

COVID-19?

BAWUJI! NGAMBALA JAMBILINI  
MAYAMANTHARRA WIJI

Translators: Marisa Trickey and Jason Bradley



Nyamba-wurrwurrantharra  
nyamba-wijuwantharra nda-mulu  
arndaarnda murnu yindaa

## Our Elders are at risk



THIS HOUSE IS AN  
ELDERS PROTECTED  
AREA COVID-19

IF YOU DON'T LIVE HERE,  
PLEASE DON'T COME IN

LOOKING AFTER YOUR MIND DURING THE RESTRICTIONS

COOKING HEALTHY  
PAINTING CULTURE  
MAKING ART  
HUNTING  
HORSES  
HUNTING  
PLAYING GAMES  
CAMPING OUT  
MAKING SPEARS

THIS IS A TOUGH TIME, IF YOU'RE FEELING SAD, LONELY OR BORED, TALK TO SOMEONE YOU TRUST.

YOU CAN FIND THIS HELPLINE, THE DOCTOR OF YOUR FAMILY IF YOU'RE FEELING SAD, LONELY OR BORED TOO.

STAY DEADLY AND BE KEEN TO ALWAYS PRACTISE GOOD HYGIENE

NO MASK NO ENTRY

WASH YOUR HANDS

HEY YOU PLA WASH YOUR HANDS

Stay Strong Stay Healthy

#keep' em clean stop Covid19



## Coronavirus (COVID-19)

### HOW TO PROTECT YOURSELF, YOUR FAMILY AND COMMUNITY



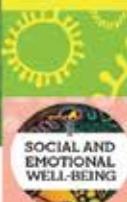
Stay 2 arms lengths away from everyone



Avoid big mobs of people



Stay home and rest to stay strong



### CONNECTION TO COUNTRY

In the Kimberley, our lands and waterways connects us. This is our identity and way of life. Our land and waterways heal us and provide us with food and purpose. It is our responsibility to care and protect our Country. This is who we are. Respect this source of strength.



When it is safe to do so:  
go fishing, hunting,  
bushwalking, and  
camping to connect with your Country.



When it is not safe to go out on Country, look at pictures of your Country and think about how it will feel to be reunited.



We are spiritually and culturally connected to our Country through our kinships. Explore your kinship ties.



Take a deep breath when you feel worried, scared or stressed. Open a window and breathe in and out. Remember this is only temporary, we will get through this together.

#StayConnected

# CLOSE THE GAP

## LEADERSHIP AND LEGACY THROUGH CRISES: KEEPING OUR MOB SAFE CLOSE THE GAP CAMPAIGN REPORT 2021

## Acknowledgements

This report is a collaborative effort of the Close the Gap Campaign Steering Committee.

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Copies of this report and more information are available to download at <https://human-rights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications> and <https://antar.org.au/resources/issue/83>

Warning: Aboriginal and Torres Strait Islander peoples should be aware that the Close the Gap report may contain images, names and voices of people who are deceased.



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# Foreword

*Gurrijirragi wathila  
ngiyirranggu jandu  
yani nyana yuwa  
bilwili, Yarrangi  
yuwa muwayi,*

*Burrudi wararra  
thirrili ngarri,  
Yarrangi jalngangurru  
yani gurrijiyinagi  
balangarri,*

*Biyirranggu nhingi  
thangani thirrili  
gurrijiyinagi*

We kept our families close during the time of this big sickness Covid-19, on our Country.

We are still standing strong, our healers took care of all their people.

Their voice kept us all strong and safe.

**June Oscar AO,  
Bunuba language**

On behalf of the Close the Gap Campaign's 54 members, we invite you to engage with our 12th annual report titled, *Leadership and Legacy Through Crises: Keeping our Mob safe*. This year's report was produced by the Lowitja Institute, Australia's community controlled national institute for Aboriginal and Torres Strait Islander health research. In our annual reports we often repeat our recommendations, and we remain steadfast and persistent in the expectation that Aboriginal and Torres Strait Islander ways of knowing, being and doing will be respected and understood. The time for governments to deliver has long passed. This report again presents our solutions. We invite our readers to connect with the strengths-based examples of our peoples, professionals and communities managing the most complex of challenges such as climate change, the COVID-19 pandemic and suicide prevention.

There are countless individual and community level success stories in Indigenous-led health policy, service delivery and human rights sectors. We chose a small section of these case studies for presentation here to demonstrate that investment in the programs that have been designed and led by our people is the most effective way to achieve better health outcomes. Self-determination is critical and to ensure that change occurs, our voices must be heard by governments at every level of society. We perpetually recommend the same approach: to involve us, to listen, to reform and invest. Be it in systemic reform, policy design, service delivery, evaluation or agreeing upon funding, "nothing about us, without us" will be the only successful approach.

There is considerable work to do. We remain the only country in the Western world that has failed to eliminate trachoma (preventable blindness) – an international embarrassment. The Indigenous youth suicide rate remains four times that of other Australian youth. We are greatly in need of finishing the unfinished business all Australians deserve: that of health equality. We should start by grasping the opportunity of the Uluru Statement from the Heart – with its full implementation of a constitutional voice, treaty and truth-telling processes. Over the past 12 months, Aboriginal and Torres Strait Islander peoples and allies have embraced the Black Lives Matter movement that helped inform many on the prevalence of systemic racism and the preventable deaths in custody of so many Aboriginal and Torres Strait Islander people.

At times of crises true leadership steps up. Aboriginal and Torres Strait Islander leaders moved rapidly to safeguard communities when the



COVID-19 pandemic took hold. Their actions were decisive and designed with each local community in mind and avoided a potential catastrophe. Some of our homelands, once threatened with closure by governments in the past, became some of the safest places in Australia. We know what is best for our people and we are delighted to summarise some of this remarkable and ongoing work herein.

This report presents the voices of our youth—our future generations. Our young leaders are showing the way in matters of huge importance such as climate change. In the words of Seed Mob, as sea levels are rising globally, so too First Nations peoples are rising and demanding genuine action on climate change. Climate change is suffocatingly real yet our governments' responses to the hottest of issues, the survival of all Australians and our planet, are tepid responses at best. Our northern homelands are disappearing under rising sea-levels, to the despair of Torres Strait Islander peoples attempting to sustain their communities as they have done for millennia.

In 2020 our leaders finally sat with government, negotiated and co-signed the New National Agreement on Closing the Gap as partners. The investment for health equity is relatively small but must be relative to a burden of disease 2.3 times that of other Australians. As repeated often, a country as 'great' and wealthy as Australia is capable of delivering health equity for and with its First Nations peoples - just 3 per cent of the population.

We present the passionate and wise voices of youth protecting Country and examples of Aboriginal and Torres Strait Islander leadership successfully protecting communities. We have faith that leadership within governments can and will deliver Aboriginal and Torres Strait Islander equity through partnership. We offer clear recommendations. Finally, as Campaign Co-Chairs, we would like to thank the wider Australian public and our members for their ongoing support and commitment to equality for Aboriginal and Torres Strait Islander peoples.

**Ms June Oscar AO**

Aboriginal and Torres Strait Islander Social Justice Commissioner

**Mr Karl Briscoe**

CEO, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners

**Co-Chairs**

**Close the Gap Campaign**

# Executive Summary

Since 2010 the Close the Gap Campaign Steering Committee has developed an annual report on action that needs to be taken to achieve health equality for Aboriginal and Torres Strait Islander peoples. It is the Campaign's position to focus on strengths and successes told through Aboriginal and Torres Strait Islander voices in order to counter deficit narratives of Aboriginal and Torres Strait Islander health.

This year's report showcases the leadership of Aboriginal and Torres Strait Islander peoples, communities and organisations throughout critical health crises in 2020, and **how strengths-based approaches** are the most effective way to improve health outcomes for Australia's First Peoples.

Aboriginal and Torres Strait Islander communities successfully led the way in the COVID-19 response, keeping communities safe and rates of COVID-19 cases six times lower than the rest of the Australian population.<sup>1</sup> Behind these results is a story of how effective it is to **empower** Aboriginal and Torres Strait Islander peoples, organisations and communities, and to trust that they have the solutions. The rapid public health control measures put in place were led by Aboriginal and Torres Strait Islander health leaders and services who understood the risks and worked tirelessly with federal, state and territory governments to deliver collective, **culturally appropriate** and localised solutions.

The 2019–20 summer bushfires and the increasing effects of climate change are particularly distressing for Aboriginal and Torres Strait Islander peoples with sacred sites, culturally significant habitats and Country being damaged or at risk

of destruction. Aboriginal and Torres Strait Islander peoples have unique connections with sea and Country and hold traditional knowledge and cultural and conservation practices that can help maintain the land and protect environments. Aboriginal Community Controlled Organisations support the needs of their communities through **asset-based, holistic and decolonising approaches**. These approaches build on the positive characteristics and resources of the community and privilege Aboriginal and Torres Strait Islander ways of knowing, being and doing, while shifting away from the Western worldview. Aboriginal and Torres Strait Islander young people acutely feel the impact of the climate crisis and are leading the way to stand up for Country and call for climate justice and action on climate change.

There is an increasing need for social and emotional wellbeing services in Aboriginal and Torres Strait Islander communities as a result of the events of 2020 and pre-existing effects of colonisation and inter-generational trauma. Strong cultural **protective factors** and **resilience** ensure Aboriginal and Torres Strait Islander people can withstand adverse circumstances, understanding health in a wider range of metrics than physical illness, with a focus on social, emotional, spiritual and communal wellness.

The New National Agreement on Closing the Gap is a game changer in setting a new standard in the way all governments work with Aboriginal and Torres Strait Islander organisations and communities. Governments must be guided by, and invest in, Aboriginal and Torres Strait Islander led solutions and the priority reforms in the Agreement.

