The Australian Government’s response to the COVID-19 pandemic

Submission

28 May 2020
About NACCHO

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO’s work is focussed on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

Our Members provide about three million episodes of care per year for about 350,000 people across Australia, which includes about one million episodes of care in very remote regions.

Sector Support Organisations, also known as Affiliates, are State based and also represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their Members including advocacy, governance training and advocacy on State and Territory Government health care policies and programs.

Affiliates also support ACCHOs to deliver accessible, responsive and culturally safe services for Aboriginal and Torres Strait Islander people. The leadership and support provided by Affiliates strengthens governance and financial expertise in the Aboriginal and Torres Strait Islander community controlled health sector. Affiliates provide a strong interface for the Aboriginal and Torres Strait Islander community controlled health sector with the national reform agenda occurring in the health system. Together NACCHO and Affiliates harness better coordinated, more cohesive and cost-effective mechanisms for stakeholder and community engagement on Aboriginal and Torres Strait Islander health issues, and providing advice to State, Federal and Territory Governments.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; provision of medical, public health and health promotion services; Allied Health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and providing help with income support.

Across the sector we employ about 6,000 staff, 56 per cent of whom are Indigenous, which makes us the single largest employer of Indigenous people in the country.
The COVID-19 pandemic has highlighted how effective the structure and combination of NACCHO, State and Territory Affiliates and Aboriginal Community Controlled Health Services is in responding to COVID-19.

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Contents
Overview ................................................................................................................................................. 5
Recommendations .................................................................................................................................. 6
Introduction ............................................................................................................................................ 7
Community controlled leadership .......................................................................................................... 7
  Work by the National Aboriginal Community Controlled Health Organisation .......................... 8
  Work by Aboriginal Community Controlled Health Organisations ............................................ 12
Training ................................................................................................................................................. 12
Maintaining chronic disease management ........................................................................................... 13
Telehealth ............................................................................................................................................. 13
Aged care .............................................................................................................................................. 14
Influenza vaccines ................................................................................................................................. 14
General Practice Respiratory Clinics ..................................................................................................... 14
Collaboration ......................................................................................................................................... 14
Community controlled response to pandemic ..................................................................................... 15
Biosecurity ........................................................................................................................................... 15
Testing ................................................................................................................................................... 16
Isolation and quarantine ......................................................................................................................... 18
Workforce impact .................................................................................................................................. 19
Protective equipment and hand sanitiser ............................................................................................... 19
Environmental Health Services ............................................................................................................. 19
The impact of COVID-19 on Aboriginal and Torres Strait Islander businesses ............................... 19
Private Sector contributions ................................................................................................................... 20
Food security ......................................................................................................................................... 22
Mental health ......................................................................................................................................... 22
Associated social issues ......................................................................................................................... 23
  Soap in schools ................................................................................................................................. 23
  Boarding schools .............................................................................................................................. 25
Community Development Program participation requirements ......................................................... 26
  Increased Jobseeker payments ......................................................................................................... 26
Attachments .......................................................................................................................................... 27
Overview

The COVID-19 virus has exposed the vulnerability of Aboriginal and Torres Strait Islander people to pandemics. Generations of systemic and ongoing provision of inadequate housing and infrastructure, overcrowding, and social disadvantage, and the high prevalence of comorbidities among Aboriginal and Torres Strait Islander people contribute to higher mortality in Aboriginal and Torres Strait Islander people. Over 50% of all Aboriginal and Torres Strait Islander adults have one or more chronic diseases which places them at high risk of serious COVID-19 infection. During the COVID-19 pandemic, these factors make Aboriginal and Torres Strait Islander people one of the most vulnerable populations to the COVID-19 virus. If COVID-19 gets into Aboriginal and Torres Strait Islander communities, the consequences could be catastrophic.

The Australian Government, along with its counterparts in the States and Territories, has recognised Aboriginal and Torres Strait Islander people are highly vulnerable and that it would be catastrophic if the COVID-19 virus was to spread to communities. This same recognition did not occur with the 2009 H1N1 influenza epidemic, during which Aboriginal and Torres Strait Islander peoples suffered a death rate of more than four times higher than non-indigenous Australians1,2.

The high level of collaboration by the National Cabinet has been instrumental in achieving the low number of COVID-19 cases among Aboriginal and Torres Strait Islander peoples, together with the leadership of Aboriginal and Torres Strait Islander people across our health sector and Ms Pat Turner’s leadership on negotiating a new National Agreement on Closing the Gap. In addition, responsiveness by Department of Health (DoH) staff to work in genuine partnership with NACCHO, Affiliates and other Aboriginal and Torres Strait Islander health experts has also contributed significantly to the outcomes to date. There has been extensive support and partnerships with the Royal College of Physicians and General Practitioners, the Australian Medical Association, mining companies and others in the private sector.

It is however, important to note that the support, programs and collaboration is provided as a response to the COVID-19 pandemic and involves the goodwill and leadership by a range of individuals including; the Prime Minister, the Hon Greg Hunt MP, the Hon Ken Wyatt MP and the senior leadership within DoH. Until a vaccine is developed the COVID-19 virus is a significant threat to Aboriginal and Torres Strait Islander people and the response today does not address the social determinants of health. The new National Agreement on Closing the Gap will be a major step in the right direction.

In its response to the COVID-19 virus the Government has recognised its responsibility to the Australian people and effectively, not legally, its fiduciary duty. In Canada the Crown accepted it has a fiduciary duty to its First Nations people, is this a path that could also be explored to enable Aboriginal and Torres Strait Islander people to have certainty that housing needs and other social determinants will be addressed and that there will be adequate funding to be able to respond to any future pandemics?

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Recommendations

NACCHO recommends that:

