeholders.
- Victoria and NSW, potentially through the Office of the Cross Border Commissioner, to consider the appointment of a cross-border emergency coordination role to support vulnerable cross border communities, including overall cross-border logistics and coordination, during emergencies.

Albury-Wodonga multicultural community crisis checklist

This checklist is a reference for crisis planning and management to support the Albury-Wodonga Multicultural Community in times of emergency. It has been formulated from the recommendations from the 2022 Albury-Wodonga Multicultural Community COVID-19 Response Review.

Identify vulnerable communities

- Meet with members of the multicultural community, workforce and/or council community development teams to identify vulnerable cultural groups in the area. Consider humanitarian migrants and recently settled groups.
- Consider the barriers for different communities that may impact how they can respond in a crisis; these could include but are not limited to:
 - Literacy.
 - Language barriers.
 - Transport availability.
 - Digital literacy and digital resources.
 - Lack of trust in government and figures of authority.
 - Using non-mainstream communication and news channels.
 - Financial constraints.
 - Large family sizes.
 - Preparation skills for standard-issue food relief packages.
 - Availability of standard at-home resources and equipment.
 - Health literacy or understanding of health systems.

How can the multicultural community be involved?

- Meet with local community leaders early and identify opportunities to involve them in communications and emergency management.
- Source funding to reimburse local community members and the multicultural workforce for their time supporting emergency response and recovery.

How can you best communicate with the multicultural community?

- Use local contacts who work with the multicultural community to determine what languages and dialects need translation.
- Consider what messages need to be translated and develop audio, video, and written in language resources (not just written).
- Use communication channels that are already being used by the local multicultural community e.g. Facebook and WhatsApp groups.
- Provide face-to-face and phone interpreter services to support communication.

How can we best work with other organisations?

- Develop list of key contacts, roles and organisations who can support communication and engagement with multicultural communities and clarify the scope of their role and their ability to support the emergency management process.
- Where possible identify a representative from the local multicultural sector workforce and invite them to participate in emergency management processes to provide on-ground intel and knowledge.
- Consider communication and knowledge sharing opportunities to connect decision-makers with people working the on-ground with the multicultural community.
- Ensure people who work with or support multicultural communities and schools have adequate/timely information and resources to support their clients, students, and community.
- If not already in operation develop a regular forum that brings the multicultural workforce together to share information about on-ground issues being experienced by the multicultural community and have a central person who feeds these issues back into emergency management processes on both sides of the border.
- Involve relevant local government and other emergency management contacts from the other side of the border to participate in emergency management committees to ensure sharing and collaboration.
- Collaborate on public communication both between organisations and across the border to have a single source of truth.

What do individual organisations need to consider?

- Have you allowed for the additional time that will be required to work with multicultural communities?
- Do you have the internal resources to support the multicultural community in a culturally sensitive way?

Organisations who participated in review interviews

- Albury Wodonga Ethnic Communities Council
- Albury Wodonga Health
- Albury Wodonga Regional FoodShare
- Albury Wodonga Volunteer Resource Bureau
- Australian Red Cross
- Department of Education (Victoria)
- Department of Families Fairness and Housing
- Department of Health
- Gateway Health
- Multicultural NSW
- Murray High School
- Murray Valley Sanctuary Refugee Group
- Murrumbidgee Local Health District
- NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
- Parliament of NSW
- Regional Development Australia (Murray)
- Resilience NSW
- Rural City of Wangaratta
- Services Australia
- Wodonga Council

Quotes relating to the Strategic Engagement Coordinator role

Interview participants were asked to rate the importance of the Ovens Murray Strategic Engagement Coordinator role, held by Lucie Wallis, in the coordination of the COVID-19 response for Albury-Wodonga multicultural communities. Following the provision of a rating, they were asked to explain why they rated it the way they had. Below is a series of de-identified quotes captured from this question.

Lucie put in a huge number of hours and had a dogged determination to get the best response for the CALD community that needs to be applauded. Without Lucie persisting and seeking to get outcomes we couldn't have delivered the response for the CALD community.

Lucie was the one to help reach across her networks, to work out who needed to be communicated with, awareness of who needed to be involved - helped to pioneer an approach. It was really well-coordinated, the initial conversation was about preparedness. In NSW, we couldn't allocate one specific person to liaise with Lucie and support her. Need a key person on NSW as a central point of contact. Had such a coordinated response in Sydney - but the larger state-based response we don't have the same resource.

A lot of the response and collaboration was driven by Lucie. We all have our jobs - that role has the flexibility to pivot. She advocated and communicated with higher levels for home testing and other things.

Lucie was instrumental in the response and coordination. She worked tirelessly to support the whole community and bring the agencies together. And the agencies that don't have the resources. She did a great job.

Beyond extremely important - vital. Lucie brought the CALD perspective to the table that we haven't had before - without Lucie's input and coordination we would not have had the situations happening in the CALD committee.

She was pushing boundaries and pushing to get outcomes.

It was crucial. It wouldn't have happened without Lucie. Without Lucie it wouldn't have been as good of a response. Especially when people started to get sick. She was the driving force.

That role gave us the inroads to know what key stakeholders we needed to engage with.

Lucie was able to get leaders on board and arrange everything and make sure we were all working together.

Her organisation was able to zero in on the migrant community, she had established links which were important to gaining trust, knowing the leaders and knowing how they communicated with each other

She had the contacts with bigger key players e.g Albury Wodonga Health, Murrumbidgee Local Health District and Departments. She was able to do those bigger things e.g. home testing arrangement, getting interpreters down and helping with communications.

Lucie in particular but the role in general was an essential link. She was the spoke in the wheel and provided intelligence and strategic insights and linked us with other important networks in Albury Wodonga - the work that she did really had a positive impact for the Department and for the communities.