The crises of 2020 have shown that significant reform through strengths-based

community-led action can be achieved when there is matching political will and investment to support it. The successful changes and practices led by Aboriginal Community Controlled Organisations and Health Services in response to the COVID-19 pandemic should remain in place during the

recovery phase of the crisis and become embedded into day-to-day practice. Empowering Aboriginal and Torres Strait Islander leaders to provide the solutions for lasting health and wellbeing outcomes needs to be the legacy of 2020.



**“** At the onset of COVID Australian governments finally put their trust in us — those with on the ground local insights and expertise to keep our people healthy. As we have all said, time and again, we know what is best for our own health and wellbeing, and that of our families and wider communities. When control is in our hands, when we can exercise autonomy, we succeed.”

June Oscar AO, Co-Chair, Close the Gap Campaign & Aboriginal and Torres Strait Islander Social Justice Commissioner (2020 IAHA National Conference)



# Recommendations

Aboriginal and Torres Strait Islander individuals and communities know the solutions that work and what is best for protecting their peoples and their lands. 2020 has clearly demonstrated that to effect positive, lasting health and wellbeing outcomes for Aboriginal and Torres Strait Islander people, governments must be led by, and invest in, Aboriginal and Torres Strait Islander solutions.

## Structural reform

The events of 2020 only serve to reinforce the need for large-scale systemic reform and a paradigm shift in our approach to truly empower Aboriginal and Torres Strait Islander peoples.

We call on governments to:

1. Fully implement the Uluru Statement from the Heart and a constitutionally enshrined First Nations Voice.
2. Commit to long term (10 year +), needs-based and coordinated cross-sectoral funding from Commonwealth, state and territory governments for the full implementation of the National Agreement on Closing the Gap, the refreshed National Aboriginal and Torres Strait Islander Heath Plan and other supporting plans.
3. Take a preventative and rehabilitative approach through justice reinvestment to child and adult incarceration, in order to address the continued over-incarceration of Aboriginal and Torres Strait Islander children and adults. This is a source of ongoing trauma and a long term health concern.
4. Raise the age of criminal responsibility immediately and nationally, from 10 years old to 14 years old, to be in line with international conventions and empirical evidence regarding childhood development. No children of any age belong in prison.
5. Establish a fully funded, monitored and evaluated national strategy to effectively respond to the systemic racism exposed by the COVID-19 pandemic, 2019–20 bushfires response and the Black Lives Matter movement.
6. Fully implement the recommendations in the landmark Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future report. These are recommendations for key structural, policy and legislative reforms to embed and sustain over the long term alternative models and approaches that enhance the lives of First Nation women and girls.
7. Develop a whole of government Aboriginal and Torres Strait Islander cultural policy that affirms the centrality of culture to Aboriginal and Torres Strait Islander health and wellbeing, and informs investment in Aboriginal and Torres Strait Islander cultural governance, maintenance and revitalisation projects, initiatives and activities.

## **Strengths-based, community driven approaches to crisis adaptation and response**

Crisis response planning is an inherent capability of Aboriginal and Torres Strait Islander communities who often face distinctive health challenges in crisis situations. Strengths-based, community-driven responses work best to deliver health and wellbeing for the unique cultural, geographic and socio-economic needs of Aboriginal and Torres Strait Islander communities faced with crises such as natural disasters or pandemics. We call on governments to:

8. Evaluate and report on successful policy and program structures, partnerships and funding arrangements implemented in the wake of the COVID-19 outbreak which empowered Aboriginal and Torres Strait Islander community leaders to respond effectively to the pandemic. Such evaluation must inform future crisis responses and the reforms required for more effective day-to-day agreement-making and funding systems.
9. Invest in Aboriginal and Torres Strait Islander workforce development and service delivery solutions, including the actions under the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. Growth of the Aboriginal and Torres Strait Islander health workforce, with a focus on local solutions, is essential to increasing access to care including to maintain service continuity and meeting needs during times of crisis.
10. Invest in data development at the local level to empower Aboriginal and Torres Strait Islander communities with access to place-based data to effectively respond to crises situations and conduct ongoing health planning consistent with Indigenous Data Governance and Sovereignty principles and Priority Reform Four in the National Agreement.
11. Embed flexible funding models that allow for rapid responses, partnerships and collaboration and surge capacity support to Aboriginal community controlled organisations during times of natural disaster or crisis.
12. Review national emergency response and recovery programs to ensure the specific needs of Aboriginal and Torres Strait Islander communities are included.
13. Effectively respond to the climate emergency and invest in mitigation, prevention and adaptation planning for Aboriginal and Torres Strait Islander communities. Including:
  - I. resources for Aboriginal and Torres Strait Islander communities to develop climate adaptation plans and risk assessments for climate change
  - II. ensuring that Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs) lead the development of emergency management plans affecting their communities
  - III. research into the specific implications of the climate emergency for Aboriginal and Torres Strait Islander peoples
  - IV. housing and infrastructure planning for Aboriginal and Torres Strait Islander communities, particularly in remote communities, to manage extreme heat conditions and other extreme weather events due to the climate crisis to mitigate negative health effects
  - V. adaptation and mitigation strategies to manage food and water security in regional and remote communities, including the rising cost of food, and the potential impact on food and pharmaceutical supplies due to a loss of flora and fauna
  - VI. ensuring that Aboriginal and Torres Strait Islander cultural knowledge, land management and conservation practices are embedded into national climate change mitigation efforts
  - VII. ensuring that Aboriginal and Torres Strait Islander people and, in particular young people, have a leadership role in Australia's national response to the climate crisis and implementation of the Paris Agreement

14. Establish greater environmental and heritage protections for sites that are sacred or culturally significant, recognising the impacts on Country, social and emotional wellbeing and the cultural determinants of health, for example from events such as the destruction of Juukan Gorge.
15. Support strengths-based, place-based, Aboriginal and Torres Strait Islander community-led social and emotional wellbeing initiatives that address the social and cultural determinants of health through equitable, needs-based funding. Including:
  - I. prioritising truth-telling and healing processes to strengthen the resilience of Aboriginal and Torres Strait Islander people and youth and to stop the ongoing impacts of racism and intergenerational trauma
  - II. supporting and implementing Aboriginal and Torres Strait Islander led healing programs as a critical component of the post-crises recovery
  - III. increasing the numbers and capabilities of the Aboriginal and Torres Strait Islander mental health workforce
  - IV. ensuring mainstream services are culturally safe and accessible to Aboriginal and Torres Strait Islander communities to provide mental health support to the specific needs of Aboriginal and Torres Strait Islander peoples in response and recovery programs.



**“** *More often than not, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners have lived experience in and a deep understanding of the communities we serve, meaning we have cultural, social and linguistic knowledge and skills that set the workforce apart from other health professional groups. These skills underpin our community reach and engagement capability and coupled with our comprehensive foundations in primary health care, give us our unique ability and perspectives as health care professionals, cultural brokers and health system navigators.”*

Karl Briscoe, Co-Chair, Close the Gap Campaign & CEO, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners



# Introduction: The Need for Strengths-based Approaches

2020 will be remembered as the year that Australia faced unprecedented health crises. Climate change, its associated severe weather patterns and the global health crisis of the coronavirus (COVID-19) pandemic, all require a paradigm shift in health policy and planning. The differing cultural, socio-economic and geographical contexts of Aboriginal and Torres Strait Islander communities also require unique approaches to health policy and planning. Understanding this difference becomes critical in planning for crisis adaptation and response.

Aboriginal and Torres Strait Islander people experience health inequities and higher rates of chronic health conditions that put them at increased risk during such events. Compared to non-Indigenous Australians, they are more likely to live in regional and remote areas<sup>2</sup> and have inadequate access to infrastructure. Additionally, they are more mistrustful of information and interventions by external authorities based on a history of discriminatory policies and practices. However, decades of work by Aboriginal and Torres Strait Islander communities to build their own self-governing services has uniquely placed them to work with governments to tailor responses for their communities.

It is the position of the Close the Gap Campaign to adopt a strengths-based approach to our annual report—rejecting deficit narratives of Aboriginal and Torres Strait Islander health, in favour of a strengths-based analysis of success told through Aboriginal and Torres Strait Islander voices. This approach is not a denial or oversight of the external obstacles and restrictions imposed on Aboriginal and Torres Strait Islander people—such as systemic racism, short-term funding cycles and poor infrastructure—nor of the dire inequities which exist between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. Rather, it is a rejection of deficit-based policies and culturally unsafe systems that reduce Aboriginal and Torres

Strait Islander people and communities to a ‘health problem’ to be solved. It is understanding that investing in Aboriginal and Torres Strait Islander-led solutions is the most effective way to improve health outcomes for Australia’s First Peoples.

In crisis scenarios, strengths-based health policy recognises the successes, resilience and strengths of Aboriginal and Torres Strait Islander people, families and communities—and sustains confidence in the community’s capacity to respond to crises. Strengths-based approaches enable leadership by the community. They also enable the design of responses that are holistic, culturally-centred and that utilise community assets to identify and address varying geographical, cultural, linguistic, health and infrastructure needs. The effectiveness of such place-based community-driven responses during recent crises, such as the COVID-19 outbreak, has demonstrated the importance and sound ability of local leadership to ensuring health and safety.

Community-driven crisis responses also require effective partnerships. In rapid response situations, coordination and cooperation between Aboriginal and Torres Strait Islander communities and organisations, governments, and non-government health and community service providers is crucial. It is important that government and non-government providers are able to reflect on the limitations of their own knowledge and resources and enter such partnerships with respect for, and trust in, the leadership, knowledge and services of the community. Strengths-based approaches necessitate understanding of the crucial role that the knowledge, skills and resources held by the community play in effective responses to crises. While such partnerships may be forged quickly in times of crisis, sustaining investment in the relationships over a longer term is more likely to ensure effectiveness both in critical times and in day-to-day operations.

In this report we will apply this strengths-based lens to understanding and analysing what has worked in response to the recent crises, and what can be learnt in planning for future crisis prevention and response.