- The Australian, State and Territory Governments establish a formal partnership with Aboriginal and Torres Strait Islander representatives to create a plan to improve the housing infrastructure available to Aboriginal and Torres Strait Islander peoples, and develop capacity building to construct and maintain housing as far as possible by Aboriginal and Torres Strait Islander people.
- The Australian Government accelerate a response to address the burden of disease.
- The Government note the added burden pandemic response places on Aboriginal Community Controlled Health Organisations (ACCHOs) and provide support to the funding and development of appropriate quarantine and isolation facilities in community nationally.
- The Medicare telehealth items be continued past the September 2020 assessment of the program, consideration be given to expanding the program further, and a review of the rapid rollout of telehealth be conducted to assess the impacts of telehealth on the access of Aboriginal and Torres Strait Islander peoples to healthcare.
- The rollout of point of care GeneXpert machines be extended to urban and regional ACCHOs to support rapid results for high risk patients.
- Funding for social and emotional wellbeing programs be transferred back to DoH and be directed to ACCHOs to enable a more integrated approach to mental health.
- The Government and associated bodies, including the Therapeutic Goods Administration and Pharmaceutical Benefits Advisory Committee, continue to liaise directly and regularly with NACCHO to ensure ongoing timely and consultative responses to medicines supply and access issues for Aboriginal and Torres Strait Islander people.
- Additional funding be allocated for ACCHOs to cover the cost of quarantining locums and surge workforce and other staff.
- The Government improve data collection practices in Aboriginal and Torres Strait Islander identification so the information can be used to provide accurate reporting on screening and testing programs, and outcomes of testing, including in pathology.
- That the Community Development Program (CDP) remains voluntary with mutual obligation requirements suspended for the duration of the pandemic threat.
- That the Australian Government moves to reform CDP to incorporate a core jobs component consisting of a pool of subsidised part-time jobs in Aboriginal community controlled organisations, supplemented with training positions and meaningful activities directed by local communities on projects which address community objectives, as proposed by Aboriginal Peak Organisations NT (APO NT).
- That the Australian Government extends the current doubled rate of Newstart for the duration of the pandemic and that the rate be significantly increased from the pre-existing level once the pandemic has passed.
- A national strategy be considered by National Cabinet to ensure soap is provided as a mandatory requirement in all schools around Australia.
- The Australian Government commit to working closely with State and Territory Governments to resolve the fault lines of disadvantage endured by Aboriginal and Torres Strait Islander people for generations, including health, education and housing. Governments must invest in better and less crowded housing for Aboriginal and Torres Strait Islander people and fund Environmental Health Workers.
Introduction

NACCHO welcomes the opportunity to provide comments on the Australian Government’s response to the COVID-19 pandemic to the Senate Select Committee on COVID-19. This submission is informed by the valuable advice provided by the following Affiliates:

- Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga)
- Aboriginal Health Council of Western Australia (ACHWA)
- Aboriginal Medical Services Alliance NT (AMSANT)
- Aboriginal Health Council of South Australia (AHCSA)
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Community controlled leadership

The community controlled sector has led an effective preventative response to the COVID-19 pandemic for Aboriginal and Torres Strait Islander people. As soon as it became evident in January how deadly the SARS-CoV-2 virus which causes the COVID-19 illness was, NACCHO, Affiliates and Members initiated awareness campaigns for our communities and began planning for prevention and response. By the time Australia had its first COVID-19 case, our community controlled health sector and local community leaders had already begun making decisions from the national to the local level. Communities were preparing to close their borders, and Aboriginal and Torres Strait Islander health experts were already discussing measures to protect our people in urban, regional and remote areas throughout Australia. Over the last few months, the Australian, State and Territory Governments have made continuous announcements of rolling changes as jurisdictional responses were developed and implemented. Aboriginal and Torres Strait Islander people turned to their ACCHOs for leadership and clear guidance which has been successfully delivered to date.

“…when the epidemiology started coming out of China on the amount of deaths, and particularly the risk factors – age and chronic disease – that’s when we started worrying. And by the time Australia got its first case, we had started doing public health messages. We just needed to react quickly…honestly, it took two weeks for public health to catch up.”

- Dr Mark Wenitong, the public health medical adviser at the Apunipima Cap York Health Council

Aboriginal and Torres Strait Islander peoples have a high prevalence of comorbidities, which puts them at higher risk of severe COVID-19 illness. In addition, one quarter of the Aboriginal and Torres Strait Islander population lives in remote areas, which makes access to health services difficult. Many health services, particularly in remote areas, are already at capacity and are ill equipped to handle the surge in demand an outbreak in the community will require. The Aboriginal and Torres Strait Islander population is also highly mobile, with people frequently travelling between communities over long distances, making them highly vulnerable to the spread of contagious diseases.

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disease, compounded by the high proportion of Aboriginal and Torres Strait Islander people who live in overcrowded homes⁶, making isolation impossible. ACCHOs were motivated to act quickly to share public messaging and material and work together to inform their communities in a time when confusion was spreading quickly⁷.

Work by the National Aboriginal Community Controlled Health Organisation

In January, Ms Pat Turner, NACCHOs CEO, began sending COVID-19 health messages to all of our Members and Affiliates. This provided Ms Turner and NACCHO with the opportunity to ask Members and Affiliates how prepared they felt for the impending pandemic. Members and Affiliates advised PPE shortages in clinics, and concerns around how to prepare a pandemic response which included quarantine measures within their funding restrictions. NACCHO began discussing options with DoH for ways additional funding could be provided to our Members and Affiliates to support the preparation of pandemic plans.

The Australian Government subsequently allocated $6.9 million to NACCHO and Affiliates to be used support Affiliates and Member Services to coordinate efforts around Australia’s COVID-19 response. This grant has two components. NACCHO and its State and Territory Affiliates received a total of $900,000 (excluding GST) to support coordination of the COVID-19 response for Aboriginal and Torres Strait Islander people. The second component allocated $6 million (excluding GST) to NACCHO Member Services who are funded under the Indigenous Australians Health Programme (IAHP) to deliver primary health care, to contribute to their local response to the COVID-19 pandemic, ensuring that clients have access to culturally safe and appropriate care as required.

NACCHO has planned to allocate the $6 million (excluding GST) to Member Services in two tranches. The first tranche of funding will be allocated to urban and regional services who are funded to deliver primary healthcare under IAHP and excludes services that are becoming General Practice Respiratory Centres (GPRCs). The second tranche of funding will be allocated to ACCHOs currently under consideration to be a GPRC, who did not accept the offer to become a GPRC, or did not meet the requirements to become a GPRC, and provide additional funding to remote services where appropriate and for emerging priorities. Under this grant, activities could include, but are not limited to:

- Increasing COVID-19 testing capacity within the service
- Supporting clients to access available testing if not available within the service, including transport services and costs where appropriate
- Facilitating culturally safe access to GPRCs or other State-run clinics, including posting Aboriginal Liaison Officers or Health Workers to the GPRCs or having them accompany clients to clinics if appropriate
- Sharing of expertise, learnings and resources to assist other ACCHOs to implement appropriate COVID-19 response measures
- Working with other ACCHOs, Affiliates, Primary Health Networks and State and Territory Governments to support the COVID-19 response
- Any other COVID-19 response approaches as required


At the beginning of March, NACCHO held a workshop to brief Affiliate CEOs, Primary Healthcare Medical Officers (PHMOs), ACCHO CEOs and medical directors on communicable diseases, including COVID-19 and Influenza 2020. This was co-hosted by DoH.

Ms Turner wrote to the Prime Minister on 16 March, urging swift and decisive action and, in an attached position paper, suggested a range of specific measures which needed to be taken to protect the Aboriginal and Torres Strait Islander community in Australia. The Commonwealth responded positively from the outset. This spirit of collaboration has been crucial to our successful response to COVID-19 and must continue after this crisis.

