

12th January 2024

Submission to the COVID-19 Royal Commission
Senate Legal and Constitutional Affairs
Committee Inquiry

by

Victorian Aboriginal Community Controlled
Health Organisation

***Vibrant, healthy, self-determining
Aboriginal and Torres Strait Islander communities***

Acknowledgment of Country

VACCHO respectfully acknowledges that our office is based on the unceded lands of the Wurundjeri people of the Kulin Nation.

We pay our respects to Wurundjeri ancestors and caretakers of this land, and to Elders both past and present.

We extend our respect to all Traditional Owners and Elders across the lands on which we and our Members work and acknowledge their everlasting connection to Country, Culture, and Community.

Always was, always will be, Aboriginal land.

About Us

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was established in 1996. VACCHO is the peak Aboriginal and Torres Strait Islander health and wellbeing body representing 33 Aboriginal Community Controlled Organisations (ACCOs) in Victoria. The role of VACCHO is to build the capacity of its Membership and to advocate for issues on their behalf.

Capacity is built amongst Members through strengthening support networks, increasing workforce development opportunities and through leadership on particular health areas. Advocacy is carried out with a range of private, community and government agencies, at state and national levels, on all issues related to Aboriginal and Torres Strait Islander health.

Nationally, VACCHO represents the Community-controlled health and wellbeing sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). State and Federal Governments formally recognise VACCHO as Victoria's peak representative organisation on Aboriginal and Torres Strait Islander health. VACCHO's vision is that Aboriginal and Torres Strait Islander people will have a high quality of health and wellbeing, enabling individuals and communities to reach their full potential in life. This will be achieved through the philosophy of Community control.

Language

The term 'Aboriginal' in VACCHO documents is inclusive of Torres Strait Island peoples and 'Aboriginal Victoria' includes all Aboriginal people living in Victoria. The terms 'Community' or 'Communities' in this document refers to all Aboriginal and/or Torres Strait Islander communities across Australia, representing a wide diversity of cultures, traditions, and experiences. Community is always capitalised unless it has the word Aboriginal in front of it or if it's referencing a non-Aboriginal community.

Executive Summary

VACCHO welcomes the opportunity to provide recommendations on a Royal Commission into the COVID-19 response scope and terms of reference.

While the short- and long-term impacts of the pandemic and the various governmental responses are manifold, VACCHO has identified four key areas that are pertinent to the experiences and ongoing health and wellbeing of Aboriginal and Torres Strait Islander people. These are essential to understand the impact of the COVID-19 response and bolstering future responses to major events:

1. The failings of mainstream and public health services to communicate and engage with vulnerable, remote and diverse community members,
2. Aboriginal Community Controlled Organisations' success in adjusting their service delivery to meet the needs of their service users,
3. The social and emotional wellbeing impacts during lockdown, and the ongoing impacts today,
4. Lasting impacts of COVID-19 on health and wellbeing, including the cost of missed prevention and early intervention opportunities.

VACCHO therefore recommends that these four issues are included within the scope of a Royal Commission's terms of reference.

VACCHO also recommends investigating the role of the mainstream media in misleading the public and generating unnecessary fear and antagonism towards the public health response. The ongoing lack of accountability for media organisations to deliver factual information in place of sensationalized and opinion-driven 'journalism' has long-term and very dangerous implications for Australia.

These areas are imperative to include within the Commission's scope as they are reflective of broader issues facing the health and wellbeing sector as a whole.

Further reasoning and evidence in support of these stances are outlined in the following pages. Should you wish to discuss this submission further, please contact Gordon Conochie, Executive Manager for Policy, via gordonc@vaccho.org.au.

Kind regards

Dr Jill Gallagher AO (HonLLD)
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Recommendation 1: A term of reference to investigate the failings of mainstream and public health services to communicate and engage with vulnerable, remote, and diverse communities.

Aboriginal and Torres Strait Islanders are among the most vulnerable health cohorts in Australia, with the well-recognised health gap in life expectancy, burden of disease and preventable deaths continuing to impact Community (Australian Institute of Health and Wellbeing, 2022). Despite this, there was very little specific information, action or supports provided to ACCOs for the delivery of lifesaving service delivery throughout the lockdowns and the pandemic.

From the initial period of lockdown in March 2020, many of VACCHO's Members reported that the lack of effective communication from State and Commonwealth governments was a major barrier for service users. This has been a well-documented theme throughout Victoria's system of emergency response. The 2016 Health Improvement Report from the Hazelwood Mine Fire Inquiry highlighted the need to give a greater voice to the Community during emergency planning and for culturally appropriate health and community services to improve life-saving communication in future emergencies.

While the daily press conferences aired across mainstream networks were well received by some, many Community members did not have access to a television or streaming device. For those who did, much of the information available on free news sites, television and hard copy papers oscillated between fact and fiction, with misinformation rife and very little accountability for news providers to ensure accuracy (Nyilasy, 2020). This was even more voracious on social media sites, where there is very little to enforce accuracy in opinion pieces, headlines or comment sections (Volkmer, 2021).

