



Australian Government
**National Indigenous
Australians Agency**



NIAA

National Indigenous Australians Agency

Submission to the Commonwealth Government COVID-19 Response Inquiry

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About NIAA

The National Indigenous Australians Agency (NIAA) is guided by the vision that Aboriginal and Torres Strait Islander peoples are heard, recognised and empowered. We work in genuine partnership to enable the self-determination and aspirations of First Nations communities. We lead and influence change across government to ensure Aboriginal and Torres Strait Islander peoples have a say in the decisions that affect them.

NIAA staff empower and work closely with communities in urban, regional and remote locations. Through listening, NIAA has developed and nurtured trusted relationships with local First Nation communities, organisations and other key stakeholders.

NIAA has a strong regional presence with staff operating from 49 locations across the country. NIAA's regional presence is central to the Agency's ability to understand the unique needs and priorities of First Nations communities, working in partnership to tailor and deliver effective local solutions. This regional presence is also well-placed to respond to emerging priorities, and provided vital support during the COVID-19 pandemic.

NIAA's role in Australia's COVID-19 response

The COVID-19 pandemic presented unprecedented challenges to the health and livelihood of all Australians. NIAA had an enabling and brokering role in the Australian Government's response to ensure First Nations voices were heard and informed responses to COVID-19. The NIAA supported First Nations Australians during the COVID-19 response by:

- **Partnering** with the Commonwealth Department of Health as the lead Commonwealth Agency for the COVID-19 response.
- **Working with other Commonwealth agencies** to support their engagement with, and responses to First Nations peoples and communities regarding COVID-19.
- **Convening** discussions with state and territory governments, peak organisations, corporate partners and First Nations leaders on practical ways to support First Nations Australians.
- **Working with NIAA's funded organisations** to ensure service viability, and to adapt delivery to meet needs while complying with physical distancing and travel restrictions.

This submission considers the COVID-19 Response Inquiry's Terms of Reference and provides insights into NIAA's contributions during the COVID-19 response, reflecting on the following:

1. Planning and preparedness, including governance arrangements
2. Place-based support for remote and very remote communities
3. Food security in remote First Nations communities during COVID-19
4. Supporting and maintaining NIAA funded services during COVID-19
5. Supporting the rollout of COVID-19 vaccinations
6. Managing impact on education and employment programs during COVID-19
7. COVID-19 Response and First Nations Women and Families
8. COVID-19 and its impact on cultural and traditional practices in First Nations communities.

1. Planning and preparedness, including governance arrangements

At the outset of the COVID-19 pandemic, NIAA activity was largely focused on the establishment of and participation in high level governance committees, provision of advice to the Minister for Indigenous Australians, Cabinet and the (then) Department of Health (DoH) to support key decisions, and repositioning NIAA to identify, adapt and manage the risks and impacts of the pandemic. This work included:

- Ensuring First Nations voices and experiences were gathered and considered by governance committees.
- Reprioritisation/triaging of NIAA funded activities and programs.
- Pivoting to different and more flexible working arrangements for NIAA staff.
- Enabling different ways of communicating and supporting stakeholders and services.
- Establishing mechanisms to support First Nations communities, particularly in remote and very remote areas.

Aboriginal and Torres Strait Islander Advisory Group on COVID-19

NIAA was a member of the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 from the establishment of the group in early March 2020. This group developed and delivered a Management Plan for Aboriginal and Torres Strait Islander Populations (the Management Plan) and supported implementing the Australian Health Sector Emergency Response Plan for Novel Coronavirus for First Nations Australians (see Box 1).

NIAA's primary role was to inform the Group about what NIAA understood to be the broader needs of First Nations communities and organisations, as reported through NIAA's regional presence which provided valuable insight and advice on impacts of the pandemic locally. This included matters such as continued access to critical social services, food security, impact of remote travel restrictions and broadcasting/communications.

The Advisory Group remained the lead point of coordination and advice for First Nations COVID-19 related issues throughout the pandemic, reporting directly to the Australian Health Protection Principal Committee.

Box 1: Aboriginal and Torres Strait Islander Advisory Group on COVID-19

The Aboriginal and Torres Strait Islander Group on COVID-19 advised the Australian Government (DoH) on culturally appropriate ways to protect First Nations communities from the spread of COVID-19.

The Advisory Group reported to the Australian Health Protection Principal Committee and was co-chaired by DoH and the National Aboriginal Community Controlled Health Organisation (NACCHO). The Advisory Group included: Public Health Medical Officers and leaders from Aboriginal Community Controlled Health Organisations (ACCHOs); Aboriginal Health Services; state and territory government public health and medical officials; Aboriginal communicable disease experts; the Australian Indigenous Doctors' Association; and the NIAA.