NACCHO continues to actively engage with the Commonwealth. Together with ACCHOs in Western Australia, the Northern Territory, South Australia and Queensland, Ms Turner strongly advocated for the immediate application of travel restrictions and quarantine measures to protect communities and individuals and for urgent support to be deployed to Affiliates and ACCHOs in combatting the virus.

In addition to the advocacy of our CEO, NACCHOs Medical Advisor, Dr Jason Agostino, represents us on the GP Peaks Group, which addresses implementation issues in primary health care including supply of PPE, introduction of telehealth and roll out of fluvax.

NACCHO has also worked closely with ACCHOs to ensure ongoing management of chronic disease in urban, regional, remote and very remote communities, and continuity of care for patients.

Aboriginal and Torres Strait Islander Advisory Group on COVID-19

NACCHO Deputy CEO, Dr Dawn Casey, co-chairs the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 with Dr Lucas De Toca from DoH. The group has representatives from across the community controlled health sector and from State and Territory Governments, including; Affiliate Public Medical Officers, Aboriginal ACCHO CEOs, Aboriginal Medical Directors and Professor James Ward. The Advisory Group has developed a Management Plan for Aboriginal and Torres Strait Islander populations, which is available on NACCHO website. The Advisory Group links to the Communicable Diseases Network Australia, and reports to the Australian Health Protection Principal Committee.

The Advisory Group has developed, and provided informed expert advice to, the following essential response plans:

- Management Plan for Aboriginal and Torres Strait Islander populations
- CDNA National Guidelines for Public Health Units (COVID-19 SoNG), ensuring the inclusion of specific information about Aboriginal and Torres Strait Islander communities

The Government has commissioned modelling specific to Aboriginal and Torres Strait Islander peoples to enhance the understanding of, and response to, COVID-19.

Following advocacy by NACCHO and other Aboriginal members of the Advisory Group now receives epidemiology reports from Communicable Diseases Network Australia. High level data on cases in Aboriginal and Torres Strait Islander people is included in the publicly available weekly epidemiology reports and is used to provide alerts to communities about new cases and potential outbreaks as early as possible.

NACCHO communication strategies

Since mid-January, NACCHO has been sharing important public health messages and culturally-appropriate COVID-19 posts on our blog and across all social media platforms. We launched a
dedicated COVID-19 website page in mid-March and have published daily Aboriginal Health and COVID-19 News Alerts.

By far the most successful platform we have used to convey health messages to our people is our NACCHO Facebook page. We have shared over 500 NACCHO, Affiliates, members and stakeholder posts which have had approximately 155,000 engagements since 20 January. In April, our Facebook engagement success was acknowledged by the Facebook Australia and New Zealand team who allocated a $5,000 support donation of Facebook advertising credits to help promote the #OurJobProtectOurMob #KeepOurMobSafe campaign.

NACCHO has also worked closely with DoH to keep the public and the media informed during the pandemic by providing consistent and coordinated media and public responses.

NACCHO, Affiliates and ACCHOs have worked together to develop and circulate information to Aboriginal and Torres Strait Islander communities. To support these efforts, DoH provided $911,235 to Aboriginal and Torres Strait Islander broadcasters through First Nations Media Australia to respond to the COVID-19 pandemic through the production and broadcast of place-based health and safety materials. Targeted messaging addresses local issues, concerns, misinformation, interprets Government messaging, and is delivered in mediums best understood by their audiences. Local broadcasters use local Elders and leaders with cultural or community authority to strengthen messaging around the importance and gravity of the COVID-19 pandemic.
Case study: communication resources for Aboriginal and Torres Strait Islander communities

NACCHO developed COVID-19 specific graphics to help promote healthy messaging which were then shared with ACCHO’s and Affiliates. Graphics created by our Members and Affiliates were made available on a single platform on our website as a resource depository for all relevant health sector and community graphics which could be repurposed.

NACCHO encouraged ACCHOs to use the following hashtags across social media posts:

- #OurjobProtectOurMob
- #AboriginalHealthinAboriginalHands
- #StoptheSpread
- #KeepOurMobSafe

An example of NACCHO COVID-19 graphics

Examples of COVID-19 graphics created by organisations in our sector:
Work by Aboriginal Community Controlled Health Organisations

The Aboriginal Community Controlled Health Sector began actively preparing to respond to a possible COVID-19 outbreak in January 2020, in advance of the public response by the Government. By the time Australia had its first case, the community controlled health care sector, and Aboriginal and Torres Strait Islander community leaders, had already begun making decisions and taking action from the national to the local level. Aboriginal and Torres Strait Islander remote communities who were able to, responded quickly to close their borders early.

There was quick decision making at the local level to ensure effective measures were put in place for these communities as soon as possible. As a result, many ACCHOs had a level of preparedness prior to the pandemic which many general practices could not match. ACCHOs developed local community plans and began identifying options to increase their capacity and capability to respond quickly to an outbreak in remote communities. Community plans have included options to:

- Social distance in communities
- Identify local assets which can be repurposed
- Provide tents for overcrowded houses
- Set up camps on the outskirts of community

ACCHOs were quick to prepare practical approaches to managing potential cases of COVID-19, including creating separate entrances for patients with symptoms, separate waiting rooms and stationing staff outside clinics to greet patients and direct them according to symptoms.

Throughout this pandemic, ACCHOs have continued to provide care through phone consults, home visits to Elders and those self isolating, seeing patients at clinics for flu vaccinations, urgent reviews and other medical issues which can’t be delayed, including management of chronic conditions. Members have continued to provide health services to their communities despite staff and equipment shortages, and the challenges of working in a restricted environment due to lockdown.

Acknowledging the key part ACCHOs play in keeping Aboriginal and Torres Strait Islander communities safe and healthy, DoH allocated $5 million in funding through a Community Grants Program. Funding was allocated to support 56 organisations across 121 communities, including Community Controlled Health Services, and WA, NT and Qld Departments of Health to assist with preparedness for COVID-19. In the first tranche of funding, $4.48 million (excluding GST) was allocated to 110 communities based on the size of the Aboriginal and Torres Strait Islander population. Grants were offered to 36 ACCHOs and ranged from $15,000 to $320,000. Grants offered to 9 State and Territory run health services ranged from $15,000 to $725,000. In the second tranche of funding, $520,000 (excluding GST) was allocated to 11 new organisations and additional funding was allocated to 6 organisations which received funding under the tranche 1 funding. In the second tranche of funding grants offered to ACCHOs (including additional funding) ranged from $10,000 to $65,000 (excluding GST). The Community Grants Program supported a total of 56 organisations across 121 communities in remote areas in their preparations for a response to a COVID-19 outbreak.