Did amazing work around high-level advocacy - people on the ground just couldn't do that. Allowed the people on the ground to just do the work they needed to.

One source of truth - one person who started the ball rolling and connected all the dots. Coordinated meetings 2-3 times a week and then weekly. She knew everyone.

Whether it was the role, or the person in the role, Lucie was committed to people on both sides of the border, and genuinely committed to helping people. She provided an amazing level of care. As did many others, I'm sure!

Lucie had the contacts in place, she knew how to get the messages out there, she's a good networker that way. I felt encouraged that Lucie came to xxx, she was instrumental in the support she was providing to people in the practical sense.

It really depends on the individual. Nobody understands what the charter of the role is. Based out of Wangaratta, but she works in Albury. It wasn't a logical fit. I don't think its house benefits the

position, perhaps it should be in another Department. The role needs to be in the right spot and has to have a very defined role. The Cross Border Commissioner Office might be useful. Health could be a good fit - there's an area of operations that overlap. Perhaps PHN network.

It was most important for our community to meet our goals. She was coordinating everything - information, sharing videos, giving masks and sanitiser, getting food to many families in lockdown. I was surprised to see Lucie working 24/7, even on the weekend and holidays. She says 'I am available 24/7 - call any time, Saturday, Sunday, night, call me.' They did many WhatsApp groups about vaccination and testing and FoodShare. She tried to do the meetings with leaders so that they had all the information.

The role is very important, you need someone who can coordinate and bring all the entities together. In the emergency management forums that did occur, but out on the ground there were some communication breakdowns, misunderstanding of roles, a lack of coordination, and some ongoing negativity towards some parties - when everyone was working hard in a tough situation. This role requires someone who can stay neutral, withhold opinion but bring all parties together towards to common goal.

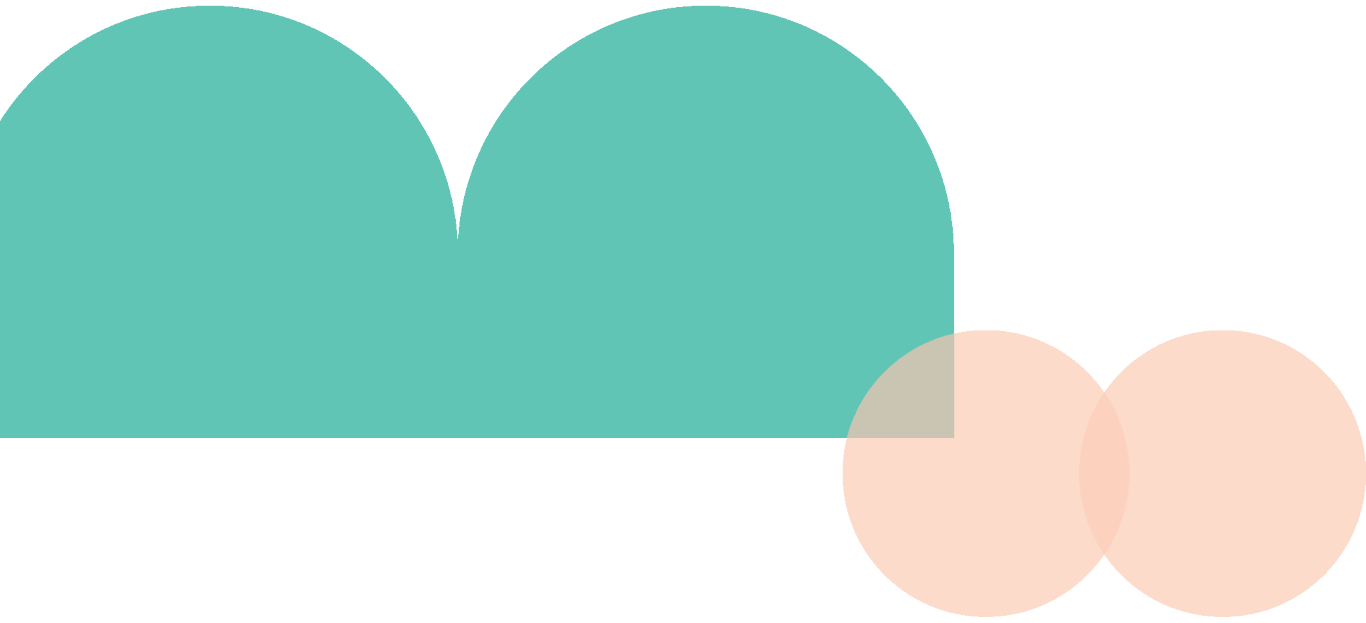
She attended all of those meetings and she was the go-to person to link different organisations or even different parts of the same organisation, Medicine supply was something she smoothed out. Lucy was always facilitating and getting teams together to support each other. The NSW side also recognised Lucie's input. She did a great job.

100%! She was basically the one that got the sector together. Previously we worked together, but she set up meetings and daily response check-ins, she worked almost 24 hours a day. We would work until 10pm on how we can support families and what the issues were. She helped get us all together and get clients sorted across the different organisations. She would get me in contact with the right person. She was completely invaluable.

She provided added capacity to synthesise information, policies, and what was happening locally and engage a government response. Engaged government bureaucrats and policymakers in resourcing the local response.

She already had a pre-existing relationship with everyone and had been an advocate. She's great at getting funding! There was a lot of trust for Lucie and respect. She played a key role in coordinating everybody.

Wouldn't have been able to get home testing or respond. Wouldn't have been able to talk with politicians. She raised it to the top to tell them about the crisis. Targeted higher tiers of government. Got the home testing. Got extra funding. Got interpreters from Sydney.



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