ACCOs are the only trusted health source for many Community members, leaving small, community-controlled organisations to coordinate and disseminate rapidly changing public health information, restrictions and orders. It seemed that there was an assumption that all Australians would be able to understand, seek out and interpret the complex and rapidly changing health information and lockdown orders. This was not the case for vulnerable and diverse communities, both Aboriginal and Torres Strait Islander and otherwise, leaving many to navigate confusing and muddled information by themselves. Without clear understandings of lockdown orders and public health advice, Community members were left with significantly increased stress and mental health concerns, fines for public health order breaches and higher likelihoods of COVID-19 infections (Yashadhana, et al., 2020).

Mainstream services need to be accessible and trusted by Community, and all health services must ensure their information, resources and supports are available and understandable for every member of their community. It is important to understand where the failings stem from,

and how they impacted service delivery and the wider public health response, to ensure that ACCOs and vulnerable communities are not left behind again.

Recommendation 2: A term of reference to recognise and examine of Aboriginal Community Controlled Organisations' success in adjusting their service delivery to meet the needs of their service users.

Priority Reform Two of the National Agreement on Closing the Gap commits all Australian Governments to build the Aboriginal Community Controlled Sector. The COVID-19 pandemic demonstrated why action to implement this Priority Reform is urgently needed. In response to failings by government, mainstream and public health services to engage effectively and build trust with priority communities, it fell to ACCOs to lead the response in Aboriginal and Torres Strait Islander Communities. ACCOs pivoted their service delivery operations and transformed themselves into hubs of information and services across COVID-19 testing, vaccination, treatment, and address the unfolding social and emotional wellbeing emergency.

After years of advocating for flexible and broad funding arrangements, the COVID-19 service delivery supports that did eventually come through allowed for ACCOs to deliver services in ways that reflected their Community needs, without the overburden of unreasonable reporting and inflexible, prescriptive criteria that they had been hampered with in the past.

One example of this was when VACCHO and our Members, in June 2021, found that data inaccuracies led to an over-reporting of vaccination rates among Aboriginal and Torres Strait Islander community. There was an urgent need to increase vaccination rates among the eligible population, but misinformation, workforce shortages and the geographical inaccessibility of vaccination locations created barriers for many Community members.

Member organisations, including Mallee District Aboriginal Services, Victorian Aboriginal Health Services and Albury Wodonga Aboriginal Health Services, partnered with VACCHO, cohealth and the Victorian Department of Health to set up mobile vaccination buses, travelling across Victoria to provide vaccination services onsite.

Over 2000 vaccines were delivered across 45 'pop-up' clinics, with locations ranging from ACCOs, local parks and even visiting more vulnerable community members in their homes. Crucially, these vaccination clinics were open to the public, and were accessed by non-Aboriginal community members who struggled to access vaccinations through the mainstream service system.

VACCHO and our Members also delivered groundbreaking, responsive and adaptive care to Community through programs such as online yarning circles, 13Yarn (a 24-hour crisis phone line for Aboriginal and Torres Strait Islanders) and continuation of early years services through remote and on-the-ground delivery.

Through this work, Aboriginal communities saw a significant increase in vaccination rates through delivering culturally appropriate care for clients with COVID infections and successful continuous engagement with service users.

The scope of the Royal Commission should include looking at the successful responses of services and how they can be supported to continue this work as Australia recovers from the pandemic.

Recommendation 3: A term of reference to investigate the social and emotional wellbeing impacts during lockdown, and the ongoing impacts today.

COVID-19's negative impacts on mental health have been well documented (headspace, 2020) (Bower, et al., 2023), with both lockdowns and the emotional toll of the pandemic increasing psychological distress by over 10% in young people during the 2020-2022 period (Biddle, et al., 2022).

For Aboriginal and Torres Strait Islander people, social and emotional wellbeing (SEWB) is intrinsic to their physical health. SEWB is *"a multidimensional concept of health that includes mental health, but which also encompasses domains of health and wellbeing such as connection to land or 'Country', culture, spirituality, ancestry, family, and community"* Gee, et al., 2014).

Connection to culture has powerful protective properties that help to safeguard Aboriginal peoples against harm. When Aboriginal and Torres Strait Islander people are removed from their cultural, social and emotional supports there are devastating impacts on individuals and Community. Culture has deep compounded protective properties that *"[build] one aspect (like connection) builds another (like identity) [which suggests] that one action can potentially contribute to the growth of some or all factors"* (Hunter, et al., 2021).

Suicide rates for Community members have been significantly higher than non-Indigenous Australians for as long as these statistics have been reported on (standardized to a rate of 100,000). In 2020, this discrepancy increased to 28.1 Aboriginal suicides per 100,000 to 12.0 non-Aboriginal, and in 2022 reached a devastating new peak of 29.9 Aboriginal suicides to 11.7 non-Aboriginal (Australian Institute of Health and Wellbeing, 2022).

VACCHO's members also reported a significant increase in demand for social and emotional wellbeing support, alcohol and other drugs services, family counselling and acute mental health crisis support. This reflects the ongoing sentiment from our Members that our Communities are struggling to regroup and heal in the wake of several fractious years.