Training

The Australian National University and NACCHO have worked together to develop online COVID-19 infection control training modules, specific for remote health services, with an emphasis on Aboriginal and Torres Strait Islander people and communities.
Two modules have been released so far, with a further three in development:

- An introduction to COVID-19 including understanding of the virus, epidemiology, transmission and patient diagnosis
- Contact tracing in remote communities, noting the significant challenges faced in remote settings should an outbreak occur


**Maintaining chronic disease management**

Throughout the pandemic, NACCHO and Affiliates have maintained a watching and support brief in working with ACCHOs to continue the management of chronic diseases with their clients.

**Telehealth**

The expansion of telehealth has included several items to support prevention and management of chronic disease for Aboriginal and Torres Strait Islander peoples. Following consultation with NACCHO through GP Peaks group, the Aboriginal and Torres Strait Islander Health Assessment (Medicare item 715) and related follow-up items have also been included in the expanded items. Some concerns exist around equitable access to telehealth by many Aboriginal and Torres Strait Islander peoples through infrastructure to engage or may have difficulties with language or health literacy in engaging. To further support equitable engagement, AMSANT has proposed an expansion of Medicare item 10983 which would enable Aboriginal and Torres Strait Islander Health Workers and Practice Nurses to provide support to patients engaging through telehealth. There has been some advice that indicates increased numbers of clients because they find telehealth easier.

DoH doubled the payments under the Practice Incentive Program Quality Improvement (PIPQI) for General Practices which open for face to face services for a minimum of four hours a day (or for part time practices for an average of 50% of their normal practice opening hours). These measures will apply until 30 September 2020 and payments will be made on 1 May 2020 and 1 August 2020.

DoH has increased bulk billing incentives, introducing two new bulk billing incentive items for patients who are identified as vulnerable to COVID-19. Intended to encourage GPs to bulk bill consultations, the measure will reduce the financial pressure on patients during the pandemic.

To reduce the financial burden for ACCHOs, DoH has agreed that core primary health care funding and previously approved 2018-19 program can be adjusted to support local health need and ACCHOs individual responses to the pandemic. DoH also agreed that the National Key Performance Indicator reporting for 2020 and the On-line Service Report reporting for 2019-20 would be encouraged, but not mandatory.

ACCHOs are critical in delivering social support programs, including alcohol and other drug services, social and emotional wellbeing projects, family support and youth engagement and diversion programs. The National Indigenous Australians Agency (NIAA) regional offices are working with providers, including ACCHOs, to prioritise the additional $23 million. The ACCHOs play a major role in this area therefore, consideration needs to be given to transferring the responsibility for this program to DoH. This would drastically reduce the burden of applying for grants and reporting for ACCHOs.
Aged care
DoH has increased support for Aboriginal and Torres Strait Islander peoples in urban areas with $9 million in funding provided to support older people not currently receiving aged care services who need to socially isolate at home. DoH has provided the majority of this funding through ACCHOs in metropolitan areas to assist with the following:

- welfare checks
- shopping for meals and food supply
- health checks and links to telehealth support
- medication supply.

Influenza vaccines
Access to free seasonal influenza vaccines have been provided through the National Immunisation Program from mid-April 2020 to those most at risk of complications from influenza, including all Aboriginal and Torres Strait Islander people aged 6 months and over. Initially there were supply shortages, particularly in the NT. The progress on the uptake of the flu vaccine is monitored at the fortnightly meeting of NACCHO and Affiliate CEOs.

DoH is also considering the development of immunisation outreach teams to enable influenza and pneumococcal vaccines to be given in people’s homes but will work with States and Territories and ACCHOs to provide advice on progress of this program.

General Practice Respiratory Clinics
The Australian Government committed to the progressive establishment of over 100 GP-led Respiratory Clinics (GPRC) across Australia to provide dedicated services to people with mild to moderate COVID-19 symptoms. Initially, the Government’s focus was on supporting ACCHOs to facilitate culturally appropriate access to GPRCs. However, a number of ACCHOs expressed strong interest in being considered resulting in around 21 being contracted nationally.

Collaboration
The high level of collaboration by the leaders of the Australian, State and Territory Governments has been instrumental in achieving the low number of COVID-19 cases among Aboriginal and Torres Strait Islander peoples and should be expanded to other areas, in particular finalising the new National Agreement on Closing the Gap.

NACCHO appreciates the Government’s commitment to listening to the advice provided by NACCHO and the Aboriginal and Torres Strait Islander Advisory Group on COVID-19. State and Territory governments have worked closely with the community controlled health sector, and went into the pandemic cognizant of the need to listen to the advice of Aboriginal and Torres Strait Islander health experts.

As an example, in the Northern Territory, swift and culturally appropriate action was taken by Governments, Aboriginal organisations and communities. The Northern Land Council and the Central Land Council provided coordinated leadership during the COVID-19 pandemic. This is a clear lesson

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for Australia’s efforts to close the gap. Aboriginal leadership is essential to successful outcomes for Aboriginal and Torres Strait Islander communities.

However, at some points during the pandemic, there was a lack of interagency coordination in government responses. For example, communication between States and Territories while setting up border closures and biosecurity measures has at times been lacking, creating problems and miscommunication during the implementation of these restrictions. Some Australian, State and Territory Government announcements contradicted each other due to the needs of different jurisdictions when responding to the pandemic. There were also jurisdictional disagreements over responsibility for biosecurity measures and funding of quarantine facilities.

Community controlled response to pandemic

In their response to COVID-19, the Australian Government has demonstrated that they had learned some of the hard lessons of the 2009 H1N1 influenza epidemic, during which Aboriginal and Torres Strait Islander peoples suffered a death rate more than four times higher than non-Indigenous Australians. Aboriginal and Torres Strait Islander peoples were omitted from the 2009 National Action Plan for Human Influenza Pandemic and were not identified as being a high risk population group, resulting in worse outcomes than the mainstream population. The 2009 H1N1 influenza epidemic demonstrated that a one-size-fits-all approach to public health emergencies does not work for Aboriginal and Torres Strait Islander communities. The improvement of partnerships between communities and government agencies to manage public health emergencies was imperative and future pandemics – and future engagement with all levels of government in Australia – should ensure Aboriginal and Torres Strait Islander peoples are appropriately engaged as active and equal participants in pandemic preparedness, responses, recovery and evaluation. We are now seeing the benefits of these strategies as the Aboriginal Community Controlled Health Sector has proactively ensured this occurs.