The Advisory Group met regularly and guided the First Nations response to COVID-19 and the vaccine rollout. The Advisory Group was a key mechanism for First Nations advice to be provided to National Cabinet and reflected a partnership approach to addressing the impacts of COVID-19.



Situational reporting and dashboards

The then Minister for Indigenous Australians, the Hon Ken Wyatt MP, and NIAA's Executive commenced daily briefings regarding COVID-19 on 11 March 2020, moving to twice weekly from 14 April 2020. A new reporting framework was established in NIAA to support the gathering and sharing of 'on the ground' information during these briefings.

- NIAA's regional offices provided daily situational reports (SITREPS) from 16 March 2020 with information on a range of community needs including food, fuel/medical, community wellbeing, travel restrictions and physical distancing. These SITREPS highlighted emerging issues and priorities at the local level and allowed NIAA to proactively engage with relevant jurisdictional governments to provide appropriate place-based policy and program responses to COVID-19.
- NIAA also produced a Dashboard report about what was happening on the ground in each jurisdiction for use by NIAA's Executive and the Minister for Indigenous Australians. The Dashboard reports highlighted key data and information representative of First Nations people and communities; including:
 - Up-to-date local information from the regions' SITREPS.
 - A consolidated overview of other working groups and committees involved in the COVID-19 Response.

The Dashboard reports were produced daily from 16 March 2020, moving to three times per week from 24 April 2020.

Geospatial support

NIAA contributed to the mapping and biosecurity aspects of the Management Plan. NIAA has a small Geospatial Section that drew on data and resources from across state and federal sources to represent the impact of COVID-19 imposed Biosecurity Determinations on remote and regional First Nations communities.

The Geospatial Section used ArcGIS Online (cloud) to rapidly share state and territory COVID-19 monitoring, lockdown and hotspot information across NIAA. This team also produced many mapping products of COVID-19 Biosecurity Act Legislation areas and supported DoH COVID-19 Vaccine Taskforce with reporting and planning.

Productive relationships

A primary focus of NIAA during the pandemic was the wellbeing of remote and very remote First Nations communities and ensuring First Nations Australians had access to vaccines, information and relevant Government supports.

Productive relationships with non-government stakeholders such as land councils, regional and remote taskforces, industry groups and First Nations community-controlled organisations and peak bodies were an essential part of the NIAA response. NIAA linked key stakeholders with other government agencies at the Commonwealth and jurisdictional level, ensuring First Nations voices were heard and First Nations peoples actively contributed to decision-making. These relationships were also important in developing and disseminating culturally appropriate communication and media products to First Nations communities with health messaging and information about accessing various Government supports.



Box 2: Working with diverse stakeholders

Food Security

NIAA brought together diverse government, corporate and First Nations stakeholders to ensure that supply chain issues did not impact food security in remote Australia (discussed further in part 3 of this submission). These arrangements helped ensure a reliable supply of essential goods, groceries, pharmaceuticals, personal protective equipment (PPE) and other critical supplies in remote communities during the COVID-19 pandemic.

Boarding Students

NIAA worked with Department of Social Services (DSS), Services Australia and education stakeholders to identify the impact of COVID-19 on ABSTUDY recipients and boarding students and providers (discussed further in part 5 of this submission). This work ensured students returned safely home during lockdowns and that boarding providers received boarding payments during temporary changes to ABSTUDY so that students could return to school as soon they were able.

Family Safety

Family, domestic and sexual violence emerged as a critical issue due to lockdowns. NIAA worked with Family Violence and Protection Legislation Service Forum, DSS, the Office for Women and state and territories to understand changes to demands for services, identify and address challenges and ensure efforts were coordinated across First Nations and non-Indigenous support services. This work ensured frontline services could continue to be delivered throughout the pandemic (discussed further in part 6 of this submission).

2. Place-based support for remote and very remote communities

NIAA's network of regional offices proved to be an important resource to support the COVID-19 response particularly in remote and very remote First Nations communities. To support Australian Government efforts to reduce the spread of COVID-19 to communities, NIAA implemented a temporary halt to travel for NIAA staff for non-essential purposes, which changed the way engagement could occur.

With travel restrictions in place, NIAA established a system of intelligence gathering involving:

- drawing on existing networks and relationships with communities;
- checking-in regularly and in a structured way with service providers; and
- engaging with new contact points e.g. local leaders, district leadership groups, key allies, politicians.

At times there was tension between needing to provide timely briefing to decision-makers while also undertaking due diligence to ensure information was factual and accurate. For example, SITREPS required regular updating and it could be challenging for officers to quickly assess the accuracy of information they were receiving, particularly during times of lockdown.

