1. Project Title:

Safety During the COVID-19 Pandemic: Learnings from Aboriginal Elders, Aboriginal Organisations and Aboriginal Communities.

This submission is adapted from sections of a Psychology Honours thesis, written by [redacted]

2. Research Team:

Researchers:	Institution:
[redacted]	Bilya Marlee School of Indigenous Studies, University of Western Australia
	UWA Medical School & Bilya Marlee School of Indigenous Studies, University of Western Australia
	Faculty of Health Science, Curtin University
	Miya Kaadadjiny (Learning Sanctuary) Community Centre Inc
	Miya Kaadadjiny (Learning Sanctuary) Community Centre Inc
	Miya Kaadadjiny (Learning Sanctuary) Community Centre Inc
	Faculty of Health, University of Canberra
	Faculty of Health, University of Canberra
Dr Shraddha Kashyap (corresponding authour)	Bilya Marlee School of Indigenous Studies, University of Western Australia Email: [redacted]

3. Research Aims and Questions:

The COVID-19 impact on Aboriginal and Torres Strait Islander communities highlighted a gap in understanding the challenges, successes, and future improvements across the crisis continuum, from planning through to recovery. To address these gaps, this research aimed to explore and learn from Aboriginal communities keeping safe and coping with respect to COVID-19. We conducted yarning workshops with Aboriginal community members, health workers and Elders, in one metro and one regional area in Western Australia. We provide a summary of participant perceptions in this submission.

Key research questions were as follows:

1. How did Aboriginal community members (especially Elders) keep safe and cope with respect to COVID-19? (see Table 2).

2. What were the enablers in Aboriginal communities keeping safe and well during COVID-19? (see Figure 2)

3. What factors undermined Aboriginal communities' ability to keep safe and well during COVID-19? (see Figure 2)

4. What policy implications are there for future emergencies? (see Figure 3)

In summary, this research collected stories that provided insights on the impact of COVID-19 and how crisis policies into the future can be improved. There was a focus on creating a set of principles learned from capturing the perspectives, wisdom, and unique needs of Aboriginal Elders. Learnings are for stakeholders supporting and working two-way with Aboriginal communities and Elders if resurgent and future crises emerge. Community ownership and self-determined solutions based on Indigenous principles are needed to find equilibrium in keeping Elders safe from illness and crisis, while upholding Indigenous rights and cultural needs (Dudgeon et al., 2023).

4. Research Design:

This study followed Aboriginal Participatory Action Research methodologies (APAR) (Dudgeon et al., 2020c) to privilege local Aboriginal voices across Western Australia and relay their experiences during the pandemic. Indigenous research methodologies are also entrenched in individual and collective emancipation and provide a safe place for healing and being heard. APAR was chosen as the most appropriate methodology as it fosters collaborative and equitable partnerships instilled with trust and respect, while challenging longstanding notions of inequity and marginalization. We also oriented this project towards practical action, identifying collective risk and protective factors, or enablers and barriers, on what makes a crisis response ethical, fair, and most safe. This research intends to offer practical suggestions which paint a picture of participants' stories in the form of recommended principles to consider during a future crisis.

Data Collection

A total of 52 participants between the ages of 18 and 85 (75% female) from different communities in WA participated in a total of 10 workshops. See Table 1 below for more details on participant and workshop characteristics. Additionally, Figure 1 shows a map of workshop location sites. The location of the workshops was chosen by partnering organisations and the participants, where they felt most comfortable and familiar in their own communities. Purposive sampling was conducted with existing networks of the research team, as well as by approaching Aboriginal Community Controlled Health Services (ACCHS), Aboriginal Community Controlled Organisations (ACCO), and Aboriginal corporations with the intent of the research to obtain appropriate interest, endorsement, and assist with recruitment. ACCHS and ACCOs were strongly involved in the COVID-19 pandemic response and provided continuity of care for Aboriginal people during times of uncertainty. The design purposefully sampled Elders,