Biosecurity

The Governor-General’s 18 March 2020 declaration of a human biosecurity emergency initiated expansive powers to allow the Minister for Health, the Hon. Greg Hunt, to restrict travel and
implement quarantine measures to combat the spread of COVID-19\textsuperscript{14}, and was informed and welcomed by the Aboriginal and Torres Strait Islander Advisory Group for COVID-19. Under the \textit{Biosecurity Act 2015}, all non-essential travel was banned, and a 14-day isolation period applied for anyone other than essential services workers entering a remote community, including residents returning home\textsuperscript{15}. NACCHO, Affiliates and ACCHOs all over Australia requested that travel protocols for visitors to remote communities be developed and the Government responded quickly and positively to this request, ensuring that comprehensive measures were put in place. The shutdown and implementation of biosecurity measures was sudden, but it was reassuring for community members\textsuperscript{16}. Aboriginal organisations were quick to request biosecurity measures be put in place, and the Australian, State, Territory and local governments listened to these requests and responded.

To support the immediate implementation of the biosecurity measures, the Australian Government allocated $10 million from the Aboriginal Benefits Account (ABA) – for Land Councils in the Northern Territory – to provide for the infrastructure needs and travel expenses of people returning to their homelands. However, the question needs to be asked as to whether it was appropriate to use funds for this purpose. In other jurisdictions these expenses would have been allocated from Government funding.

While NACCHO supported the biosecurity measures, the practical implementation of the measures has proven problematic in many jurisdictions. NACCHO has had anecdotal reports from ACCHOs that the biosecurity areas have made business for some health services almost impossible.

As Aboriginal and Torres Strait Islander peoples returned to their communities to beat the deadlines of the border closures, ACCHOs had to accommodate the extra health needs of these community members without commensurate funding.

\section*{Testing}

Testing has been crucial for the National Cabinet and individual State and Territories to make the decisions around lifting restrictions. Two aspects of testing have been problematic for the management of the response for Aboriginal and Torres Strait Islander peoples. Firstly, almost 40\% of Aboriginal and Torres Strait Islander peoples live in remote and/or outer regional areas in Australia where there are significant delays associated with getting test results to and from laboratories\textsuperscript{17}.

To this end, the Australian Government has invested $3.3 million to establish a rapid COVID-19 Remote Point of Care Testing Program (RPoCTP) for remote and rural Aboriginal and Torres Strait Islander communities. NACCHO supports the Australian Government’s investment in this program as

\begin{itemize}
\item \textsuperscript{17} The Kirby Institute, \textit{Rapid COVID-19 testing available for Aboriginal and Torres Strait Islander Australians}, UNSW Sydney Newsroom, 16 April 2020, https://newsroom.unsw.edu.au/news/health/rapid-covid-19-testing-available-aboriginal-and-torres-strait-islander-australians
\end{itemize}
an effective mechanism to be able to respond to possible outbreaks quickly. The RPoCTP will cut testing times to around 45 minutes in areas such as the Kimberley in Western Australia where receiving a test result could previously take up to 10 days\textsuperscript{18}. NACCHO also recommends DoH provide this facility to all ACCHOs nationally. This will assist in being able to know the numbers of Aboriginal and Torres Strait Islander people being tested.

NACCHO shares the concerns of Aboriginal and Torres Strait Islander health experts that the lack of point of care testing in remote communities in Queensland will put these populations at risk, especially as biosecurity measures begin to be relaxed and encourages the Queensland Government to engage with the RPoCTP. Accessible testing is crucial for remote Aboriginal and Torres Strait Islander communities, especially if there is a case and regular testing and contact tracing needs to be conducted on as many people as possible. Significant delays in getting test results back could increase the size of an outbreak in the Aboriginal and Torres Strait Islander population\textsuperscript{19}.

Secondly, the concern is the inability to accurately know how many Aboriginal and Torres Strait Islander people have been tested and how many are infected.

Indigenous identification on pathology is a longstanding issue that also has implications for continuity of care. It affects national cancer screening programs, including cervical cancer, and impairs our ability to respond to the syphilis outbreak in northern Australia and other sexually transmitted infections.

Currently, there is no way of identifying the national level of testing for SARS-CoV-2 among Aboriginal and Torres Strait Islander peoples. Maintaining a high level of testing during COVID-19 is critical in identifying outbreaks early and containing them.

Regular updates on testing counts for SARS-CoV-2 amongst specific population groups is one of nine goals in the \textit{Australian Disease Surveillance Plan for COVID-19}. This plan was developed by Communicable Diseases Network Australia and endorsed by the Aboriginal and Torres Strait Islander COVID-19 Advisory Group. It cannot be achieved under the current reporting systems.

The COVID-19 pandemic has highlighted the poor data practices relating to collection of Indigenous status on pathology forms. This is also an issue for other national screening programs such as the cervical and bowel cancer screening programs, where Aboriginal and Torres Strait Islander people are inadequately identified in national data. The COVID-19 pandemic is an opportunity to improve data collection practices in Aboriginal and Torres Strait Islander identification so that data can be routinely reported on the equitable access to screening and testing programs. NACCHO is pleased that DoH has been working through the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 to advise the CDNA and AHPPC of the need to improve reporting of Aboriginality on COVID-19 tests. Work has commenced to ensure accurate and timely surveillance of cases among Aboriginal and Torres Strait Islander peoples. This will enable response plans to be actioned quickly and prevent loss of crucial time in an outbreak situation\textsuperscript{20}. NACCHO encourages this activity to


\textsuperscript{20} Kristy Crooks, Dr Dawn Casey & Dr James S Ward, First Nations people leading the way in COVID-19 pandemic planning, response and management, \textit{Medical Journal of Australia}, 29 April 2020,
continue across all pathology forms to assist in identifying the true scope of disease burden faced by Aboriginal and Torres Strait Islander people. With this enhanced data collection base, we can build an evidence base which will help us close the gap.

Isolation and quarantine

Many Aboriginal and Torres Strait Islander peoples have endured generations of disadvantage which has resulted in years of inappropriate policies and underinvestment by the Australian, State and Federal Governments in housing and infrastructure in their communities. Overcrowded and inadequate housing is unsuitable for isolation and quarantine measures, creating a higher risk of infection spreading in Aboriginal and Torres Strait Islander populations.

While on the one hand discreet remote communities could be considered to be havens that offer protection, in reality they present a far greater risk for Aboriginal and Torres Strait Islander people for the following reasons:

- Overcrowded housing
- Poor maintenance of housing stock
- Lack of washing, bathing and ablution facilities
- Inadequate food supplies
- Limited transport options
- Potable water

Whilst some communities have planned additional spaces for isolation and quarantine to prepare for an outbreak in communities and in some cases, the minerals and exploration industry has offered communities unused accommodation and facilities during the COVID-19 period21.

Overall, nationally, this is a significant issue that needs to be addressed as a matter of priority.