NIAA regional offices engaged closely with state and territory government agencies on local responses to COVID-19 and to facilitate connections to other Commonwealth government agencies including DoH and Border

Force (formerly known as the Department of Home Affairs). Regional offices also relied heavily on their respective state and territory government networks for intelligence gathering, information sharing, and communication. State and territory government agencies facilitated regional offices inclusion in state / territory meetings and 'organic' participation in the responses.

There were some variations in state / territory responses, but once their respective response units were established and structures formalised, NIAA teams pivoted to connect and work closely with their counterparts. Some NIAA regional offices appointed a COVID-19 coordinator which helped direct tasks through a single point of contact.

Box 3: Examples of NIAA regional based support for COVID-19

- NIAA was a member of the NSW Government's Incident Management Taskforce that at one point met daily to coordinate the response to an outbreak in Western NSW, and also attended the Local Emergency Response meetings in the region.
 - NIAA and the Northern Lands Trust jointly funded a pop up shop in Goodooga to address food security issues during the outbreak in Western NSW until the Government funded store opened at the end of October 2021.
 - NIAA was a member of a number of forums convened by the NT Government that coordinated and engaged with Aboriginal and Community Controlled organisations and stakeholders to ensure Indigenous perspectives were reflected in planning for an outbreak. This included the COVID-19 Regional and Remote Taskforce, the Big Rivers Region Coordination Committee, the Southern Region Emergency Management Committee and the Barkly Regional Coordination Committee.
 - During the outbreak in the Tanami region of the NT, NIAA participated in daily meetings of the Incident Management Team for NT remote communities.
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Further information about NIAA's role in supporting place-based efforts to accelerate vaccination in First Nations communities is discussed at Part 5 of this submission.

3. Food security in remote First Nations communities during COVID-19

Remote communities face unique barriers impacting the range, cost and quality of food and other essential groceries. This includes significantly longer and more complex supply chains, low bulk purchasing and/or storage capabilities, high repair and maintenance costs, seasonal isolation and fluctuating community numbers. These barriers and the environment in which remote communities operate compounded food security challenges during the COVID 19 pandemic, particularly because of restricted movement and supply shortages.

From March 2020, the NIAA established and chaired the COVID-19 Food Security Working Group to share information and develop responses to food security risks. The establishment of this group recognised the limitations of the national Supermarkets Taskforce in addressing the unique needs of First Nations people living in remote communities. The COVID-19 Food Security Working Group met weekly and brought together key stakeholders including Commonwealth, State and Territory Governments, the Australian Competition and

Consumer Commission (ACCC), First Nations remote store management companies, and remote wholesale, distribution and freight companies. Members had links on the ground in communities and into other key national coordination groups, ensuring accurate and timely information sharing and response.

To enable effective crisis response collaboration, the ACCC granted an interim authorisation to Coles Group, Woolworths and ALDI to collaborate through the Supermarkets Taskforce in March 2020. This was extended to members of the Food Security Working Group.

The positive impact of the Supermarkets Taskforce and the Remote Food Security Working Group was recognised in the 2020 House of Representatives Standing Committee on Indigenous Affairs Inquiry into food pricing and food security in remote Indigenous Communities (HORSCIA Inquiry). The HORSCIA Inquiry found the Food Security Working Group was a success. The report stated the Working Group allowed for essential collaboration and solution driven planning to occur, ensured supplies were reserved and provided for remote community residents, and supply lines were maintained despite biosecurity determinations limiting general access to remote communities (page 3). Recommendations were proposed to build on the momentum established throughout 2020.

The Food Security Working Group has been maintained and scope expanded to consider remote food security matters including food supply during pandemics, natural disasters and seasonal changes (HORSCIA Inquiry Rec 11). The Group now meets approximately quarterly, or as required based on need. In addition, the Commonwealth (led by NIAA) is working in partnership with State and Territory Governments and First Nations health organisations to develop a National Strategy for Food Security in Remote First Nations Communities (HORSCIA Inquiry Rec 10). The Strategy includes consideration of HORSCIA Inquiry recommendations as well as other emerging issues, such as increasing remote food security resilience to disaster.

4. Supporting and maintaining NIAA funded services and First Nations business during COVID-19

The Indigenous Advancement Strategy, administered by NIAA, is one vehicle through which the Australian Government funds and delivers a range of programs designed to improve the lives of First Nations Australians.

NIAA adopted a pragmatic and flexible approach to ensure that funded organisations were supported and remained viable during the pandemic in order to reduce and limit the impact on service disruption to First Nations Australians.

The aim of this approach was to support organisations to continue to deliver services to First Nations communities where feasible and safe to do so. Where service activities needed to be suspended, NIAA aimed to help organisations maintain the viability of their organisations and return to full service delivery as soon as it became safe to do so. On a case-by-case basis and where required, NIAA worked with organisations to review and if appropriate, adjust grant schedules. NIAA supported organisations to maintain employment arrangements where possible and discussed assistance options where there were concerns about keeping on employees.