We will do this by looking at responses to the 2019–20 bushfires and the COVID-19 pandemic, from the provision of emergency relief in times of disaster through to ensuring the social and emotional wellbeing of those affected. We will also look at the broader work of communities and young people to raise awareness and combat the

growing risks of climate change. In doing so, we hope to highlight the ongoing leadership of Aboriginal and Torres Strait Islander people in caring for the health and wellbeing of their Country and communities, and the passing of this legacy to the next generation.

## Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing

The *Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing* report is part of a series of publications that explored the prevalence of deficit discourse in Indigenous health policy, and the negative impacts on health and wellbeing. The report outlined a number of strengths-based approaches and the key elements that can be used to define and conceptualise strengths-based approaches. These include:

- **Asset-based** – utilises existing positive attributes, characteristics and resources of a person and/or community.
- **Resilience** – the ability to withstand adverse circumstances through mental, emotional, social and spiritual strength.
- **Cultural appropriateness** – the tailoring of programs, resources and health care to privilege cultural aspects of Indigeneity.
- **Social determinants of health and ecological theories** – structural factors or conditions that influence health and wellbeing.

- **Protective factors** – non-physical and non-medical elements that counteract or mitigate the effects of adversity.
- **Empowerment** – focuses on self-determination and abilities rather than limiting factors, such as poor physical health.
- **Holistic approaches** – privilege Indigenous ways of knowing and being.
- **Wellness and wellbeing** – Measuring health in a wider range of metrics than physical illness or disease, usually including mental, social, emotional, spiritual and communal wellness.
- **Strengths-based counselling approaches and positive psychology** – prioritises capabilities, talents, competencies, hope, resources, optimism and autonomy of individuals and communities when remedying challenging circumstances.
- **Decolonisation methodology** – a broad methodology proactively shifting the Western and European worldview to the Indigenous.
- **Salutogenesis** – focuses on assets and origins of health rather than the deficits of ill-health, to shift the pathologizing paradigm.<sup>3</sup>

# Year in Review Snapshot



**“ If the only thing that we ever do is the same thing we did yesterday, then tomorrow is not going to change one little bit.”**

Tom Brideson, CEO, Gayaa Dhuwi (Proud Spirit) Australia

Going down in history as a year like no other, 2020 has seen an increasing focus on the need for large-scale structural reform to improve the health and wellbeing of Aboriginal and Torres Strait Islander people. This is the cumulative effect of the devastating 2019–20 summer bushfires, an ongoing global COVID-19 pandemic, an international outcry against racism through the Black Lives Matter movement, and an increasing climate and environmental emergency. Collectively these events call for a fundamental re-evaluation of the systems, values, institutions and power structures that shape our lives and only further fuel the need for transformational change long called for by Aboriginal and Torres Strait Islander peoples.

Amid this backdrop, the mechanisms of Aboriginal and Torres Strait Islander policy have brought about a mixture of ‘steps forward’, ‘business as usual’, and significant failures of political goodwill. Promising developments in the way policy and programs are developed have been observed in the signing of the new National Agreement on Closing the Gap,<sup>4</sup> the re-development of the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) and Workforce Strategy, the development of an Indigenous Evaluation Strategy that centres Aboriginal and Torres Strait Islander perspectives and outcomes,<sup>5</sup> and the delivery of an important call for systemic reform from Aboriginal and Torres Strait Islander women voiced through the *Wiyi Yani U Thangani* (*Women’s Voices*) project.<sup>6</sup> This has been backed by rising public awareness of systemic racial

inequality and a groundswell of social movements for change. In contrast, the continued political inaction on the Uluru Statement from the Heart and the Voice to Parliament, youth incarceration and cultural heritage protections have highlighted important roadblocks to achieving the social equity required to bring about good health for Aboriginal and Torres Strait Islander people.

Perhaps most significantly, the signing in July 2020 of the new National Agreement on Closing the Gap between all Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (Coalition of Peaks; more than 50 peak Aboriginal and Torres Strait Islander organisations)<sup>7</sup> heralds a new way of working to reshape how government policies and programs are developed, with Aboriginal and Torres Strait Islander peoples at the decision-making table for the first time.

The re-development of the National Aboriginal and Torres Strait Islander Health Plan and the development of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan, both currently underway, also present important opportunities to invest in the priority reforms in the National Agreement, the cultural and social determinants of health and Aboriginal Community Controlled Health Services and workforce.

# New National Agreement on Closing the Gap - A potential game changer for shared decision-making

In July 2020, the Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian governments signed a new National Agreement on Closing the Gap, to change the way governments work to improve the lives of Aboriginal and Torres Strait Islander peoples through shared decision making. For the first time since the development of the Closing the Gap Agreements and associated targets in 2008, the new National Agreement has been developed in partnership with Aboriginal and Torres Strait Islander peak organisations, informed by community engagements<sup>8</sup>, and based on what Aboriginal and Torres Strait Islander Peoples have been saying is needed to improve their lives. It includes four Priority Reforms to transform the way governments work with and for Aboriginal and Torres Strait Islander Peoples:

1. **Formal partnerships and shared decision-making to empower Aboriginal and Torres Strait Islander people.**
2. **Building the Aboriginal and Torres Strait Islander community-controlled sector to deliver services to support Closing the Gap.**
3. **Systemic and structural transformation of main stream government organisations to respond to the needs of Aboriginal and Torres Strait Islander people.**
4. **Shared access to data and information at a regional level.**

In addition to the priority reforms the Agreement includes 16 socio-economic targets to monitor progress in improving the lives of Aboriginal and Torres Strait Islander people. Specific health and wellbeing outcomes and targets include:

**Outcome 1. Aboriginal and Torres Strait Islander people enjoy long and healthy lives – Close the Gap in life expectancy within a generation, by 2031.**

**Outcome 2. Aboriginal and Torres Strait Islander children are born healthy and strong – By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birth weight to 91 per cent.**

**Outcome 14. Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing – Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.**

Additional commitments in the Agreement include:

- Five policy priority areas on adult and youth incarceration; social and emotional wellbeing; housing; early childhood care and development; and Aboriginal and Torres Strait Islander languages. (Clause 38)
- Six place-based partnerships by 2024. (Clause 39)
- Sector Strengthening Plans for Aboriginal community controlled organisations working in early childhood care and development; housing; health; and disability (Clause 50) with a focus on strengthening Workforce; capital infrastructure; service provision and governance. (Clause 51)
- Government parties to eliminate racism; embed cultural safety; work in partnership; increase accountability through transparent funding allocations; support Aboriginal and Torres Strait Islander culture and improve engagement. (Clause 59)
- Partnerships to share data (clause 71) and six community data projects. (Clause 74).<sup>9</sup>

To date \$46.5 million over four years has been committed to the Agreement by the Commonwealth Government, with additional funds also committed by the states and territories for Priority Reform 2. However, much more resourcing and effort will be required by governments over the life of the Agreement if its vision is to come to fruition.

A deepening national awareness of racism and its role in creating structural and interpersonal inequity has also highlighted the need for significant reform. Instigated by the Black Lives Matter movement in the United States, in June 2020 Aboriginal and Torres Strait Islander peoples, and their allies, once again rose up in the thousands to call for justice, and to demonstrate against the systemic racism behind the disproportionate incarceration of Aboriginal and Torres Strait Islander people.

The heightened awareness of the effects of racism in the Australian context were reflected in the findings of the 2020 Australian Reconciliation Barometer, released in November. The Barometer showed that community understanding and sentiment towards action to eliminate racism is strong but that Aboriginal and Torres Strait Islander people continue to report high levels of racial prejudice.<sup>10</sup>

Despite the national outcry and strong community sentiment for change, there has been a distinct lack of political action. Even the most basic reforms, such as those proposed by the Raise the Age campaign to increase the age of criminal responsibility from 10 to 14 years old to be in line with international standards, have not been implemented nationally. The Australian Capital Territory has been the only jurisdiction to show leadership in this area, making the much-needed change in August 2020.

Calls for structural reform were strongly echoed in *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future* report – a landmark report from Social Justice Commissioner June Oscar on Australia's First Nations women and girls, released in December 2020.<sup>11</sup> The report outlines a transformative, female-led plan for structural reform which invests in the enormous worth and potential of Aboriginal and Torres Strait Islander women and girls through seven key recommendations.

In contrast to the aforementioned progress, there have also been a number of devastating failures towards achieving equity and justice for Aboriginal and Torres Strait Islander peoples over the last 12

months. In a year where we witnessed the reckless destruction of the 46,000-year-old sacred site at Juukan Gorge, and a continuation of the trial of the cashless welfare card, there has been a notable lack of government action on the *Uluru Statement from the Heart*, and its calls for a constitutionally enshrined First Nation's Voice to Parliament.<sup>12</sup> In January 2021, the Commonwealth Government released draft proposals from the Indigenous Voice co-design process. These proposals outline important details on models for local, regional and national voice mechanisms but the government has failed to describe a process for how the First Nations Voice will be enshrined in the Constitution – a fundamental aspect of the Uluru Statement.

The *2020 Overcoming Indigenous Disadvantage* report again showed the significant gaps that remain in health and socio-economic outcomes.<sup>13</sup> Highlighting the structural and systematic barriers which undermine progress, the report showed a concerning lack of progress on mental health, suicide prevention and rates of imprisonment.

While highlighting the continuing inequities in health and justice outcomes for Aboriginal and Torres Strait Islander peoples, 2020 has also shown that times of crisis can be leveraged to make rapid and significant reform to the way things are done through strengths-based community-led action. As demonstrated by the case studies in this report, the rapid response to COVID-19 is an example of what can be achieved when the right level of political will is deployed. This is what is needed to address systemic racism and the over-incarceration of Aboriginal and Torres Strait Islander peoples.

Strong political will and appropriate resourcing will be required throughout 2021 and beyond for the redevelopment of the NATSIHP, the implementation of the Uluru Statement from the Heart, the new National Agreement on Closing the Gap and its associated new reporting structures, and the national response to the climate crisis. We need to break new ground for the systemic and transformational change required to truly empower Aboriginal and Torres Strait Islander peoples.