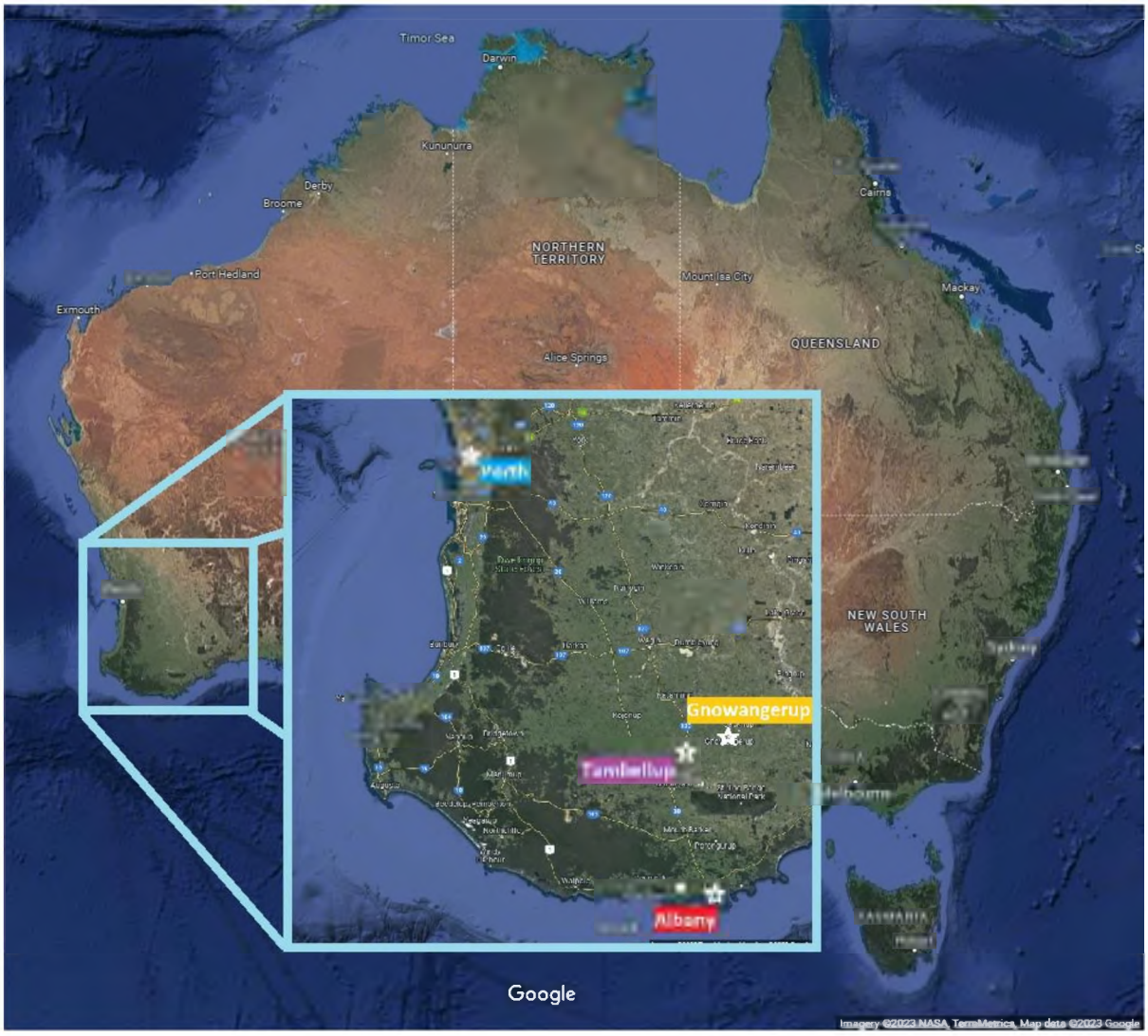
community members, and workers to fulfil the experiences required for the research aims and questions.

Table 1 *Participant and Workshop Characteristics*

Workshop Location and Participant Group	Location Information	Workshop Duration (minutes)	Number of Participants
Yarning Workshops			
Perth Elders Group	Capital City in Western Australia	180	7
Perth Community Members Group	Capital City in Western Australia	180	15
Perth Aboriginal Health Organisation Workers	Capital City in Western Australia	180	3
Albany Aboriginal Organisation Workers	Regional hub in the Great Southern region of WA	180	3
Gnowangerup Community Members Group	Rural Community approximately 354 kilometres south-east of Perth and 61 kilometres south-east of Katanning, a regional centre in the Wheatbelt	180	13
Tambellup Elders Group	Rural Community 317 kilometres south-east of Perth	180	11
Total		1080	52
Feedback Workshops			
Perth Elders Group	Capital City in Western Australia	90	6
Perth Community Members Group	Capital City in Western Australia	90	11
Gnowangerup Community Members Group	Rural Community approximately 354 kilometres south-east of Perth and 61 kilometres south-east of Katanning, a regional centre in the Wheatbelt	90	5
Tambellup Elders Group	Rural Community 317 kilometres south-east of Perth	90	9
Total		360	31