Adjustment of Deliverables process

NIAA took action early in the pandemic by establishing an Adjustment of Deliverables process to consider organisations' request for adjustment of performance against key performance indicators and project deliverables, and to avoid non-compliance that may occur due to circumstances resulting from COVID-19. These requests were not for additional funding, but rather requests to enable organisations to manage their existing funding agreements.

NIAA aimed to streamline the process to avoid additional burden on funded organisations. The process involved completion of a short form which was assessed on a case by case basis. 99.5% of organisations funded by NIAA were contacted as a part of this process.

\$123 million package to support First Nations business and communities

From 2 April 2020, NIAA administered a \$123 million COVID-19 Indigenous business and community support package that aimed to cushion First Nations service providers from the social and economic impacts of COVID-19 and ensure that communities and businesses could bounce back from the impacts of the pandemic. The additional resources into communities enabled continuity of critical social programs to support community safety, wellbeing and resilience, ensure safe and innovative service delivery and provide employment certainty, particularly during lockdowns. Many proposals sought information technology (IT) upgrades to enable delivery of services virtually (for example via telehealth) and additional staffing resources to meet the increased demand for services.

The \$123 million business and communities support package was comprised of:

- \$50 million for the Indigenous Business Australia COVID-19 Business Relief Package including the following services:
 - Rapid Business Situation Assessments to determine the current impacts of the pandemic on the business including survivability, the business's eligibility to access mainstream bank and government economic stimulus opportunities, and other potential support that can be provided under the package;
 - Business Support, including assistance to identify alternative revenue streams, review business operating structures and workforce management approaches; and
 - Working Capital Assistance of up to \$200,000 via a loan/grant package (assessed on a needs basis), consisting of:
 - A capped grant component to assist with ongoing fixed costs, purchase of equipment and generating revenue;
 - A loan to assist with working capital needs, with a term of up to 5 years, with no repayments for the first 12 months, and preferential interest rates; or
 - A combination of the above.

The assistance was available to all First Nations businesses impacted by COVID-19, whether they were IBA customers or not.

- \$25 million to provide additional support for First Nations jobseekers in select regions and industries;
- \$10 million to the four Northern Territory land councils for important small-scale equipment like camping equipment, clothing, bedding and blankets to support people self-isolating on country;

- \$0.2 million for First Nations Media Australia to support Indigenous broadcasters respond to COVID-19;
- \$10 million to support the expansion of Community Night Patrol to assist in maintaining community safety, and to bolster communications related to travel restrictions and physical distancing;
- \$23 million to enhance critical social service delivery that included:
 - alcohol and other drugs
 - social and emotional wellbeing
 - community safety
 - child and family support
 - youth engagement/diversion
 - mental health first aid
 - cross border intelligence desk
 - community night patrol
 - custody notification services.
- \$5 million to expand School Nutrition Projects to continue through pupil-free periods and school holidays and accommodate higher costs to deliver the program in a COVID-19 safe way.

Funding proposals were considered against the Indigenous Advancement Strategy (IAS) assessment criteria (need, quality, efficiency, effectiveness) to determine funding eligibility and ensure no duplicative investment or effort.

The Package was delivered in two tranches:

- **Tranche 1** funding commitments were finalised on 13 July 2020 and prioritised First Nations communities within the remote travel restriction areas, and regional centres where populations were likely to fluctuate due to citizens travelling back to communities. This funding was essential to assist First Nations communities increase their preparedness and responses to COVID-19.
- **Tranche 2** funding commitments were finalised on 1 February 2021 to existing and new eligible organisations in response to the second wave of the pandemic. This funding addressed locally identified needs for additional service delivery methods, consistent with COVID-19 impacting communities and organisations differently over time.

Funding for the Package was allocated early in the pandemic and based on a worst-case scenario of community closures, reduced food security and lack of services for prolonged periods. This did not happen to the extent planned because distancing and travel restrictions were effective at keeping the first wave of COVID-19 at bay. Some funds were not allocated and were returned to the IAS funding program for other investment priorities.

5. Supporting the rollout of COVID-19 vaccinations in First Nations communities

On 29 September 2021, the Minister for Indigenous Australians wrote an open letter to IAS providers seeking support with the First Nations vaccination effort. This was distributed by NIAA's Regional Managers. The Minister also met regularly with Pat Turner AM, Chief Executive Officer of NACCHO and religious and medical leaders from across the country to work to address harmful misinformation promoting vaccine hesitancy in First Nations communities.