# A mixed picture for Aboriginal and Torres Strait Islander health and wellbeing

The eighth *Overcoming Indigenous Disadvantage* report and the *2020 Aboriginal and Torres Strait Islander Health Performance Framework* present a mixed picture for Aboriginal and Torres Strait Islander health and wellbeing. The data presented in both reports shows that progress over the past 10 years to 2018 has generally stagnated in many critical areas.

## Improving



decrease in smoking between 2001 and 2018-19.<sup>a</sup>

Those aged 15-17 who reported that they had never smoked increased from 72% in 2008 to 85% in 2018-19.<sup>b</sup>



### Antenatal, infant and early childhood health

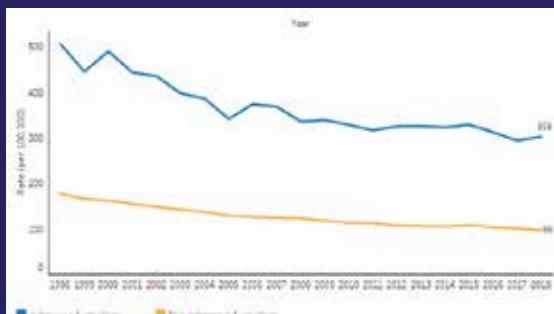
indicators are generally improving although progress since 2008 has slowed and substantial gaps still exist between the Indigenous and non-Indigenous populations for infant and child mortality. The proportion of Aboriginal and Torres Strait Islander women who gave birth and attended at least one antenatal visit in the first trimester of pregnancy, increased from 50 per cent in 2011 to 66 per cent in 2018.<sup>a</sup>

### Avoidable deaths

↓40% between 1998 and 2018<sup>a</sup>

↓17% between 2006 and 2018

including less deaths from chronic disease such as cardiovascular disease, diabetes and kidney disease. Although Indigenous Australians still die from avoidable causes at three times the rate of non-Indigenous Australians and rates of decline has slowed over the last 10 years.<sup>b</sup>



Age-standardised avoidable mortality rates, persons aged 0-74, by Indigenous status, NSW, Qld, WA, SA and NT combined, 1998–2018

## Health Systems



4X

The number of health assessments for Indigenous Australians increased fourfold between 2009–10 and 2018–19, from 68 to 297 per 1,000<sup>b</sup>



The number of Commonwealth-funded Indigenous-specific primary healthcare organisations increased from 108 in 1999–2000 to 198 in 2017–18.

3X

Episodes of care delivered by these organisations – 1.2 million to 3.6 million

3X

health care workers in these organisations – 2,300 to 8,200 over the same period.<sup>b</sup>



The rate of Medicare health checks per 1,000 population increased from 68 in 2009–10 to 297 in 2018–19.<sup>c</sup>

## Not Improving

**Obesity**

**↑5%**

between 2012 and 2019.<sup>a</sup>

**Psychological distress**

**↑4%**

between 2004-05 and 2018-19.<sup>a</sup>

**Out-of-home care**

Rate of children in out-of-home care per 1,000 increased from 35 in 2009 to 54 in 2018.<sup>b</sup>

**Imprisonment**

Rate of adults per 100,000 increased from 1,337 in 2006 to 2,088 in 2019.<sup>b</sup>

## Health Systems



**The level of expenditure on medicines and through Medicare should align with the increased burden of disease for Aboriginal and Torres Strait Islander Australians.**

- Per-person expenditure on prescription medicines is lower for Aboriginal and Torres Strait Islander Australians than non-Indigenous Australians. In 2016–17, the average PBS expenditure per person for Indigenous Australians was estimated to be 29% of the amount spent for non-Indigenous Australians.<sup>b</sup>
- Per-person expenditure through Medicare is \$1.3 for every Aboriginal and Torres Strait Islander person for every \$1.0 for non-Indigenous Australians despite Aboriginal and Torres Strait Islander Australians experiencing a burden of disease 2.3 times higher.<sup>b</sup>

### Sources:

- Steering Committee for the Review of Government Service Provision (SCRGSP) 2020, Overcoming Indigenous Disadvantage: Key Indicators 2020, Productivity Commission, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2020, Aboriginal and Torres Strait Islander Health Performance Framework, AIHW, Canberra.
- Australian Institute of Health and Welfare (AIHW) 2020, Table D1.24.2. AIHW and ABS analysis of the ABS Causes of Death Collection, Aboriginal and Torres Strait Islander Health Performance Framework, AIHW, Canberra

# Culturally Empowered Solutions to Protecting Communities from COVID-19



**“** *No Aboriginal person died. Does that not tell you something about what we do?”*

Vicki O'Donnell, CEO, Kimberley Aboriginal Medical Service

In January 2020, a Public Health Emergency of International Concern was declared by the World Health Organisation. The cause for concern was a novel coronavirus (COVID-19) which has caused a global pandemic not seen in several generations. Australia and its health system were well placed to deal with COVID-19 and took a proactive and precautionary approach. State, territory and whole-of-government partners worked to minimise transmission of the disease, and keep all areas of the health sector informed and engaged.<sup>14</sup>

Whilst the spread of the virus to Aboriginal and Torres Strait Islander populations may have had devastating outcomes, quick action on the part of Aboriginal and Torres Strait Islander communities prevented this from happening. As of 13 December 2020, a total of 147 cases of COVID-19 had been reported among Aboriginal and Torres Strait Islander people (out of the total 28,031 Australian cases)<sup>15</sup> with no deaths nationally and no cases identified in remote Aboriginal communities. The number of cases among Aboriginal and Torres Strait Islander people is **six times lower** than the rest of Australia.<sup>16</sup>

Behind these numbers is a story of how effective it is to empower Aboriginal and Torres Strait Islander leaders and communities, and to trust that they have the solutions. The rapid public

health control measures put in place were led by Aboriginal and Torres Strait Islander health leaders and the Aboriginal Community Controlled sector. They understood the risks and worked tirelessly with federal, state and territory governments to deliver collective, culturally informed and localised solutions. This included the closure of remote communities; testing and contact tracing; training staff; rolling out telehealth services and Point of Care Testing Programs.<sup>17</sup>

At the very outset of the pandemic, Aboriginal and Torres Strait Islander leaders knew that the COVID-19 outbreak posed a significant risk. Increased levels of chronic disease and other pre-existing health conditions, coupled with poor infrastructure and overcrowding, would contribute to a higher likelihood of transmission and would create the conditions for a potential health disaster if the infection entered Aboriginal and Torres Strait Islander communities. For those in remote and very remote communities, where issues of inadequate housing, poor access to health care services and language barriers are greater, the fears were magnified.

Effective and rapid public health messaging has been critical to keeping communities safe, informed and supported through the pandemic. Rich libraries of community-specific messaging and resources designed for media such as community radio and social media were developed providing a visual and audio record of this period, samples of which are included in this report. National Aboriginal Community Controlled Organisation (NACCHO), the Lowitja Institute, the Australian National University and the

Royal Australian College of General Practitioners collaborated to develop rapid evidence summaries and COVID-19 Primary Healthcare Guidance and recommendations, to support healthcare teams in the prevention and management of COVID-19 for Aboriginal and Torres Strait Islander peoples.<sup>18</sup>

The threat of illness is not new to remote Aboriginal and Torres Strait Islander communities and the COVID-19 pandemic had both negative and positive impacts. The negative impacts were, and are, compounded by the failure to address underlying risks and pre-existing systemic inequalities and weaknesses, such as food security (shortages and overpriced, poor quality groceries), and an inequitably distributed health workforce stretched to capacity. In response to reports of racism from hospitals in New South Wales and Western Australia, the Australian Indigenous Doctors' Association called for culturally safe care including ethical and equitable testing and treatment for COVID-19 in Aboriginal and Torres Strait Islander patients, emphasising that "Aboriginal and Torres Strait Islander peoples' lives, health and wellbeing cannot be put at risk because of underlying racism and prejudice."<sup>19</sup>

The positive impacts offer a strong learning opportunity of what works. Many individuals and families returned home to Country, strengthening their families and ties to culture, and demonstrating Aboriginal and Torres Strait Islander peoples collective and culturally informed responsibility to protect their communities. Other positive impacts included the initial and ongoing uptake and funding for telehealth consultations in Aboriginal and Torres Strait Islander health services and changes to pathology patient identification practices to ensure Aboriginal and Torres Strait Islander patients are correctly and consistently identified and recorded in data collections. Importantly, Aboriginal and Torres Strait Islander ways of knowing, being and doing were heard and privileged in partnerships with government that were built on a shared vision for better outcomes for all.

**"[Australia's] First Nations have managed this pandemic better than anyone in the world. It was supposed to be a disaster, but because they acted so responsibly, it was a model of how to prevent an epidemic in a high risk population. [This extraordinary result] just shows what happens when Aboriginal leadership is listened to."**

Professor Fiona Stanley (non-Indigenous)



Yura Yungi Medical Aboriginal Corporation, WA

# Aboriginal and Torres Strait Islander Advisory Group on COVID-19 (The Taskforce)



**“** *It's great that there's been that recognition of how responsive and how flexible our sector could be.”*

Dr Dawn Casey, Co-Chair Aboriginal and Torres Strait Islander Advisory Group on COVID-19, Deputy CEO, National Aboriginal Community Controlled Health Organisation

As leading Aboriginal infectious diseases specialist James Ward described it, the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 “moved mountains that in normal times would not be even remotely imaginable nor possible”.<sup>20</sup>

The high-ranking 33-member group was urgently formed in early March 2020 to protect Aboriginal and Torres Strait Islander people and communities from the COVID-19 pandemic and, at the time of writing, continues to meet weekly, now also focused on the equitable and effective rollout of a vaccine to Aboriginal and Torres Strait Islander people.

Bringing together leaders and representatives from Aboriginal and Torres Strait Islander community controlled health organisations, state and territory government representatives, and First Nations communicable disease experts from across Australia, the Advisory Group met by phone and video throughout 2020, up to three times a week in the early days.