Figure 1

Map of Research Sites Across Noongar Boodja (Country) in Western Australia, Australia



Google. (n.d.). [Google Maps Australia and Noongar Country Zoomed In]. Retrieved 1 November, 2023, from https://www.google.com/maps/place/Australia/

Data Analysis

Thematic analysis (TA) was the preferred qualitative data analysis method to allow the research team to work collaboratively and ethically, and transparently interpret and organise the data. TA inspired by Indigenous Standpoint Theory (IST) and Complex Adaptive Systems Theory (CAS) gave the analytical process greater rigor to allow the team to reflect deeply about the insights and experiences captured with the purposes of affecting positive change in public health policy and emergency management. Through the paradigm of IST, participants' stories were kept intact, while the CAS theory allowed us to comprehend the different actors, processes and changes that strongly characterised rapid evolution during the pandemic response.

5. Results

1. How did Aboriginal community members (especially Elders) keep safe and cope with respect to COVID-19?

- The first research question presented some challenges in defining Elders, perhaps attesting to the diversity of meaning across communities. Participants often used the term Elders and older people interchangeably, making it difficult to attribute stories from the perspectives of or about Elders or older people, or both. We therefore use the term Elders to be inclusive of older people as well, without an 'Elder' status necessarily.

- A summary of themes relevant to question 1 are presented below in Table 2.

Table 2: Summary of themes extracted from participant responses (including Elders, health workers and community members).

Theme	Explanation	Examples
Adapting, Approaches, Processes and Decision Making	Participants described their approaches to managing the COVID-19 pandemic, e.g., how they went about making decisions and adapting to change, giving insights into the enablers and challenges of safety, and coping. Discussions were had around coming to terms with COVID-19 risks and the public health measures, and actively taking precautions to stay protected. A lot of the participants spoke in a way that conceded and accepted the circumstances, e.g., "we had to do this." Some participants expressed that COVID-19 was a reminder to look after themselves better and to take measures to live a healthier lifestyle, such as by using traditional bush medicines. During one of the yarning workshops, participants used the phrase 'common-sense' to describe how to cope with the pandemic, and again in the feedback workshops gave stories and lessons about taking strong personal responsibilities in being sensible as the "main ingredient" for survival and sanity. Participants did also describe the situation as challenging.	Many participants described that there was community unanimity in staying away from each other which served a purpose to keep safe, but that didn't mean it wasn't challenging, "it was hard trying to put into practice how to handle something that just gets thrown in front of you, out of your comfort zone." The COVID vaccine generated a lot of discussion and opinions. Decision making around the vaccine was complex and diverse, where participants spoke of weighing up the difficult decision to get vaccinated individually and as a family. Participants made decisions on the vaccine by; leaning on their religious faith; comparing their experience with receiving other injections; their health needs; and by observing the experiences of others getting vaccinated.
Beliefs, Attitudes and Coping	There were many stories reflecting on acknowledging how a crisis brings about	'…And we all did some online training around managing Covid 19 internally and

	different beliefs, attitudes, and reactions, seen as an enabler to coping when respected. Many participants reported balanced attitudes that understood the difficulty of Government in creating a state-wide response, highlighting the importance of context and location when it comes to discussing peoples' experiences during the acute period of the pandemic.	externally and what that looked like. There was a lot of conversation about respecting other people's beliefs in that space. You know about respecting other people's kind of reactions and responses to it…' '…But I think I get what leaders were going for, like Covid is spread through the air, so trying to keep people at home and keep them safe, it makes sense, but it was a little bit restrictive and I understand why people have, you know, in hindsight been really upset that they felt they were imprisoned or something in their own homes or in the isolation hotels. It's a tricky thing. I don't know what the solution would have been…'
Divides in Society	Many participants spoke of stories involving a degree of conflict or tension, stark differences in opinions, and spectrums of opposing perspectives as seen in the duality of perspectives section in Figure 2. The concept of time given to cope with COVID-19 for example was perceived in juxtaposing ways, where some participants perceived that enough time had passed to prepare for COVID-19 with the rest of the world and eastern states of Australia being most devastatingly affected before WA. Other participants criticised and believed that not enough time was appropriately given to conduct an appropriate, fair, and	'…As I know, they were asked to get onto the pandemic urgently and because of what people's ways, they delayed it and then it was like push, push, push to get all the black fellows immunised and all this sort of stuff. It took ages and all the staff were overworked, underpaid. And black fellows fought against some of it. So you sort of, yeah, they just did it too rushed. When they knew it was coming, they should have started straightaway…' Frequent stories arose about the behaviour of stockpiling. Participants discussed some of the ways in which people with money were able to benefit from obsessively stocking foods and supplies, and even profit, while others who could