NIAA worked with the National COVID Vaccine Taskforce (Operation COVID Shield) in DoH, the National Aboriginal Community Controlled Health Organisation (NACCHO), state and territory governments and other First Nations organisations through a range of governance mechanisms at the national, state and local level to support and facilitate vaccination access and uptake to First Nations Australians and communities.

NIAA regional offices reallocated significant resources and partnered with jurisdictional health departments and the First Nations health sector to support the vaccine rollout and acceleration plan. NIAA utilised its networks with community stakeholders and funded service providers to map initiatives, events and identify opportunities to increase vaccine uptake (such as through popup vaccine clinics at community events). NIAA focused on ensuring First Nations organisations and communities were a key partner in vaccination efforts.

The Local Investment Fund under the Indigenous Advancement Strategy (IAS), and no-cost contract variations were used to support NIAA-funded service providers to hold social events and provide logistical support to bring together the community for access to pop-up clinics or 'vaxathons'. NIAA also worked across industry to leverage resources and support for vaccine clinics and acceleration. This included cooperation with the Minerals Council of Australia on vaccine promotion and on-site vaccination hubs and clinics for workers and local communities.

NIAA regional staff actively engaged with community to combat vaccine hesitancy and misinformation, promote and enlist community members to attend upcoming vaccination clinics, and provide resources for the duration of clinics. This included escalating community concerns about local vaccine communications or the lack of available local communications.

Box 4: Example of First Nations COVID-19 vaccination initiatives

Note: NIAA's regional presence supported vaccination rollout across Australia and the Agency welcomes further discussion with the Inquiry Panel about the extent of this work.

Queensland

- NIAA staff in the South Queensland Region hosted a pop up stall with COVID-19 vaccination resources at the inaugural Sunshine Coast First Nations Suppliers Day on 15 November 2021. This was an opportunity to disseminate local vaccine messaging to Indigenous businesses and workers (i.e. dispelling myths and supporting Indigenous workforces to get vaccinated).
- In Mackay, NIAA contributed \$10,000 under the Local Investment Fund to support free entry for attendees who had at least one vaccination to the Mackay Indigenous Rugby League Carnival. This was in response to the low vaccination rates in Mackay and surrounding areas.

Western Australia

- NIAA provided funding to support local health services to deliver additional Vaxathons in the Kimberley region, and ensure a number of remote communities were targeted by the vaccination drives.
- NIAA supported effort by a local Port Hedland Community Development Program provider to use some of their activities as a base for vaccine pop up clinics and to use their assets to transport people to and from their vaccine appointments.

Northern Territory

- In West Arnhem, NIAA's Local Investment Fund supported the hire of 4WD buses to transport Maningrida Homelands residents to and from Maningrida community during vaccination visits by NT Health, helping Maningrida achieve vaccination rates over 70 per cent.
- In Palumpa, NIAA engaged with NT Chief Minister's Office, NT Health and local providers to support vaccination rollout in the community. NIAA's Government Engagement Coordinator and Indigenous Engagement Officers assisted with communication and transport in community, alongside West Daly Regional Council Night Patrol.
- In Maningrida and Gunbalanya, NIAA's Indigenous Engagement Officers actively promoted vaccination by visiting camps and accompanying the NT Government Health coordinator on house to house visits, providing front line communication around the importance of vaccination and addressing hesitancy.

South Australia

- NIAA staff engaged with a number of Aboriginal community health services, including Port Lincoln Aboriginal Health Service, to identify vaccination workforce challenges and connect requests for surge support with Department of Health resourcing initiatives.
- In Adelaide a series of education workshops for First Nations people were funded under the NIAA Local Investment Fund. These were led by Iwiri Aboriginal Corporation in conjunction with SA Health to provide information about the COVID-19 vaccine and to support COVID-19 vaccination efforts. Discussions centered on talking with family about vaccinations, dealing with positive cases, symptoms and when to get tested, issues with co-morbidity, and managing COVID-19 in intergenerational and large households. A pop-up clinic was also held.

Victoria/Tasmania

- The NIAA provided funding to 3KND "Kool N Deadly", a Victorian First Nations owned and managed radio station, to support the development and broadcast of culturally sensitive, tailored and reliable COVID-19 messaging to help dispel myths and improve First Nations vaccination uptake.
- In Southern Tasmania, NIAA staff supported delivery of additional COVID-19 vaccination clinics and information sessions in conjunction with Karadi Aboriginal Corporation, Primary Health Tasmania and the Tasmanian Department of Health.