Together, they spearheaded and supported an extraordinary effort by urban, regional and remote Aboriginal and Torres Strait Islander communities and organisations to prevent the spread of COVID-19.

“I feel proud of the community controlled sector, I have to say,” says Dr Dawn Casey, a descendant of the Tagalaka clan in North Queensland, deputy CEO of NACCHO, who is co-chair of the Aboriginal and Torres Strait Islander Advisory Group on COVID-19.

As the pandemic loomed for Australia, Dr Casey says community and health leaders and experts

knew too well the risks of the coronavirus to Aboriginal and Torres Strait Islander people, who have been disproportionately affected by infectious disease outbreaks since colonisation.

These diseases included the 2009 H1N1 influenza pandemic when Aboriginal and Torres Strait Islander people were omitted from the 2009 National Action Plan for Human Influenza Pandemic, and whose rates of diagnosis, hospitalisations and intensive care unit admissions occurred at 5, 8 and 3 times respectively the rate recorded among non-Indigenous people.

Australia’s Chief Medical Officer and others on the Advisory Group had also learnt key lessons from the recent response to a congenital syphilis outbreak which demonstrated what ACCHOs could achieve when they were properly resourced to lead a public health response, Dr Casey said.

“That truly was the basis for them to see firsthand how, if you work with ACCHOs on the ground, they will deliver an effective response that's appropriate for their setting,” she said.

Alert to the growing risks of the pandemic, the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 held its first meeting on 6 March 2020, providing early strategic input into remote and regional community lockdowns, the development of the National Management and Operational Plan for Aboriginal and Torres Strait Islander Populations, and the COVID-19 Series of National Guidelines.

Working on principles of shared decision making, power sharing, two-way communication and learning, self-determination, leadership and empowerment, its brief was to ensure that all stages of the pandemic were considered with an equity lens and responses were proportional to the risk of disease in communities.

Dr Casey says it was long and tiring work for members who were already juggling critical jobs for their own communities in the pandemic and it prompted big debates on complex issues. But she said its work was constructive, collaborative and community-focused—able to bring together experts and insights from across the country on issues ranging from clinical care to border closures and food and medicine distribution and to ensure responses were locally-led, holistic and culturally safe.

Importantly, having state and territory government representatives on board meant “if there were particular barriers on issues, we could talk it through and get action,” Dr Casey said.

The Advisory Group was briefed on major government strategies and actions and had access to decision makers in many different areas to help with its discussions. Critically, she said, governments — Federal, State and Territory — listened to the Aboriginal and Torres Strait Islander experts.

“They didn’t say ‘here, we’re going to allocate you \$4 million and you do it this way’, they actually took on advice.”

That led, she said, to important action, including a significant COVID-19 grant to NACCHO to allocate to ACCHOs across Australia, delivered in a very short timeframe, and with the flexibility that Aboriginal and Torres Strait Islander organisations have so long urged, so they can meet local needs.

“You don’t get the same care for our people in mainstream health organisations, you don’t get that recognition of the social determinants of health or of the way colonisation impacts on our health as you do with ACCHOs.”

Responding rapidly to emerging concerns, the Advisory Group helped to raise or address a range of critical issues. They included: the risk of Aboriginal and Torres Strait Islander health workforce shortages, inadequate allocations of personal protection

equipment (PPE), the need to identify Aboriginal and Torres Strait Islander status on COVID-19 pathology, the need for ACCHOs to undertake contact tracing in their own communities, and where to roll out vital point-of-care testing in remote areas.

***“We just worked through all those issues, looking for structural reform in everything.”***

The work of the Advisory Group has included:

- Legislative changes, particularly for remote community lockdowns.
- Development of national guidelines on COVID-19 to ensure Aboriginal and Torres Strait Islander people were accorded priority in the national response.
- Separate guidance on remote communities, addressing challenges such as medical evacuation, community wide screening, limited isolation and quarantine spaces.
- Health services planning, supporting communities to enact local COVID-19 action plans, reconfigure clinics to facilitate testing, isolate suspected cases and train staff.
- Advice on establishing rapid testing in remote communities, to reduce times for test results from 3-10 days to within a few hours.
- Supporting the opening of 23 ACCHO led respiratory clinics.

# Western Australia remote community response: Kimberley Aboriginal Medical Service



**“ Our mob live together, eat together, work together, they kiss and they hug – so the spread was a huge risk for us.”**

Vicki O'Donnell, CEO, Kimberley Aboriginal Medical Service

Vicki O'Donnell remembers her early fears when the first cases of COVID-19 emerged in Australia.

She knew too well, from other epidemics since colonisation and more recently with swine flu, what a threat the COVID-19 pandemic posed for Aboriginal and Torres Strait Islander people, particularly if it seeped into the high-risk groups and remote communities she works with in the Kimberley region.

A year on, Ms O'Donnell hopes that Australian governments have learnt from the way Aboriginal and Torres Strait Islander people, communities and organisations leapt into action, exercising sovereignty and self-determination, forging new partnerships, and communicating openly and honestly with community members. Together they delivered extraordinary success by national and international standards in protecting Indigenous people and communities from COVID-19.

“We moved very quickly and led the way,” says Ms O'Donnell, a Nyikina Mangala woman who is CEO of Kimberley Aboriginal Medical Service (KAMS) and Chair of the Aboriginal Health Council of Western Australia. “It's about the key messaging. It's about protecting. And it's about being honest to communities about what is going on. That's really what communities want.”

From long experience with infectious diseases, KAMS commenced a pandemic plan and a dedicated infection control nurse was already employed when the first COVID-19 reports emerged in January 2020. It immediately began stocking up on PPE and—well before the Western Australian Government declared a

State of Emergency—began isolating remote staff when they returned to Broome, as remote communities began locking themselves down to all but essential workers.

*“We knew you only had to have one positive case in a remote community and that would spread immediately, because there has been very little investment for decades by WA Governments in basic infrastructure—housing, water, sewage—in remote communities,”* Ms O'Donnell said.

A big part of the Kimberley's success was in building high level partnerships across sectors, services, and agencies—some new, some meeting more frequently (see box, next page). KAMS also had direct access to Western Australian Government Ministers at critical moments in the pandemic planning.



Vicki O'Donnell CEO, KAMS

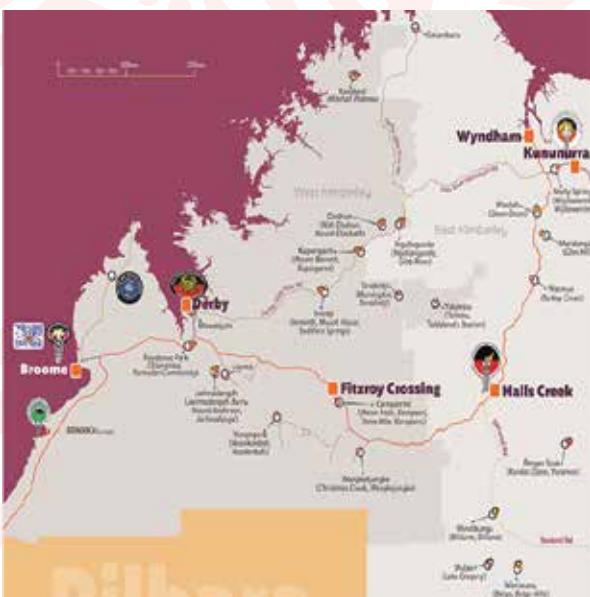
Not only was there sufficient funding for COVID-19 work, via government and philanthropy, but flexibility from funders.

It helped too that governments acted decisively on some significant changes—rolling out telehealth and point of care testing in remote communities, and enabling cancer treatment on site in Broome instead of patients having to travel to Perth. These were, Ms O'Donnell said, massive changes that in normal times would take months or years to consider, approve and deliver, but instead took just days or weeks to deliver benefits that go well beyond COVID-19 management.

Looking back, Ms O'Donnell believes a key strength to KAMS' work was that it remained forthright. It was clear in telling the Western Australian Government and Western Australia Country Health Service (WACHS) that it would stick by their guidelines but would take a regional and community approach.

"How you manage on the ground is very different," she says. That didn't mean there was conflict with agencies and departments, "but we took control".

It also meant KAMS was able to keep people informed, quickly and honestly, unhampered by red tape and protocols, getting evidence-based



#### Map of KAMS Service Area

and culturally translated messages out earlier and faster and becoming a ‘trusted voice’ on COVID-19 for Aboriginal and non-Aboriginal people in WA.

As a result, she says, Aboriginal community controlled health services deserve to be given a proper seat at the table for decision-making and to be acknowledged for their outstanding work.

***“It just makes you proud to be an Aboriginal person to see what’s happened — not just in the Kimberley, not just in WA, but nationally in the pandemic.”***

KAMS partnerships included:

- Member of COVID Leadership Team, which included WACHS, Western Australian Police, Department of Communities, Department of Fire and Emergency Services, and the COVID-19 Aboriginal Taskforce. Met at 7.30am every day for months and continue to meet regularly.
  - The cross-sectoral Kimberley Aboriginal Health Planning Forum (KAHPF) which brings together all health stakeholders, including environmental health and the Royal Flying Doctors' Service. It began meeting weekly instead of every two months.
  - The Kimberley Aboriginal Taskforce, chaired by the Kimberley Land Council, which was able to deal with issues of housing over crowding and food security, as shortages loomed and grocery prices skyrocketed (at one point a pack of six toilet paper rolls cost \$56 in one store).
  - Contact tracing with the Kimberley Population Health Unit.
  - Contribution to the COVID-19 Aboriginal Series of National Guidelines.
  - Member of the Western Australian and Australian Aboriginal and Torres Strait Islander Advisory Groups for COVID-19 response.