	equitable response, and everything was rushed, impairing genuine decision-making processes to happen. There were divides between health workers in Aboriginal health services and mainstream health services, where Aboriginal health services felt that they provided better care with less resourcing and a consistently higher complex patient load and diaspora of people. The Aboriginal health service felt that they responded in a culturally safe manner in response to COVID-19, when mainstream solutions did not consider cultural safety.	not afford that were left behind, worsening the divisions. One group described how the Wadjela (the Noongar word for white fella), kept buying everything in stock and nothing was left over for the rest. '…they *(mainstream)* also did some ridiculous things, like the one that I find the most humorous is the… because the Police were involved with vaccinations as well and they were going door-to-door in Midland, but in uniform, trying to vaccinate. That's just ludicrous, no one wants the Police rocking up to their door with good or bad news..'
Fear, Trauma and Stress	Many participants described being frightened, and COVID-19 causing pandemonium for many, particularly during the early days. Participants described the interface of themselves and their families with the health system, such as services, hospitals, ambulance, and the police, which sometimes instigated a collective sense of panic, fear, and stress. There were discussions around the COVID-19 restrictions causing many older participants to look back into their past, and derive similarities with previous restrictions on Aboriginal peoples, particular during the Stolen Generation era.	'…In my living memory, there's been times when it has happened and other people's living memory where there's been huge number of restrictions placed on individuals, but I'm only 40 years old, so in my living memory I had not had any of those restrictions, but obviously our patients have living memory of other restrictions and things being imposed on them. My mother was put in the Aboriginal wing of the hospital when she was sick a few years before I was born, and that's not that long ago, that's 42 years ago she was sick, so she was in the Aboriginal wing of the hospital, and my grandparents are still with us and they remember men being shackled neck to neck, so yeah, so in my living memory I

		have not had any restrictions, but other people have obviously seen and experienced them from other points of view…' '…Participant 1: "And for four police to go to the house…" Participant 2: "We was treated like we were criminals. And that brought back memories of…" Participant 1: "All our childhood memories." Participants reflected on feeling fearful that they were going to be the greatest impacted as Aboriginal people, vilified as vulnerable. "They made it sound like we were going to die."
Lasting Issues and the Future	Many participants spoke despondently about the future, fearing the worst for a never-ending spur of diseases and sicknesses, communicable and chronic. Participants also spoke about prevailing paranoia about being out in public and reintegrating, as well as changes with their interests from the COVID-19 ordeal. There were many stories that referenced the challenges and opportunities for the future in this new world with COVID-19 being commonplace. Many participants ardently wanted to note that people are still contracting and dying from COVID-19 and that it hasn't gone away, even though there	"I was thinking, are we finished now or some sort of another disease, we would get it all over again." "Coming back for me was different because I used to love going shopping okay, but that three years of not shopping coming back to all that, so I don't even get exciting about shopping now. Before I would walk into the shop and enjoy it but I can't find that happens for me. In Perth a little bit when you go up there, but yeah, it took that excitement out. Well that's what it did to me anyway." "People now they don't live life, they're like they are just existing. You can't even get an excited glance from anybody now, they are just focused on where they are going. The