New South Wales

- NIAA contributed \$50,000 under the Local Investment Fund to support the Orange Aboriginal Medical Service to modify their existing clinic space into a COVID-19 safe layout. This assisted the service to support the community with COVID-19 vaccinations and other medical care while minimising risk for community and staff.
 - In Dubbo, NIAA established the COVID-19 Central West Koori Community Circle, which gathered to share information and resources, problem solve and provide solutions for organisations and community with regard to COVID-19 and vaccination acceleration in Western and Far Western New South Wales.
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6. Managing impacts on education and employment programs during COVID-19

Public health lockdowns had a particularly strong impact on education and employment. Two areas of particular concern to NIAA were:

- remote First Nations students attending boarding schools, and
- the Community Development Program (CDP), a remote First Nations employment program managed by NIAA.

Boarding school students

The COVID-19 pandemic significantly impacted First Nations boarding students. During the COVID-19 pandemic NIAA worked across government to ensure education for First Nations people remained a priority. From mid-March 2020, First Nations boarding school students started returning to their families in remote communities. At the height of the pandemic, over 3,000 students returned home to remote areas, just as remote travel restrictions were being introduced. A small number of students were required to isolate before returning home.

Once home, many students were provided some form of remote learning. However, not all students were able to access and benefit from online education, with some experiencing significant disruptions to learning. Many schools proactively engaged with families and students to manage their education needs, including the potential return to boarding. Boarding students started to return to school from early May 2020.

NIAA supported whole of government efforts to assist First Nations students. NIAA officers:

- Worked with DSS to develop revised advice on 'Safe Travel Plans' (or protocol). The protocol requires providers to develop an individual plan for each student and work closely with parents, communities and health authorities to ensure the safe return of the student, including provision for isolation or quarantine. This was issued by DSS (as lead department) on 19 March 2020;
- Worked with DSS to understand the challenges for the boarding sector, and make temporary changes to ABSTUDY to enable boarding providers to continue to receive payments;
- Facilitated data sharing (data from Services Australia) with state and territory education and health authorities to support students returning to community. In the NT, this meant health authorities could provide follow-up health support to individual students.
- Continued to emphasise the impacts for Aboriginal and Torres Strait Islander students in a range of intra and inter-governmental fora, including the Aboriginal and Torres Strait Islander Education Advisory Group (ATSIEAG).

NIAA also worked actively with its IAS-funded providers to pivot their activities to support education continuity:

- In Normanton in Queensland, the Remote School Attendance Strategy team provided library books and stationery to every child in community and supported families to access 90 home learning packs in the first week of school. This team supervised virtual classrooms for boarding students to access coursework and remain connected with their schools.
- AIME (Australian Indigenous Mentoring Experience) delivered mentoring and other education programs through their YouTube channel, IMAGINATION TV.

- The Work Exposure in Government (WEX) program moved to a WEX Virtual portal while travel restrictions were in place, so WEX students could connect with each other and a team of mentors, learn about Government careers, and develop personal and workplace skills.

Community Development Program

In response to COVID-19, the Australian Government made temporary changes to the Community Development Program (CDP) to align with advice from health authorities and support the biosecurity measures and travel restrictions in remote Australia. These changes included the suspension of face-to-face services and compliance action, and changes to CDP Provider Payment Model to support ongoing employment of staff and service delivery.

Suspension of face-to-face services and compliance action

Consistent with other employment programs, the Australian Government suspended all CDP face-to-face activities, appointments, and services. CDP providers were instructed to deliver services over the phone, online, through videoconference or other arrangements that do not require face-to-face contact. These changes aligned with advice from health authorities and supported biosecurity measures and travel restrictions in remote Australia.

CDP providers were also instructed not to apply financial penalties to participants while biosecurity measures were in place, and all existing penalties for participants were lifted.

Changes to CDP Provider Payment Model

The CDP Provider Payment Model was adjusted in recognition that providers were required to maintain their CDP infrastructure in preparation for the post COVID-19 period, continue community engagement on the delivery of CDP, and support their staff.

Prior to the CDP COVID-19 contingency arrangements, providers were paid a monthly attendance payment in arrears for participants placed into activities, and a case management payment for managing participants on their caseload.

From 1 April 2020 until October 2020, a temporary contingency payment model was introduced, replacing the activity-based Service Payment with a monthly set payment:

- Payments were calculated at 85 per cent of a provider's monthly service payment, averaged from November 2019 to February 2020 (employment outcome payments continued to be paid as per usual).
- Performance criteria were adjusted for this period requiring providers to retain all staff, maintain infrastructure and supply chains and to deliver services within the changed requirements.
- An opt-in advance payment to assist with the return to full servicing was taken up by 14 providers in 18 regions.

During the contingency payment period, NIAA received 11 requests from providers to review funding arrangements.

- One provider received additional payments of 5 per cent for 3 months.



- 10 providers did not receive an additional payment as it was considered there was minimal risk to their financial viability and the return to activity based service payments more effectively addressed actual caseload and activity in these regions.

These changes recognised that providers were required to maintain CDP infrastructure, remain financially viable, and maintain ongoing employment of staff. Regular payments resumed in November 2020.