Social distancing goes against Aboriginal and Torres Strait Islander culture. There are not a lot of words in Aboriginal language for pandemic, quarantine or social distancing22. In addition, the language around infectious disease control can have negative controlling connotations regarding colonisation for many Aboriginal and Torres Strait Islander peoples. It has connotations of forced removal from community and family and can spark a fear connected to shared past histories of trauma and removal. This makes communication of the reasons behind each measure being taken more important to ensure care is delivered to Aboriginal and Torres Strait Islander patients with cultural awareness and care23. Aboriginal and Torres Strait Islander culture centres around family and personal connection, and it is difficult for people to remain in quarantine away from their family, community and carer responsibilities. This means many Aboriginal and Torres Strait Islander peoples

21 Kristy Crooks, Dr Dawn Casey & Dr James S Ward, First Nations people leading the way in COVID-19 pandemic planning, response and management, Medical Journal of Australia, 29 April 2020,
23 Anastasia Tsirtsakis, Cultural understanding key to protecting remote communities, RACGP, 11 March 2020, https://www1.racgp.org.au/newspg/clinical/cultural-understanding-key-to-protecting-remote-co
who have been placed into quarantine have left to try to be with family\textsuperscript{24}. Importantly communicating the need for quarantine measures to be followed in order to keep communities safe and prevent ongoing disease transmission.

\textbf{Quarantine for ACCHOs workforce and returning patients}

Many of the ACCHOs in remote locations heavily rely on fly in medical staff. Currently there is no funding available to support the cost of quarantining staff in hotels for the 14 days required. It is recommended the Government reimburse the cost of these important measures.

\textbf{Workforce impact}

The Government recognises that prior to the COVID-19 pandemic, ACCHOs in many areas struggled to attract and retain appropriately qualified staff. This is an issue for ACCHOs in all locations, urban, regional, rural and remote areas. In some remote communities there is no adequate housing for fly-in-fly-out staff, which makes workforce attraction and retention even more challenging.

The Government is currently exploring options for implementing surge workforce in Aboriginal and Torres Strait Islander communities.

\textbf{Protective equipment and hand sanitiser}

ACCHOs have experienced and continue to have shortages of protective equipment and hand sanitiser. They have received allocations through PHNs.

In addition, NACCHO has also begun distribution of protective equipment and hand sanitiser supported by cash donations from private donors.

\textbf{Environmental Health Services}

Environmental Health Services delivered by Aboriginal and Torres Strait Islander Environmental Health Workers (EHWs) improve the health and wellbeing of Aboriginal and Torres Strait Islander people and others residing in rural and remote communities. Local governments and ACCHOs have employed Aboriginal and Torres Strait Islander EHWs to deliver services associated with household and community-level waste management and recycling, pet and pest control and health/hygiene public awareness raising. However, many rural and remote communities are currently underfunded or not funded at all to employ EHWs to deliver these essential services. A greater investment by Australian, State, Territory and local governments in the training, accreditation and employment of local Aboriginal and Torres Strait Islander EHWs in their communities would significantly add the preventative health measures required to respond to COVID-19 and other pandemics.

\textbf{The impact of COVID-19 on Aboriginal and Torres Strait Islander businesses}

Like other Australians, Aboriginal and Torres Strait Islander businesses have suffered severe losses.

\textit{Tourism}

Tourism, including eco-tourism, is a key industry for potential growth across Australia, driven by a demand for authentic Aboriginal and Torres Strait Islander cultural and nature-based experiences.

For the safety and wellbeing of Aboriginal and Torres Strait Islander peoples during the COVID-19 pandemic, most tourism activities have necessarily ceased. Like other tourism operators, where possible, Aboriginal and Torres Strait Islander tourism operators have taken their products online.

Case study: Aboriginal and Torres Strait Islander tourism in Queensland, post COVID-19

The Queensland Tourism Industry Council’s Indigenous Working Group are planning for an Indigenous tourism sector after the COVID-19 pandemic, working to build and grow the industry. The Working Group is focused on the benefits of First Nations tourism, including:

- Revitalising and sustaining cultural heritage, language and traditions
- Creating business and sustainable economic opportunities
- Supporting reconciliation through tourism
- Encouraging self-determination and capacity building
- Boosting sustainability and caring for Country
- Creating a source of diverse employment generation
- Enabling visitors to understand the Aboriginal and Torres Strait Islander connection with Country
- Developing sustainable communities

The Working Group is aware of the need to raise and strengthen the profile of Indigenous tourism, upskill the workforce, and ensure quality and consistent tourism. Queensland’s First Nations Tourism Plan has been developed by Indigenous people, for Indigenous people over the past year and is ready to prompt real action and progress in the industry. It’s the first plan of its kind in Queensland and the government hopes it will revitalise the domestic tourism industry once State borders open.

The Indigenous-owned Meeanjin Markets held every year since 2018 on the Gold Cost were cancelled. But operators used it as an opportunity to sell online and turn the event virtual to reach a wider audience. Despite the increase in the use of online platforms by Aboriginal and Torres Strait Islander tourism operators, COVID-19 has had a substantial impact on the sector as most of the tourism provided is an experiential exploration of culture.

Private Sector contributions

In some jurisdictions, the impact of COVID-19 has strengthened relationships between Aboriginal and Torres Strait Islander people and the wider community. In the Katherine East region, large quantities or clothing were donated by Rockmans, boxes of food were donated by Coles, and Outback stores issues food vouchers to support Aboriginal and Torres Strait Islander communities through the COVID-19 pandemic.

Coles has worked with Aboriginal corporations and local charities to deliver and donate more than 80 pallets of food and grocery essentials to remote Aboriginal and Torres Strait islander communities across the Northern Territory. Working with the Northern Land Council, St Vincent De Paul, Larrakia

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Nation, the Central Land Council, Tangentyere Council and Purple House, truckloads of care packages will be delivered to more than 2,200 community members impacted by the COVID-19 pandemic.

Under biosecurity requirements, mining companies were able to continue operating as long as they put certain measures in place around their operations. As a result, some mining companies have acted to implement measures to curb the spread of COVID-19 and have made proactive and genuine efforts to support the protection of Aboriginal and Torres Strait Islander communities they work closely with. Mining firms have changed rosters to stop outsiders infecting remote communities, paid staff with potential health issues to stay at home and provided food to Aboriginal and Torres Strait Islander families so they don’t have to shop in nearby mining towns27.

- BHP implemented a policy that all employees over 65 work from home and lowered that to 50 for higher-risk employees such as Aboriginal and Torres Strait Islander peoples. The company also asked all of its contractors to do the same28.
- Rio Tinto has adopted a similar policy to BHP and has also administered antibody tests and temperature checks before staff fly to remote sites to reduce the risk of anyone infecting the Aboriginal and Torres Strait Islander communities near the mines29.
- Fortescue assesses its workers’ health on a case by case basis and has distributed care packages including items such as hand sanitisers to remote communities30.