# Northern Territory remote community response: Central Australian Aboriginal Congress



**“ Aboriginal community controlled organisations really punched above our weight. If it wasn’t for the leadership, advocacy and work of our networks, I’d hate to think what the outcomes might have been.”**

Donna Ah Chee, CEO, Central Australian Aboriginal Congress

Aboriginal community controlled services in Central Australia led the way in population health strategies in the very early weeks of the COVID-19 pandemic, advocating for the types of border controls that have become commonplace and key to Australia’s success at managing the pandemic.

Ms Donna Ah Chee, CEO of Central Australian Aboriginal Congress (CAAC, or Congress) remembers vividly the “heightened sense of anxiety” at the time, with communities knowing the seriousness of the risk, particularly given the high burden of illness experienced by Aboriginal people.

As the largest Aboriginal community controlled organisation in the Northern Territory, Congress provides primary health care services to Aboriginal people living in and around Alice Springs, including six remote communities: Amoonguna, Ntaria, Wallace Rockhole, Santa Teresa, Utju (Areyonga) and Mutitjulu.

They knew that they needed to protect the regional centres in the Northern Territory if they were to protect remote communities because Aboriginal people move in and out of the centres all the time for life saving health care, for income support, and to buy food at affordable prices.

With strong population and public health expertise in its team, Congress did its homework on what was happening around the world and saw how well the Italian village of Vo protected itself with a full lockdown while the rest of Italy was overwhelmed by the virus.

Ms Ah Chee and her team presented the data to the Combined Aboriginal Organisations of Alice Springs

and to the remote communities which then backed its calls for border controls.

“We don’t have the workforce or the infrastructure in intensive care to cope with the surge that will come if we let this pandemic unleash its full force on the NT,” Ms Ah Chee told the media at the time, rallying the support also of the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) and, nationally, through NACCHO.

“Over the last 12 months that’s developed into border closures that are common practice, but it actually started in Central Australia and with the support of the Combined Aboriginal Organisations,” she says, adding that many non-Indigenous people have thanked Congress for its advocacy.

“That’s a really important message about how Aboriginal people really took a population health approach from the start and stepped up to protect the whole community,” she said.

In those early weeks of the arrival of the coronavirus in Australia, Congress also immediately reoriented its service provision to COVID-19 priorities.

Its health promotion team, usually focused on the Tackling Indigenous Smoking and Right Tracks programs, headed out onto the streets of Alice Springs, talking to people as they shopped about the key social distancing and hygiene protections. Accompanied by General Practitioners to respond to medical queries, they spread the word into the town camps and remote communities. The messages were echoed on radio (particularly Aboriginal media outlet CAAMA, which broadcasts through remote regions) and on social media, and



The Combined Aboriginal Organisations of Alice Springs held a media conference in March 2020 to call for the immediate closure of the NT borders.  
Photo courtesy of the Central Land Council.

among the ACCHSs across the NT, which localised and interpreted them into language, to make them clear and effective for each of their communities.

Congress set up triage outside its clinics, an 1800 number for any and all queries, imposed a temporary moratorium on outreach for research and set up a daily COVID-19 operations meeting that was still meeting three times a week in early 2021.

Regular all-staff meetings were held to “to debunk some of the myths but also to answer very legitimate questions from staff on COVID-19 and later on safety and efficacy of vaccines,” Ms Ah Chee said. “We know that if we have doubt in our staff, that can flow into doubt in the communities.”

Key to the work was in critical partnerships, with the remote communities where Congress provides primary health care in partnership with local remote health boards, other local Aboriginal controlled organisations, and the peak groups like AMSANT and NACCHO, as well as the Aboriginal and Torres Strait Islander Advisory Group on COVID-19, she said.

So too was the funding flexibility from both the Commonwealth and Northern Territory

Governments, which recognised that services needed to pivot to address such a serious threat to their communities.

But the cost of government failure to listen to earlier advice from ACCHSs became clear during the pandemic, not least about the risks to community safety from overcrowded housing.

“We were meant to be social distancing, yet in many places we’ve got 20 or 30 people living in a house, so the pandemic magnified a number of critical health issues that ACCHSs and the Close the Gap campaign have been advocating on for so long,” Ms Ah Chee said.

“That’s one of the big lessons from the pandemic, the need for governments to work much closer with local communities and leaders and to really take their advice seriously.”

***“Apart from the inability of the health system to cope, our communities cannot suddenly overcome the additional susceptibility to this infection due to underlying chronic diseases, overcrowding, lack of food security, inadequate income and many other social determinants that will see this virus become a “super spreader” if allowed in.”***

## COVID-19 health resources

The COVID-19 pandemic has required the development of creative and visual tools for conveying important health messaging to Aboriginal and Torres Strait Islander communities. Demonstrating the ACCHO sector's ability to respond rapidly and effectively to a national health crisis, these resources highlight the tailored approaches required to meet different community needs. There has been a strong focus on protecting Elders, practicing social distancing and good hygiene, and resources in language help to reach those communities and individuals where other health messaging may not.

Ultimately, these visual resources have one aim: to keep communities safe and free from COVID-19.

*"ACCHOs know where our mob are and how to get the right message out. It doesn't have to be in Language, but in the way mob in a particular region relates to messaging."*

Dr Dawn Casey, Deputy CEO, National Aboriginal Community Controlled Health Organisation

# STOP THE SPREAD

In our community of Coronavirus (COVID-19)

Together we can help stop the spread and stay healthy

WASH YOUR HANDS THOROUGHLY WITH SOAP AND WATER FOR AT LEAST 20 SECONDS TO PREVENT PASSING ON GERMS.  
DRY YOUR HANDS AND PUT PAPER IN TRASH!



PUT PAPER TOWEL IN TRASH

## Away! (taken off)

A message from our young people:

CORONAVIRUS IS DANGEROUS FOR OUR COMMUNITIES.  
YOU MIGHT FEEL OK BUT YOU COULD PASS IT ON TO OUR ELDERS WHO ARE AT RISK.

- Wash your hands often with soap and water
- Stay off the streets: don't hang around in big groups
- Keep a 1.5 metre distance from other people
- No sharing drinks, food or cigarettes
- If you're feeling sick don't be shame, tell your family
- If you have a fever, a cough or a sore throat: stay inside and call the COVID-19 hotline: 1800 020 060

**Don't go to funerals and sorry camps. Stay safe at home.**

We know how important funerals and sorry camps are to our communities. COVID-19, the disease caused by the coronavirus, is turning funerals into a big risk for everyone's health. When lots of people gather together for a funeral they are making it easier for COVID-19 to spread through our communities. They are putting everyone at the funeral and their loved ones at home at risk of getting the virus. Right now, Australian governments are only allowing 10 people to get together for a funeral. This stops germs from getting everywhere. Everyone at a funeral should keep their 1.5m away from each other. They should not shake hands or touch each other. It's normal social distancing. It's morally hard to do, but it will help save lives. If you don't think you can do this please send a message that can be read out at the funeral service. If you are in a high-risk group because you are old or have a chronic disease like diabetes or kidney disease please send a message that can be read out at the funeral or service. You can also say your respects by making the necessary calls. Don't go to the funeral and the sorry camp and put yourself and others at risk. Everyone will understand why this is necessary in this time of crisis. Everyone will listen very tightly of people who help to keep the numbers at funerals as low as possible. Only very close family should attend the service for their loved one. Families should also think about postponing funerals until it is safer.



MILPA'S SIX STEPS TO STOP GERMS  
USING THESE TIPS HELP TO STOP GERMS

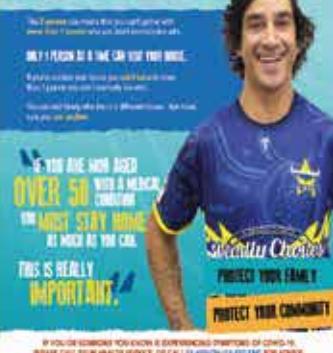


Keep our old people safe



Covid-19?  
BAWUJI NGAMBALA JAMBLINI  
MAYAMANTHARRA WIJI

## SOCIAL DISTANCING THE 2 PERSON RULE EXPLAINED



If you are more aged  
OVER 50  
WITH A MEDICAL CONDITION  
YOU MUST STAY HOME AS MUCH AS YOU CAN  
THIS IS REALLY IMPORTANT!

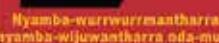
Protect your family  
Protect your community

If you experience symptoms of COVID-19, please call your local health service or 1800 020 060 for advice.

It's an emergency call 000

Dental Choices Health & Wellbeing

Nyamba-warrwurrumantharra  
nyamba-wijuwantharra nda-mulu  
arnasenda murnu yindra



## CONNECTION TO COMMUNITY



Some houses in the community may have family that are at risk from the Coronavirus sickness and will need to self-isolate to keep them safe and strong. Remember to keep your distance.



Check in with them and their phone as well if they need extra support during this time.

It's important to keep up connections. Check in with your community.

- Call 1800 020 060 or 1800 020 060
- Send 2 big hugs or messages over



Be kind and respectful to yourself and others. Play your part to keep our mob safe and strong.

#StayConnected



# STOP

**PLEASE DO NOT ENTER WITHOUT A FACE MASK**

To protect our community against COVID-19 and comply with government requirements, please wear a face mask before entering these premises.

If you are unable to wear a mask due to medical reasons or another valid exemption, please contact our pharmacy on for assistance before entering.



The Pharmacy Guild of Australia

Please do not enter unless you are wearing a mask. Thank you for the health and safety of the general public.



Keep yourself and Kimberley people safe during your visit.

Coronavirus (COVID19) infection remains a risk.