The suspension and gradual resumption of CDP services was part of the Government's response to the COVID-19 pandemic. It was consistent with jurisdictional health advice and remote biosecurity measures.

CDP regions gradually recommenced CDP services as the remote biosecurity restrictions lifted in each jurisdiction. The NIAA communicated regularly with CDP providers to ensure job seekers and communities remained informed. While the approach for CDP was in broad alignment with mainstream employment services, the unique conditions in remote Australia meant a slower return to full services.

CDP providers supporting the COVID-19 Response

CDP providers also provided valuable support to their local communities through the crisis period. For example, on Palm Island, the provider assisted approximately 90 job seekers to attend the local health clinic to access flu vaccinations, and on Erub Island the provider handed out essential supplies to Elders. They also conveyed important messages in language about social distancing, hand hygiene and other measures to stop the spread of COVID-19.⁷

7. COVID-19 response and First Nations women and families

Prior to the COVID-19 pandemic, First Nations women experienced disproportionately high levels of family, domestic, and sexual violence (FDSV) compared to non-Indigenous women. Furthermore, the violence experienced by First Nations women and their families was often more severe.

Although research around the prevalence of FDSV among Australian women, including First Nations women, during the COVID-19 pandemic is limited, there is some evidence to indicate that the measures implemented to restrict the spread of COVID-19 exacerbated the underlying factors that contributed to gendered drivers of violence during this time.

Results from an AIC survey¹ of 15,000 Australian women, undertaken in May 2020, indicated an increase in both the prevalence and severity of FDSV since the onset of the pandemic in Australia. The survey specifically captured data from the initial months of the pandemic in early 2020.

The survey found that:

- 4.6 per cent of respondents had experienced physical or sexual violence from a current or former cohabiting partner since the start of the pandemic;

¹ Australian Institute of Criminology 2020. *The prevalence of domestic violence among women during the COVID-19 pandemic*, Canberra: AIC, Statistical Bulletin 28, https://www.aic.gov.au/sites/default/files/2020-07/sb28_prevalence_of_domestic_violence_among_women_during_covid-19_pandemic.pdf



- Two-thirds of women who experienced physical or sexual violence by a current or former co-habiting partner since the start of the COVID-19 pandemic reported the violence had started or escalated since the pandemic began;
- The likelihood of experiencing physical/sexual violence was four times higher for First Nations women; and
- The likelihood of experiencing coercive control were five times higher for First Nations women than for non-Indigenous women.

Through engagement with frontline family safety service providers, NIAA gathered a range of anecdotal evidence which provided insight into the impact of the COVID-19 pandemic on the safety of First Nations families. This includes:

- Decreased reporting of FDSV in some regional and remote locations, thought to be linked to limited access to support services for women cohabiting with their perpetrators. Police data also confirmed a decrease in FDSV reporting in 2020 compared to the previous year's data for the same time period.
- Some regions experienced an increase in drug and alcohol use, particularly during the peak of the pandemic and travel restrictions, while other areas experienced decrease in alcohol use due to the impacts of lockdowns.
- Instances of increased drug and alcohol use is believed to be a contributing factor to an increase in violence.
- Increased reports of family violence attributed to stress, anxiety, lack of affordable housing and financial hardship.

Funding for responses to the COVID-19 pandemic

Throughout the pandemic, First Nations families experiencing FDSV continued to be supported through frontline family violence support services. These services received additional funding through a number of COVID-19 support packages that ensured the continuation of culturally appropriate, First Nations-specific programs. For example:

- The Family Violence Prevention Legal Services (FVPLS) and Aboriginal and Torres Strait Islander Legal Services programs were supported as part of the \$63.3 million Justice Sector Preparedness package announced on 5 May 2020 for IT and PPE to assist with transitioning to online and remote service delivery and additional frontline services.
- The \$123 million business and communities support package administered by NIAA included funding of \$23 million to boost essential services to First Nations communities including to services providing family supports and social and emotional wellbeing services.

8. COVID-19 and its impacts on cultural and traditional practices in First Nations communities

The COVID-19 pandemic saw disruption to cultural practices and the normal relational and collective practices in many First Nations communities. Many First Nations people travel frequently between communities to visit family and attend to cultural practices (such as Sorry Business). During biosecurity measures and peak pandemic periods, NIAA was aware that Indigenous residents had difficulties reconciling COVID-19 restrictions with their cultural



obligations, with mourning often taking precedence with resultant breaching of COVID-19 restrictions. Some communities introduced rules around Sorry Business to restrict this.