	has been reduced media attention. As we were conducting this research project, the Australian Government announced a review into COVID-19 and many participants were pleased and proud to be part of an Aboriginal research project focusing on lessons learnt from COVID-19 in the communities. Participants insighted an opportunity to prepare for crises better in the future by knowing who needs the most support and where the Elders lived. Lastly, there was also discussion around COVID-19 provoking the idea to teach, mentor, and empower young people as the future to cope, learn from, and provide guidance to community in times of crisis. Many participants engaged in the discussion on the desire to have young people at the table on different matters to pass on their knowledges as well.	friendships, you know, they seem to have gone out of the old community. Like some of our mob like they were afraid, "You got Covid, you've got a cough, don't come around me" '…We need to know those that are going to be incapacitated from these things, the crisis and allocate certain people to out either to their Elders and people that, like you're saying, don't have cars, or don't have money and stuff like that and do their shopping if they can. And get all their essentials, like their toilet papers, their kangaroo meats and stuff like that, and take it out to them. I think people in the community need to know where their Elders are, the elderly and infirm, and help them with their medications and all that stuff…'
Looking back and Reflecting on COVID-19 and Before	There was a considerable amount of discussion on looking back on "the COVID times" and reminiscing about the struggles, enjoyments, and realisations, coming together to share stories, laugh, or be melancholy, and draw similarities with how Aboriginal people have been treated. There was different commentary regarding the isolation and lockdowns	'…What I just wanted to say is with the COVID, is us people, Aboriginal people, well, that wasn't new to us, because how we got treated. That wasn't new to not go here, not go there, you know what I mean? So that's one thing that clicked straight away for me…' '…you just need someone to talk to. And it's so isolating you know.' A few participants mentioned that when they got sick or expressed the desire to

	periods, ranging from enjoying the time of rest, feeling protected, enjoying time off the regiment of school, feeling bored and unstimulated, being devastated from losing family connections, to feeling imprisoned. Professional workers spoke about issues with family and domestic violence (FDV) and Elder abuse. These workers were part of an Aboriginal corporation in social and community services and observed the impact of FDV and suicide, for example. They commented that the isolation process raised household conflict as there was no possibility of escape and reprieve. Elder abuse: participants would talk about carers taking advantage of the allowances from the Government without providing care for Elders, which was exacerbated by the COVID-environment causing strains, job losses, alcohol and drug issues which created an environment where people were more desperate for money. There was also discussion around looking back to the origins of many diseases in Australia, from the beginnings of colonisation. The greatest points of discussion however involved symptoms of getting sick and the impact of funeral restrictions. Participants spoke in depth about their physical	be cautious, the younger people weren't always so bothered, breaking out in laughter when thinking about their younger family members. One participant stated, "but we love them dearly anyway…" after commenting on their younger family members indifference and apathic attitude. Some participants however clearly expressed a preference and hope that younger family members would protect the Elders more..' '…The sad thing with those boundary shutdowns, and not being able to see, mothers weren't seeing the kids, and nanas weren't seeing their grandchildren, you know. And the impact that that had on all the families that are involved with Department of Child Protection the family support was just devastating, because that reunification process is a staged process, when they were all tracking, you know, for reunification and then it just stopped you know. So, we had mental health issues, we had self-harm, suicidal ideation just went through the roof because, what am I doing, I've worked for all of this, you know I've ticked all the boxes, and now I can't see my child. And that's not, you know, as I said not just some other, all of the family members that are involved with that, you know, no contact at all, just everything just stopped. And it was devastating, it took … and

	symptoms from COVID-19 or the vaccine, comparing with each other, as well as telling complete stories about their journey the whole way through transmission, isolation, being sick, and recovering, almost as a display of survival. These topics were something that most participants wanted to talk about, agreeing particularly on the challenges of funeral restrictions compounding grief in their communities by inhibiting the cultural process to allow family members to pass on.	the recovery from that was such a long process again…' '…Yes. And that's where that isolation because you know DV, isolation is part of DV, you know they isolate the women. You know, not being able to have those cups of coffee, you know, to go down the street and hang out with sister girls, you know, you go to the workshop, and they're not leaving the perpetrator, that they still have that ability to actually move away from the home. And the elder women, we've got a lot of elder women that used to come to workshops didn't we… know the art and craft workshops. You know especially for known, just safe eyes knocking on the door…' '…The reasons why we've got to do that *(funerals)*, cultural-wise, we've got to give them permission that they can go, to pass on. We've got to do that, too, and people have got no idea. But other people from other countries have an idea because they do the similar things…'
Losing Trust, Faith, and Uncertainties	There were stories that signified a loss of faith and level of uncertainty over the course of the pandemic, and in hindsight. Many participants were still trying to make sense of COVID-19. Whether it be making sense of their symptomology profile, how it was contracted or disbelief around not contracting it when	"Vaccine hesitancy was highlighted, but sort of ignored, and then, you know, rightly so, Aboriginal people were put as a priority group for the immunisations, but you know, the education wasn't around that appropriately, so you know, there was concerns that we were test populations. But thankfully we initially started with AstraZeneca, and I told everyone we tested on