NACCHO has been supported by several generous donations from the corporate sector and philanthropic organisations. To date $330,000 has been received from the philanthropy sector. This funding has been utilised to procure and distribute PPE and hygiene products such as hand sanitiser to Member services.

In addition, Australia’s corporate sector have been supported NACCHO as follows:

- The BHP Grants program which has directly funded projects nominated by several of our affiliates to address specific needs relating to their COVID 19 response requirements valued at almost $3.5 million.
- Anglo American have donated 10,000 N95 face masks for distribution to our member services.
- The Minderoo Foundation have donated approximately 10,000 litres of hand sanitiser.

NACCHO is also entering into donor agreements with Amazon Australia which will be arranging donations of a large number of masks, hand sanitiser and bacterial wipes, and Rio Tinto for a partnership arrangement to support our member services with procurement and workforce needs, especially relating to COVID 19 responses.

**Food security**

As the pandemic progresses, food security, price increases in remote areas, and quality of food issues are becoming a concern. Biosecurity restrictions are forcing remote residents to rely on community stores where food and other essentials are increasingly unaffordable and scarce. NACCHO appreciates that a considerable number of people in remote communities are income support recipients and have received one of a number of COVID-19 related payments from the Australian Government. Despite this payment, these communities will be disproportionately affected by the higher than usual costs of basic food and household supplies in areas which do not have a community run store.

Price increases in remote communities are having a negative impact on health and wellbeing as remote communities find access to groceries and other essential items, including warm clothing, blankets, nappies, sanitary products, and baby formula, increasingly difficult. In addition, many remote communities do not have the capacity to stockpile food due to lack of infrastructure for storage, such as fridges and freezers. A lack of access to quality food is likely to exacerbate underlying health conditions such as diabetes, heart disease and chronic kidney disease.

The NIAA is working through its Food Security Working Group to bring the collective influence of store managers, suppliers, freight companies, representatives of large private sector companies, and State and Territory governments to address food security issues in remote Australia. The Food Security Working Group is closely monitoring and working to identify solutions to specific issues particular to regional and remote Australia.

NACCHO supports the formation of the supermarket taskforce and the work NIAA is doing through its Food Security Working Group. However, we are concerned that we continue to receive anecdotal reports of price increases in remote communities. NACCHO also encourages the Food Security Working Group, and the supermarket taskforce to take informed advice from Aboriginal and Torres Strait Islander community leaders and experts who are working in remote areas and can advise on the situation around price increases, and the efficacy of potential solutions.

**Mental health**

NACCHO welcomes the release of the National Mental Health and Wellbeing Pandemic Response Plan, which states that an Aboriginal and Torres Strait Islander peoples’ mental health and social and emotional wellbeing pandemic response plan should be developed and implemented through Aboriginal and Torres Strait Islander leadership. NACCHO supports this approach, contingent on appropriate and sustainable funding for development and implementation. We are concerned that the $3.5 million the National Mental Health and Wellbeing Pandemic Response Plan allocated to Aboriginal and Torres Strait Islander communities (of a total $48.1 million) will not be enough to adequately respond to the issue. In addition, this funding is being provided to Aboriginal and Torres Strait Islander communities through Primary Health Networks (PHNs). This funding would be better directed to Aboriginal and Torres Strait Islander people through ACCHOs, as they are experts in

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community needs and do provide mental health support tailored to the needs of the community they work with on a daily basis.

The epidemic response plan developed by the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 mentions the need to develop mental health communication strategies, culturally appropriate mental health and wellbeing resources, and the consideration of wellbeing support to health care professionals, including ACCHO staff, to ensure their health and wellbeing on the front lines of the pandemic.

The suicide rates are twice as high in Aboriginal and Torres Strait Islander communities than in non-Indigenous communities and the mental health system still lacks culturally competent and safe services that balance clinical responses with culturally informed responses.

Gayaa Dhuwi (Proud Spirit) is the new Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention national leadership body. Established in March 2020, it is governed and controlled by Aboriginal and Torres Strait Islander experts and peak bodies working in these areas. Gayaa Dhuwi has developed a range of advice and resources for Aboriginal and Torres Strait Islander peoples to support them through this pandemic. NACCHO applauds Beyond Blue willingly distributing the resources developed by Gayaa Dhuwi through their online platforms.

In addition to these measures, DoH has ensured that health workers who are at the frontline of the pandemic, will get dedicated mental health support through digital platforms developed to provide advice, social support, assistance in managing stress and anxiety and more in-depth treatment without having to attend in-person sessions.

Despite this proactive action, the mental health effects of the COVID-19 pandemic are likely to be profound and there are suggestions that suicide rates will rise. The pandemic could also increase the severity of other known precipitants of suicide such as domestic violence and alcohol abuse, which might increase during lockdown. It is important the Government continues to focus on ensuring continuity of access for outreach and remote social and emotional wellbeing services, and mental health service delivery to Aboriginal and Torres Strait Islander communities.

Associated social issues

Soap in schools

Good hygiene practices are an important part of halting the spread of COVID-19, but soap is not provided as standard in all schools. This has been a particular issue for a large number of Aboriginal children in remote communities where trachoma exists. The renewed emphasis on good hygiene and how washing hands helps to prevent germs from spreading is a positive message coming out of

36 Emma Stanford and Laureate Professor Hugh Taylor AC, University of Melbourne, Schools must provide soap to maintain basic hygiene, Pursuit, University of Melbourne, 19 March 2020, https://pursuit.unimelb.edu.au/articles/schools-must-provide-soap-to-maintain-basic-hygiene
the COVID-19 pandemic. Good hygiene at school means education facilities need the software and hardware in place to facilitate this. Soap and handwashing infrastructure such as working taps, water supply and drying facilities, should be provided in schools as a matter of course. Most early years programs provide soap and it is standard in independent and Catholic schools. But this is not the case in all government schools in all Australian jurisdictions.

The provision of soap in schools varies between city schools and remote schools. In Western Australia, the decision to provide soap in schools is up to each principal and how they want to manage their budget. In Victoria, there is a personal hygiene policy which specifies the provision of soap in schools. The Northern Territory Department of Education and Health supports and encourages the provision of soap in all schools.