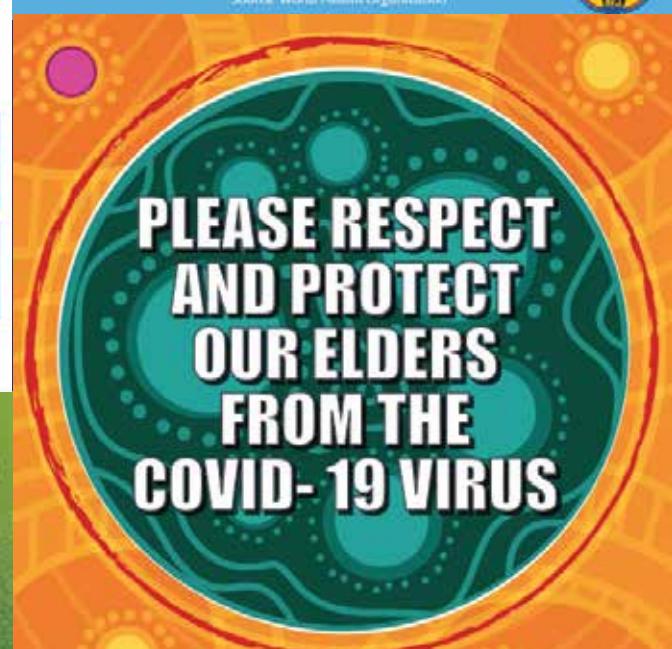


Remember - always check with local Aboriginal Communities to ensure they're open to visitors prior to visiting. Many are not.

## STOP THE SPREAD

<b>WASH YOUR HANDS FREQUENTLY</b> Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water for at least 20 seconds.	<b>MAINTAIN PHYSICAL DISTANCING</b> Maintain at least 1.5 metres distance between yourself and others.
<b>AVOID TOUCHING EYES, NOSE AND MOUTH &amp; COVER YOUR COUGH</b> Cover your cough with a bent elbow or tissue. Throw the tissue away immediately and wash your hands. Avoid touching your face and transferring germs.	<b>IF YOU HAVE A FEVER, COUGH AND DIFFICULTY BREATHING. SEEK MEDICAL CARE EARLY</b> Stay home if you feel unwell. Do not come to your local Katungul clinic - call first and make a telephone appointment with a doctor.

Source: World Health Organization



## IF YOU DON'T LIVE HERE THEN PLEASE STAY AWAY



The Pharmacy Guild of Australia

QUIT SMOKING NOW!!

## Coronavirus (COVID-19)

### HOW TO PROTECT YOURSELF, YOUR FAMILY AND COMMUNITY

- Stay 2 arms lengths away from everyone
- Avoid big mobs of people
- Stay home and rest to stay strong

Wash your hands today... Keep germs away!



### SCARED TO GO TO THE DOCTOR?

ARE YOU SCARED TO GO TO THE DOCTOR WITH ALL THE TALK ABOUT CORONAVIRUS?

YOU NEED TO PROTECT FROM CORONAVIRUS BUT STILL LOOK AFTER YOUR OTHER HEALTH, ESPECIALLY IF YOU'RE GONE.

CALL YOUR HEALTH CARE IF YOU'RE FEELING CROOK AND YOUTH WITH THEM.

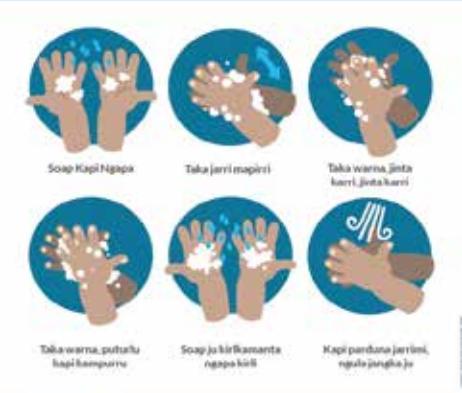
MAYBE YOU NEED TO GO TO HOSPITAL IF YOU'RE SICK.

PEOPLE ARE TAKING TELEHEALTH CALLS.

Coronavirus [COVID-19]

Nyuntu nyangu maya maya kurdukurru jintangka marrdaka wurlpa kapi ngalkinpa

Taka jarra kirri ka manta



For more information  
Public Health Line 1800 068 002  
coronavirus@saferoute.sa.org.au

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NOVEMBER

# Asset-based and Holistic Approaches for Addressing Climate Change

2019 was Australia's hottest and driest year on record creating devastating drought conditions and resulting in the catastrophic 2019–20 bushfire season. More than 30 million hectares of land across Australia was moderately to severely burnt<sup>21</sup>, homes and landscapes were destroyed<sup>22</sup>, over 3 billion animals were killed or displaced, major cities were blanketed in thick smoke causing record levels of air pollution, and between 650 million and 1.2 billion tonnes of carbon dioxide were estimated to be emitted into the atmosphere.<sup>23</sup> It has been estimated that there were approximately 450 deaths due to direct injury or exposure to air pollution.<sup>24</sup> This crisis has demonstrated the severe threat of climate change as an issue that must be urgently addressed. **Future generations are at stake.**

For at least 65,000 years, Aboriginal and Torres Strait Islander peoples have developed a unique connection and equilibrium with the lands, seas and environments in which they live. The impact of the bushfire crisis on the land is particularly distressing for Aboriginal and Torres Strait Islander communities, with sacred sites, the habitats of culturally significant animals, and Country being decimated. Since the recent bushfire crisis there has been more discussion about the need to increase Indigenous fire management practices. Aboriginal groups from the north have been involved in a prescribed burning program for nearly a decade<sup>25</sup> but there is a significant opportunity for this to be more widespread, particularly in southern parts of Australia.

Climate change presents a unique, and growing, risk to not only the physical health, but also the spiritual and mental health of Aboriginal and Torres Strait Islander people. Extreme weather

events like extreme heat, floods, storms, droughts and bushfires—such as we have seen recently—place increasing pressure on health services and infrastructure, directly affecting Aboriginal and Torres Strait Islander communities, families and individuals. During the bushfire crises, primary care services and access to care for treatment of chronic and acute conditions was disrupted, highlighting the need for increased resources and local workforce development. Increasing temperatures and worsening air pollution are aggravating respiratory conditions and cardiac illnesses. Changes in weather patterns threaten the security and quality of water and bush food sources, as well as livelihoods.

The harmful effects of climate change on Aboriginal and Torres Strait Islander people's health are expected to increase. This is particularly so for those living in rural, remote and northern communities, who will continue to experience health impacts most severely. These impacts are compounded by social, cultural and environmental determinants of health such as the lack of adequate housing, a significant problem because housing is often older and less thermally efficient than in metropolitan areas.<sup>26</sup> In Central Australia more than nine remote communities and outstations are experiencing water shortages as well as frequent and intense heatwaves.<sup>27</sup>

The people of the Torres Strait Islands are already seeing the effects of a changing climate on the local flora and fauna and feel that their physical and cultural lives are under threat. Rising sea levels, increased erosion, strong winds, land accretion, increasing storm frequency and rougher seas are some of the visual impacts that Elders have never seen or heard of before.<sup>28</sup>

Cultural practices that are closely tied to ancestral lands have been maintained for many generations and Aboriginal and Torres Strait Islander people have a substantial interest in the protection and sustainable

management of the land. Traditional knowledge, land management and conservation practices are valuable resources for maintaining biological diversity and preserving important ecosystems and need to be an integral part of our national climate change mitigation efforts.

*"I am no stranger to the impacts of climate change, or the unanswered calls for climate justice."*

Nicholas Fitzpatrick, Yanyuwa and Garawa man and NT Remote Community Organiser for the Seed Indigenous Youth Climate Network (Seed Mob)



**2019 was Australia's warmest year on record, with the annual national mean temperature 1.52 °C above average.<sup>a</sup>**



**The total area moderately to severely burnt in 2019-20 was 30 million hectares across Australia.<sup>b</sup>**



**2019 was Australia's driest year on record, at 277.6 mm of rainfall, well below the previous record in 1902 of 314.5 mm.<sup>a</sup>**



**In total, it is estimated that almost 3 billion animals were killed or displaced by the 2019-20 bushfires.<sup>d</sup>**



**The bushfires are estimated to have spewed between 650 million and 1.2 billion tonnes of carbon dioxide into the atmosphere.<sup>c</sup>**

**In 2019 global sea levels continued to rise steadily by 6.2 mm, marking an increase of 72 mm since 2000. Sea levels around Australia have been rising faster than the global average, with the Tasman Sea having the fastest rate of rise of more than 150 mm since 1992.<sup>e</sup>**

Sources:

- a. Australian Government Bureau of Meteorology 2020, Annual Climate Statement 2019. Available at: <http://www.bom.gov.au/climate/current/annual/aus/2019/>
- b. Australian National University & TERN 2020, Australia's Environment Mid-Year Update 2019/2020. Available at: [https://www.wenfo.org/aer/wp-content/uploads/2020/08/ausenv\\_2020MYU.pdf](https://www.wenfo.org/aer/wp-content/uploads/2020/08/ausenv_2020MYU.pdf)
- c. Climate Council 2020, Summer of Crisis, Climate Council of Australia Limited, Sydney.
- d. WWF Australia, Impacts of the Unprecedented 2019-2020 Bushfires on Australian Animals, WWF Australia, Ultimo, NSW.
- e. Australian National University (ANU) 2020, Australia's Environment Summary Report 2019, ANU, Canberra.

# Seed Indigenous Youth Climate Network: Seed Mob



**“ I joined Seed to spread awareness on climate change in order to protect and preserve the land and sea because it holds a strong cultural connection to my people. The island I call home and many of the surrounding reefs may not exist in 200 years with the rising sea levels and coral bleaching being a result of climate change.”**

Littiah Billy, Seed Mob volunteer

“We are the first scientists, the oldest continuing culture, we've defended Mother Earth for thousands of generations.”

So declares the video launched by Seed Mob last year to mark becoming Australia's first Indigenous youth-led environmental organisation, a new generation following in the footsteps of their ancestors, “fighting for Country, culture and our future”.

“All around the world, sea levels are rising,” the video says. “And so are First Nations people.”

The Seed Indigenous Youth Climate Network, known as Seed Mob, has been doing powerful work across the country since 2014 when it began operating as a program under the Australian Youth Climate Coalition.

In 2020—in the wake of the devastating 2019–20 bushfires and in the midst of the COVID-19 pandemic—Seed Mob moved to become independent, seeking to raise \$500,000 for its Climate Justice Fund and to recruit a First Nations board of directors to enable self-determination at all levels of its work.