	they had been exposed during peak times. There were comments around needing more education for community to understand when something like a vaccine intervention is rolled out. As well as observing ongoing disability and disease potentially related to vaccine contraindications and wanting more research, truth, and honesty about the long-term effects of the different vaccine brands. Participants expressed confusion and loss of confidence in why COVID-19 information rapidly came to a standstill. As participants observed a sharp decline in COVID-19 communication, they were unsure if the Government was taking it seriously, and why there were so many rules imposed in hindsight, which changed so often and stopped so drastically.	the English first. So, it was probably those kind of things that were concerned, kind of disseminating that information." "But we don't hear about it anymore, they stopped all the media about it. But I mean there are like 3,000 dying a day in Australia or in WA or whatever it is but they're just not telling us anymore because they want people to just live their life now without hearing all the negative. People are still getting Covid."
Rights, Morality, and Inequities	Experiences of feeling excluded, displaced, stereotyped, expected to feel grateful for being given unpalatable supplies, and loosing freedoms. Some participants reflected on COVID-19, like many other circumstances in their lives, as creating an environment for Aboriginal people to be an easy target for everything. Participants and Aboriginal health services gave stories of being labelled as incapable to support themselves and each	Participants expressed feelings that the "choices were taken from hands of the community." There was a comment around never feeling Aboriginal people truly had any power and would always be excluded from decision making during a health crisis if they are not part of the medical fraternity, where society gives greater weight to contemporary medical knowledges. "Because in the medical, well white people have their say,

	other, blamed for things they didn't do, feeling judged and targeted.	you know, black fellows don't run their own medical stuff really." "So, I tried to help the Elders as well. They couldn't get out poor things, so some had arthritis, they couldn't even get to the front door to meet you, and you weren't allowed to go there, and so just hearing word of mouth, you know, whoever telling me something, and I'd go and get it. So, that's basically what it is, is the Elders really suffered the most as well, they had no-one to talk to, to get them that one, couple of shopping things that they needed, food. They were lost in their own little battle there, you know, their kids couldn't come round to shopping for them, so yeah, it was quite an eye opener."
Roles during COVID-19	Experiences of roles changing, adapting to circumstances (paid or otherwise, e.g., health workers, family, and community roles). Elders described typically being the person in their family that cooks and looks after the family. They told stories of how COVID-19 augmented their roles in taking care of their family and doing that while on medications, having procedures, or contracting COVID-19 themselves.	"We went beyond our reach also by delivering boxes ourselves and, you know, we didn't have one driver, we had just about everybody dropping, doctors to workers, yeah, anybody we can find at that day, yeah. We work on Saturdays and Sundays also, yeah, just for our people, so ..."
Services, Resources and Actors	Experiences of ACCHOs going above and beyond to help community members. Experiences of community members being turned away	"I think we just really do prioritise our clients in seeing them well and healthy, whether or not we have