The "shadow pandemic" (Pfitzner, et al., 2020) of domestic and family violence has been well documented throughout the 2020-2022 period. Many women and families experiencing first-time and escalating domestic violence attributed changes in the perpetrator's behaviours to the pandemic (Boxall & Morgan, 2021). VACCHO asks that the investigation into this area be done

with care, compassion, and empathy for the survivors. This must be done from a service-response perspective, rather than focussing on the people involved, and look at the responses of police, health and social services and policy makers.

VACCHO recommends the Terms of Reference of the Royal Commission expands the concept of mental health to specifically include the lasting and ongoing impacts of the COVID-19 response on cultural, social and emotional wellbeing.

Recommendation 4: A term of reference to investigate the lasting impacts of COVID-19 on health and wellbeing, including the cost of missed prevention and early intervention opportunities.

The scope of the Royal Commission must include the ongoing impacts of COVID infections and 'long COVID', however the long-term health and wellbeing impacts of COVID-19 cannot be limited to those that stem directly from episodes of infection.

School readiness, which is a priority under the Closing the Gap framework and links in many ways with health and wellbeing, has suffered from the extended lockdowns and school and kindergarten closures. From the Australian Early Development Census:

'The language and cognitive skills (school-based) domain saw the most significant shift in 2021. The percentage of children who were developmentally vulnerable on this domain increased from 6.6 per cent in 2018 to 7.3 per cent in 2021.' (Australian Education and Development Census, 2022).

Only 34.3% of Aboriginal children were assessed as being developmentally on track in all 5 domains in 2021 (Australian Education and Development Census, 2021), compared to 57.7% of other Victorian children. This is a backwards step from the baseline reporting of 35% from 2018 (Australian Institute of Health and Wellbeing, 2023). Delays in development stay mostly constant after eight years of age; from age nine, remediation is rarely sufficient in closing significant gaps (Australian Research Alliance for Children & Youth, 2006). Education is critical in influencing life expectancy, infant mortality, and positive health outcomes (Raghupathi & Raghupathi, 2020), with clear correlation shown between levels of attained education and health.

Potentially avoidable deaths formed 64% of all mortality for Aboriginal and Torres Strait Islander people in 2018, over three times higher than for non-Aboriginal and Torres Strait Islander people (314 and 102 per 100,000 respectively) (Australian Institute of Health and Wellbeing, 2023). These numbers are consistent across other reporting years. The likelihood of many potentially life-saving early diagnoses being missed over the 2020-2022 period must be considered when looking at the long-term impacts facing our communities and the health system.

The requirement for health services to cease delivery of non-urgent care or to transition to telehealth only provision has significantly impacted early intervention and prevention of disease. For years, ACCOs have been working to deliver prevention services, rather than acute care, from early years and pre-birth support to innovative and culturally responsive screening and early detection programs. The mandated closure of these programs will have long-term implications for the early detection of health concerns in Community. The cost of missed intervention and the ongoing the burden on an already overwhelmed community health sector must be included within the scope of the Commission.

VACCHO strongly recommends that the Royal Commission investigates on the burden of disease now prevalent, and the severity and fatality of this disease, and where early intervention and detection was missed because of the closure of non-acute health appointments. Ideally there would also be scope in the Royal Commission to look at how services can be provided support to do further work in prevention, screening and early intervention as quickly as possible while also acknowledging greater support is required for a higher burden of disease due to the missed opportunities during the pandemic years.

Conclusion

The COVID-19 pandemic response by State and Federal governments left behind many of our most vulnerable communities, and Aboriginal and Torres Strait Islander Communities continue to feel the long-term impacts of that today. The response led by the Aboriginal Community Controlled Sector was successful only *after* relevant government agencies enabled us to take a genuinely self-determined approach. In many places, the physical, social and emotional, and cultural health of our Communities suffered throughout 2020-21 as a result of a years-long failure by successive governments to strengthen the Aboriginal Community Controlled Sector. In addition to the ongoing barriers and trust deficits that result from colonisation and the systemic racism ingrained in Australian society, the lessons from the pandemic response highlight the critical importance of empowering our Communities to take control of the services they need.

A Royal Commission into the short- and long-term impacts of the pandemic and associated lockdowns must make specific and intentional mention of the groundbreaking work of ACCOs to deliver lifesaving services to their communities, and the failings of mainstream and public services to engage with the vulnerable and diverse members of their community. The investigation around the ongoing ramifications on social and emotional wellbeing needs to have a broad cultural lens and ensure that the objectives of looking into domestic violence and child welfare are built around recovery and prevention, rather than vilifying individuals.

The scope of the Commission must look at the ongoing damage to health, but not just for those living with the health issues that come directly from COVID-19 infections. While that is important to understand, the net needs to be cast wider to properly assess the long-term costs

of missed preventative care, inaccessibility of services deemed ‘not essential’ during lockdowns and the burden of the social and emotional support needed to address the damage done by living through a global pandemic.

VACCHO welcomes the opportunity to present further evidence to address these areas of concern and looks forward to working with a Commission to ensure that Aboriginal and Torres Strait Islander communities, organisations and people are properly represented in the findings.

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