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<thead>
<tr>
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*Figure 1: Report card of soap in schools by state*

The introduction of mandatory provision of soap in schools will also create positive outcomes for other health concerns. Australia is the world’s only developed country to have trachoma, which is still found in some remote Aboriginal communities in Central Australia. Trachoma rates are improved with good hygiene. Washing hands and faces using soap and having taps with running water and mirrors at child height so children can see if their faces are clean will likely reduce the

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37 Emma Stanford and Laureate Professor Hugh Taylor AC, University of Melbourne, *Schools must provide soap to maintain basic hygiene*, Pursuit, University of Melbourne, 19 March 2020, https://pursuit.unimelb.edu.au/articles/schools-must-provide-soap-to-maintain-basic-hygiene

38 Emma Stanford and Laureate Professor Hugh Taylor AC, University of Melbourne, *Schools must provide soap to maintain basic hygiene*, Pursuit, University of Melbourne, 19 March 2020, https://pursuit.unimelb.edu.au/articles/schools-must-provide-soap-to-maintain-basic-hygiene

39 Emma Stanford and Laureate Professor Hugh Taylor AC, University of Melbourne, *Schools must provide soap to maintain basic hygiene*, Pursuit, University of Melbourne, 19 March 2020, https://pursuit.unimelb.edu.au/articles/schools-must-provide-soap-to-maintain-basic-hygiene

40 Emma Stanford and Laureate Professor Hugh Taylor AC, University of Melbourne, *Schools must provide soap to maintain basic hygiene*, Pursuit, University of Melbourne, 19 March 2020, https://pursuit.unimelb.edu.au/articles/schools-must-provide-soap-to-maintain-basic-hygiene
incidence of trachoma, other communicable diseases, and prevent the spread of COVID-19. NACCHO supports our Affiliates and the work of DoH to liaise with the Department of Education to make sure that soap is provided in schools as a fundamental need. Further, NACCHO recommends a national strategy be considered by National Cabinet to ensure soap is provided as a mandatory requirement in all schools around Australia on an ongoing.

**Boarding schools**

Aboriginal and Torres Strait Islander health experts were quick to raise concerns around boarding schools servicing students from remote and Aboriginal and Torres Strait Islander communities when the COVID-19 pandemic hit. As parents made the decision to withdraw children from boarding schools, and schools began shutting down all over the country, parents in Aboriginal and Torres Strait Islander communities were forced to weigh the health and wellness of their children against the health and wellness of their community.

Aboriginal and Torres Strait Islander communities feared they would be unable to maintain lockdown rules when children returned from boarding school, due to overcrowding.

When advice from State and Territory Health Departments instructed returning students to go into self isolation for 14 days the communities and families had to find alternative accommodations. Many communities lacked the infrastructure needed to properly quarantine returning students. This advice also generated confusion in Aboriginal and Torres Strait Islander communities as many students returned to their communities before the advice to quarantine was provided.

Now that schools across the country are beginning to re-open, Aboriginal and Torres Strait Islander communities are facing difficulties in getting their students back to schools. Travel options are now limited as a result of lockdown measures and there are less commercial and charter flights available. Quarantine arrangements are still in place in some parts of the country, meaning parents must find appropriate facilities to quarantine their children before they can return to school.

The schools also have individual requirements which some students may be unable to fulfil, such as having an agreement in place with a local relative before they return, in case they need to self isolate. If students cannot provide such an agreement, they cannot return to school. As they re-open, boarding schools must limit the number of returning students, limiting the ability of students from remote areas to return to school.

NACCHO has received anecdotal reports indicating some students, due to the above requirements and their family obligations, are not intending to return to school. NACCHO encourages the Government to consider way to provide more support to these students, their families and carers with the ultimate goal of students returning safely to school.

There is a particularly urgent need for a review of the impact COVID-19 has had on Aboriginal and Torres Strait Islander children’s primary, secondary and tertiary education. Many Aboriginal and Torres Strait Islander families would not have been able to provide the home schooling required during the COVID-19 lock down for a range of reasons.

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41 Emma Stanford and Laureate Professor Hugh Taylor AC, University of Melbourne, *Schools must provide soap to maintain basic hygiene*, Pursuit, University of Melbourne, 19 March 2020, [https://pursuit.unimelb.edu.au/articles/schools-must-provide-soap-to-maintain-basic-hygiene](https://pursuit.unimelb.edu.au/articles/schools-must-provide-soap-to-maintain-basic-hygiene)
Community Development Program participation requirements

After sustained advocacy from NACCHO and our Affiliates, as well as other organisations, The Minister for Indigenous Australians provided advice in a media release on 22 March 2020 that requirements for Community Development Program (CDP) participants to attend group activities would be suspended and with it, mutual obligation requirements.

It is likely that the NT biosecurity restrictions will be lifted on 5 June 2020. However, remote communities remain highly at risk of potential COVID-19 infections and will continue to experience economic and social disruptions and challenges into the foreseeable future. Where it is safe to restart CDP activities supported by the community this should be considered, however, the suspension of mutual obligation requirements should remain, particularly for the duration of the pandemic threat. This is also necessary as foreshadowed reform of CDP has not occurred and it would be inappropriate to resubject CDP participants to the discriminatory and harmful breaching regime of the existing scheme. In addition, the prospect of a lengthy period of rebuilding local economies and job markets means that focus should shift to job creation.

The current hiatus provided by the COVID-19 pandemic offers an opportunity for the Australian Government to work towards reform of CDP that would see it shift from a compliance-driven work-for-the-dole scheme to one based on the provision of a core of subsidised jobs in Aboriginal community controlled organisations, supplemented with training and meaningful activities directed by local communities on projects which address community objectives. This reform has been proposed by APO NT and a coalition of Aboriginal and peak organisations including current Aboriginal CDP providers.

NACCHO supports AMSANT’s recommendation that the CDP remains voluntary with mutual obligation requirements suspended for the duration of the pandemic threat. We also support AMSANT’s recommendation that the Australian Government move to reform CDP to incorporate a core jobs component consisting of a pool of subsidised part-time jobs in Aboriginal community controlled organisations, supplemented with training positions and meaningful activities directed by local communities on projects which address community objectives, as proposed by APO NT.

Increased Jobseeker payments

With NACCHO, AMSANT congratulates the Australian Government on its prompt action in doubling the Newstart benefit rate and thereby boosting the income of some of the neediest households within Aboriginal and Torres Strait Islander communities across Australia during this time of health and economic crisis. The increased payments have been crucial to improving food security and the health and wellbeing of those who are unemployed, particularly in remote communities. Early estimates suggest that these measures will increase the total income flowing to Aboriginal and Torres Strait Islander people in very remote areas by 26%.

Returning the Newstart payments to the pre-existing level after six months would be a disastrous outcome for remote communities, with income levels plunging at a time of greatest uncertainty and risk with the ongoing pandemic. It has been well-established that the previous Newstart rate was seriously inadequate given the high cost of living in remote areas and that a significant increase was urgently required. NACCHO supports AMSANT’s call for the Australian Government to extend the current doubled rate of Newstart for the duration of the pandemic and that the rate be significantly increased from the pre-existing level once the pandemic has passed.
Attachments

Attachment A – Aboriginal Health Council of Western Australia (ACHWA) COVID-19 Member Support Team: The “Unsung” Impact of COVID-19 on the Aboriginal Community Controlled Health Services in Western Australia