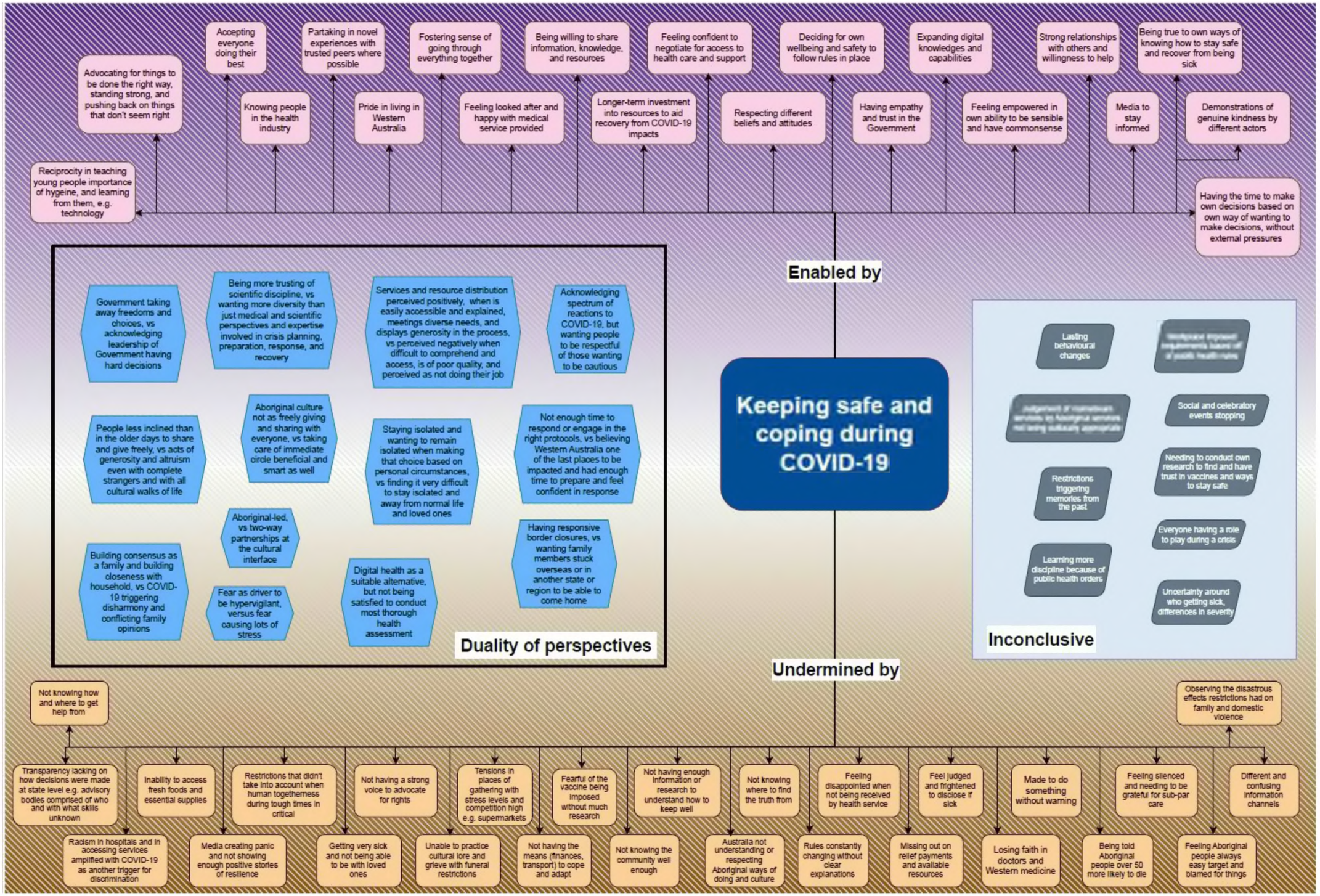
	from some services (e.g., aged care, hospitals, food banks).	funding for it often. That comes later, you hope". "We had to shut down one of our clinics briefly just because we just didn't have the staff to maintain it because we had to send some of our, you know, more senior staff home. You know, it wasn't appropriate to keep a clinic open that was understaffed, so we had to redistribute staff, so we had to shut down one of our clinics for a brief period of time, yeah. So, those kind of things had to be made and people did not like the decisions, but they had to be made at the time." "That's not right, denying your own people access to medical."