Funeral and Sorry Business restrictions had resource implications for local community organisations that had to regularly inform community about the evolving changes and reassure and support families through their grief and loss. The strict travel restrictions meant that Aboriginal Health Workers and ACCHS staff were often the ones left supporting families in many communities. The impact of COVID-19 also highlighted the flow-on effects of long-established social determinants that impact the health and wellbeing of First Nations communities.

Mental health and suicide prevention

Supporting the mental health and suicide prevention of First Nations peoples was a high priority for NIAA during the COVID-19 pandemic. It was recognised that physical distancing and travel restrictions were good for the physical health of First Nations communities, but the lack of connection and negative social impacts of COVID-19 (for some, such as on employment and family functioning), also increased the risk of poor mental health. NIAA worked with DoH on mental health related responses for First Nations people and supported funded services to adapt and expand their service offer during the pandemic:

- In-person delivery of First Nations Mental Health First Aid Training (MHFA) paused in high-risk communities. Instead MHFA Australia developed an online version of their standard course and a new online social and emotional wellbeing course, to support virtual delivery.
- The National Indigenous Critical Response Service adapted their service by supporting families on phone or online, and increased data reporting on suicides and suicide attempts from monthly to weekly during the pandemic period.

Effects of COVID-19 pandemic on mental health

Research indicates that First Nations people whose lives were affected by the pandemic were more likely to experience mental disorders and harmful substance use, particularly those who experienced a change to their work or personal finances. Moreover, First Nations people who reported “a great deal” of worry or distress about separation from their family or close friends, cancellation or restriction of significant life events, or being unable to participate in activities as a result of the pandemic were approximately twice as likely to experience mental disorders and harmful substance use.

For First Nations people with existing mental health and substance related problems flexible access options (such as telehealth or telephone services) were seen as important to accessibility to mental health and substance service use during the pandemic.²

NIAA suggests the following as further evidence regarding the impacts of the pandemic on First Nations social and emotional wellbeing:

- Gall, A. Diaz, G. Garvey, K. Anderson, D. Lindsay, K. Howard. Self-reported wellbeing and health-related quality of life of Aboriginal and Torres Strait Islander people pre and post the first wave of the COVID-19 2020 pandemic. *Aust. N. Z. J. Publ. Health*, 46 (2022). <https://doi.org/10.1111/1753-6405.13199>

² Queensland Urban Indigenous Mental Health Survey (QUIMHS) Research Team, 2023. The Staying Deadly Survey – Queensland Urban Indigenous Mental Health Survey Report. Queensland Centre for Mental Health Research



- Aboriginal and Torres Strait Islander Healing Foundation (2021). Impacts of COVID-19 on Stolen Generations survivors, Barton.
https://healingfoundation.org.au/app/uploads/2021/04/HF_Impacts_of_COVID-19_on_Stolen_Generations_Survivors_Report_Apr2021_V5.pdf (healingfoundation.org.au)
- National Indigenous Australians Agency and Te Puni Kōkiri (2021). Australia and Aotearoa New Zealand Domestic Response to COVID-19, <https://www.niaa.gov.au/resource-centre/indigenous-affairs/aus-aotearoa-nz-domestic-responses-covid-19-march-2020-july-2021>



Conclusion

NIAA notes the scope of the inquiry includes reviewing mechanisms to better target future pandemic responses to the needs of First Nations peoples.

The National Agreement on Closing the Gap was signed by jurisdictions and the Coalition of the Peaks in July 2020, approximately four months into the pandemic. All parties to the Agreement were determined to not let the pandemic slow down this major reform, which is now the overarching framework for First Nations policy in Australia.

NIAA provides a central coordination point for Commonwealth actions in support of the aspirations of the National Agreement on Closing the Gap. NIAA works with other Australian Government agencies to embed the four Priority Reforms that are changing how governments work with First Nations peoples for better outcomes.

- Priority Reform 1: Formal partnerships and shared decision making
- Priority Reform 2: Building the community-controlled sector
- Priority Reform 3: Transforming government organisations
- Priority Reform 4: Shared access to data and information at a regional level

On reflecting on NIAA's role in supporting First Nations communities, organisations and leaders throughout the pandemic, NIAA endeavoured to act responsively and purposefully in all four priority reform areas. NIAA was successful in some ways more than in others. In particular, partnerships and relationships were formed and strengthened which have continued to build. NIAA's primary strength and contribution during the COVID-19 response was in the capability of its regional offices and its local networks and this continues to be an area that NIAA invests in post the COVID-19 response.

NIAA is guided by our vision that First Nations peoples are heard, recognised and empowered, and encourages the Inquiry to centre First Nations voices in formulating its response. The four Priority Reform areas of the National Agreement on Closing the Gap should be the guiding principles underlying mechanisms to better target future pandemic responses to the needs of First Nations peoples.

NIAA welcomes the opportunity to discuss any aspect of our submission further with the Inquiry Panel.