2. What were the enablers in Aboriginal communities keeping safe and well during COVID-19?

3. What factors undermined Aboriginal communities' ability to keep safe and well during COVID-19?

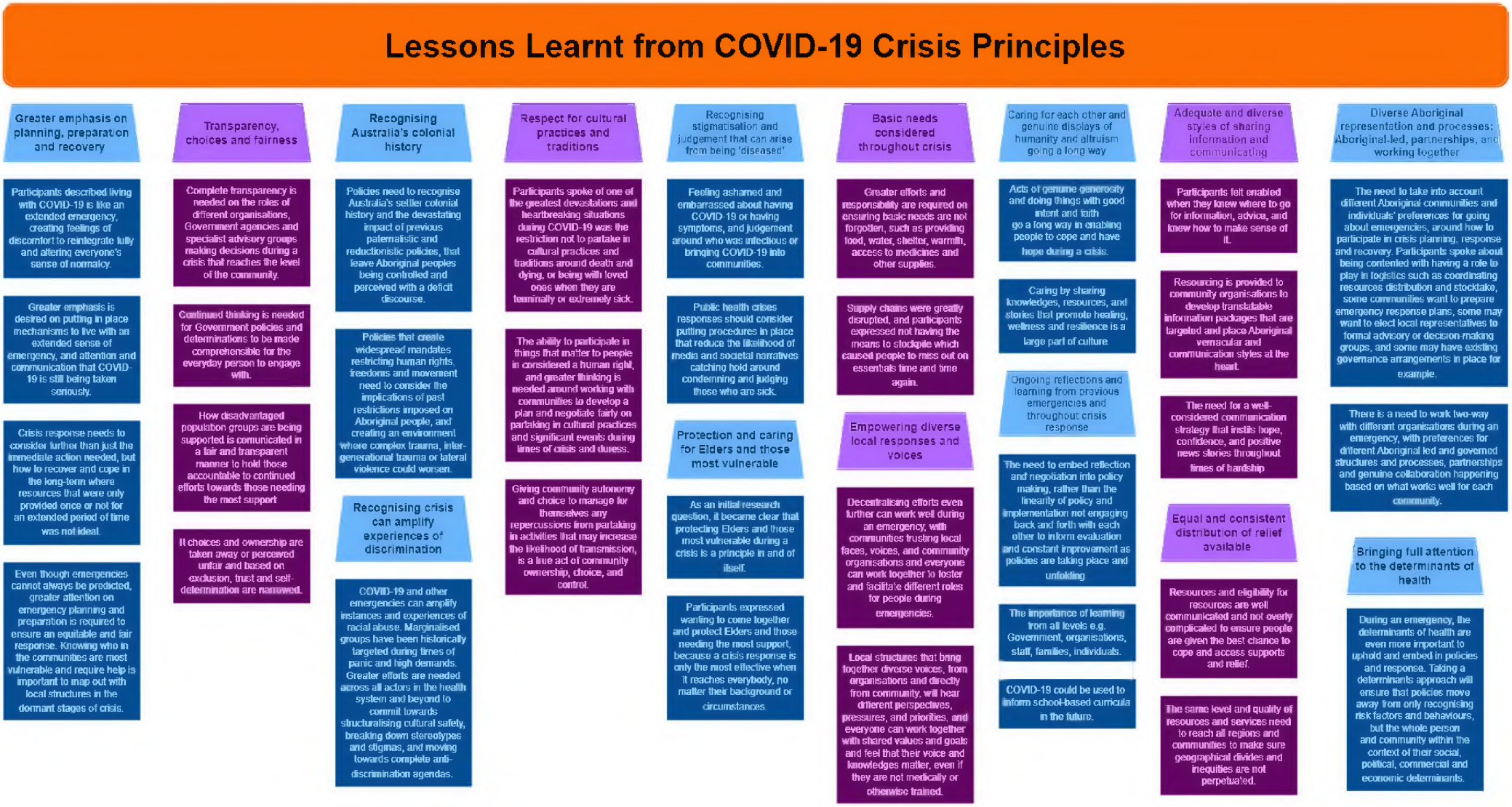
- A summary of responses to questions 2 and 3 are presented in Figure 2.

Figure 2: *Enablers and Barriers to Keeping Well and Safe during the COVID-19 Pandemic*



6. Policy Implications:

Figure 3: *Lessons Learnt and Recommendations from COVID-19 with insights from Aboriginal Elders, Aboriginal Organisations, and Aboriginal Community Members*



7. Conclusion

This research gathered learnings about experiences of the COVID-19 pandemic from Aboriginal Elders, community members, and organisations. Participants gave their stories humbly, with the wish to see Australian society grow and mature in crisis management and public health efforts. Participants commended and appreciated the actions of the COVID-19 pandemic response with attention on keeping people safe but implore greater flexibility so that culture and Aboriginal rights remain of equal importance. It is imperative to understand, and not assume, how different communities want to work with organisations and people during crises. Structures and processes with both organisations and communities need to be empowered early to guide ethical emergency action when it arises, based on the diversity of omnipresent community voices and preferences.

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