As Yanyuwa and Garawa man Nicholas Milyari Fitzpatrick, Seed Mob's Remote Community Organiser in the Northern Territory told NITV News:

“We have to lead the way. If not us, then who? If not now, then when?”

With 35,000 supporters and 250 volunteers aged 15 to 35, Seed Mob is a grassroots movement that is gathering force from the Kimberley region in Western Australia to the islands of Torres Strait, from Borroloola in the gulf of the Northern Territory to Tasmania.

It has become the first and only environmental organisation in Australia led entirely by First Nations people for First Nations people, ‘trailblazing the path’ out of the climate crisis, seeking to hold governments and big corporations to account.

“We don't just see the climate crisis. We feel it,” says Ms Amelia Telford, an Aboriginal and South Sea Islander woman from Bundjalung country who was awarded NAIDOC Youth of the Year in 2014 for her efforts to build a network of young leaders “to stand up for Country and stronger action on climate change and sustainability”.

Ms Telford says their work is not just to address climate change but to secure climate justice. “Climate change is an issue that affects everybody but the impacts are not evenly distributed.”

“Too often it's the people who have contributed the least to the causes of climate change who face the most severe impacts,” she says, pointing to the disproportionate impacts on low income people, communities of colour, women, youth and in particular Aboriginal and Torres Strait Islander people in Australia who are on the frontlines of the crisis.



Seed's 2017 Powershift brought together 218 Aboriginal and Torres Strait Islander young people to send a strong message to protect Country against the fossil fuel industry.

*"It's our communities that are hit first and worst, not only by the impacts of climate change but the impacts of extractive, polluting and wasteful industries that are devastating our country and fuelling the climate crisis."*

One of Seed Mob's most determined current campaigns is to support Traditional Owners and communities in Borroloola, Arnhem Land, Mataranka, Kalkarindji, Alice Springs and many other places in their fight to stop shale gas fracking in the Northern Territory.

They are campaigning to stop Origin Energy drilling and hydraulic fracturing operations in the Beetaloo Basin, to protect land, water and future generations from dangerous shale gas fracking amid fears that toxic wastewater could enter streams, rivers and groundwater, threatening the health of communities and Country.

Seed Mob builds their grassroots network by providing intensive training programs for mob all over the country. In previous years, they have hosted national gatherings and brought young people together face to face, but in the middle of the COVID-19 pandemic, they had to think on their feet and transformed the face-to-face training into an online fellowship. Seed Mob works hard to empower young Aboriginal and Torres Strait Islander people to then be able to take the skills they have learnt back to their communities to create change.

"Seed has played a huge role in my life, not only as a climate change activist but as a young Aboriginal woman. Seed has been a safe space for me for many years. The knowledge and connection that I have built throughout my time with Seed is like no other. Seed has opened up doors for myself that I never knew existed." Says Angel Owen, Seeds Organising Manager.

Ms Telford said First Nations voices have long been front and centre of the climate movement in North America but Aboriginal and Torres Strait Islander voices have been too often "ignored and under-represented" in Australia, when our people are not only bearing some of the worst impacts of climate change but offer so many of its solutions. "For generations, thousands and thousands of years, we've looked after this land sustainably, it is time that we are heard".

For Aboriginal and Torres Strait Islander people, climate change is not an abstract idea about saving the environment, our communities are feeling the effects 'right now and first' through droughts, rising sea levels, earlier bushfire seasons, diminishing food production, and poorer water accessibility.

***"My generation has the most at stake, that's why we are uniting to protect our land, our water and our future."***

# **South Coast Aboriginal Community Controlled Health Organisation responses: Waminda South Coast Women's Health and Welfare Aboriginal Corporation & Katungul Aboriginal Corporation Regional Health and Community Services**



*“As Aboriginal health workers, we’re often the rocks that hold our families and communities together.”*

Waminda Staff

Twelve months on from the devastating 2019–20 summer, staff at the Waminda South Coast Women Health and Welfare Aboriginal Corporation were close to tears remembering the trauma and hardship caused by bushfires on their communities.

The service, located within the Yuin Nation along the New South Wales coast, turned its offices into an emergency production line as the bushfires continued to burn, bringing tents, water, gas supplies, medications, “anything we could bring together that would be needed”.

They recalled ringing the Mogo Aboriginal Land Council, near Moruya to check in. Its building had been razed, along with the cultural and legal documentation and historical artefacts it protected. They had lost everything. They didn’t even have a pen to write down the details of the emergency drop-off.

As NACCHO mapped in a special report, the 2019–20 bushfire crisis was particularly devastating for Aboriginal and Torres Strait Islander people living along the New South Wales coast and its toll was multilayered.<sup>29</sup>

It affected health, wellbeing and safety and destroyed sacred sites, the habitats of culturally significant animals, and big swathes of Country.

But the bushfires also highlighted injustices and inequity in Australia’s disaster management systems,

and the critical need for Aboriginal and Torres Strait Islander people to have access to community-driven, culturally safe, and properly resourced responses to disasters.

Services like Waminda stepped up immediately, checking that people were safe, purchasing and distributing emergency supplies, and, for a time, extending operations beyond its boundaries and core business to support the Katungul Aboriginal Corporation Health and Community Service, further down the coast, which was itself hit by the bushfires.

Once past the immediate emergency, other issues emerged for communities: spikes in respiratory issues from smoke and haze, an increased need for mental health supports for trauma and anxiety, and self-referrals to its community services arm for those facing financial hardship, family breakdown, domestic violence and an increase in substance misuse.

Katungul Chairperson Mr Ron Nye said that the spiritual and cultural impacts of the bushfires also could not be ignored, warning that “the health and wellbeing of our community is tightly interlinked with the trees and the bush and vibrancy of our culture”.

But the crisis wasn’t over. In early February, south coast communities were hit by flooding due to torrential rain, and then came the COVID-19 pandemic, locking down communities, putting health at high risk, and further disrupting supports and connections.

Yet, as NACCHO's review found, Aboriginal community controlled health services were at a financial disadvantage in the bushfires, playing critical and trusted roles in their communities but "without the benefit of additional funding, resources, staffing or surge capacity". Nor were they properly involved in planning.

A scoping study by the Australian National University in partnership with Katungul<sup>30</sup> found the specific needs of Aboriginal people were not on the agenda for mainstream emergency response and recovery programs (see below).

Community members along the coast reported poor, culturally unsafe services being provided by some mainstream services and charities during the bushfires, and shocking racist incidents on the ground.

With the climate crisis driving more frequent and ferocious bushfires and other natural disasters, Aboriginal and Torres Strait Islander health organisations say they must be consulted in the development of emergency management plans affecting their communities.

They are also urging charities and mainstream services that wish to support Aboriginal and Torres Strait Islander peoples to do so by working with local community controlled organisations and by following their advice.

***"The strength that Waminda brings to a crisis is that we hear the voices of our community and support their needs. We are the community."***

### Impact of bushfires

A 2020 scoping study of the New South Wales south coast bushfires by the ANU and Katungul found:

- Katungul primary care staff experienced trauma and were dealing with the trauma of their clients and community.
- Many had not had a break throughout the emergency and response and were at high risk of burnout.
- Mental health was a major concern across the community.
- Specific needs of Aboriginal people had not been considered in response and recovery programs run by external organisations.
- Disruption to primary care services during and immediately after the bush fires led to lack of access to care and treatment for chronic and acute conditions.



A fire burning on the South Coast, NSW. iStock by Getty Images

# Aboriginal Carbon Foundation



**“ It’s all about leadership. You just have to tap into that and get the white fellas to step aside, to allow Aboriginal leadership to come to the fore.”**

Rowan Foley, CEO, Aboriginal Carbon Foundation

The COVID-19 pandemic was disruptive for the Aboriginal Carbon Foundation (AbCF), but it also managed to secure big achievements in 2020 in its ground-breaking work to lead development of carbon economies on Aboriginal lands.

The embryonic carbon market allows for a project that allows community to both generate income while reinforcing cultural authority.

Last year the first Northern Territory Aboriginal Rangers from Waanyi Garawa and Garawa (Borroloola), Wardaman (Katherine), Malak Malak (Daly River), and Timber Creek were trained by AbCF in carbon farming and the verification of environmental, social and cultural co-benefits.

“This sharing of traditional knowledge and working together across Aboriginal ranger groups adds value to the savanna burning carbon projects in the voluntary market,” said AbCF CEO Mr Rowan Foley, a former Aboriginal Ranger and manager of the Uluru-Kata Tjuta National Park.

The not-for-profit AbCF brings together people with fresh ways of working, professional experience and a desire to tackle Indigenous poverty and climate change through a strengths-based approach. It supports carbon farming projects led by Indigenous Rangers and Traditional Owners and connects communities who supply carbon credits with organisations and corporations seeking to offset their carbon pollution.

Many of the northern Australian projects involve the cultural practice of savanna burning which reduces greenhouse gas emissions by undertaking cool, lower intensity fires in the early dry season when the vegetation still contains some moisture from the wet.

In 2020, the AbCF landed one of largest carbon trades in the voluntary market. It secured investment by the Commonwealth Bank of Australia in the

Kowanyama carbon project on Cape York that will not only help the bank reduce its carbon footprint and address its Reconciliation Action Plan but also generate employment for sustainable land and sea management for Traditional Owners.

AbCF also steered a number of high-profile carbon trades undertaken in 2020 with the Sydney Opera House, Australian Museum, City of Sydney, Great Barrier Reef Foundation, Carbon Market Institute and the Australian Conservation Foundation.

Asked about the peer-to-peer strengths-based model that drives AbCF’s work, Mr Foley says it’s quite simple: “Blackfellas working with blackfellas, communities working with communities”. “What we’re building is internal resilience, not external reliance,” he said of the benefits to community.

***“When we first ran our program, the number one benefit that people identified was pride. People have pride in themselves, pride in their community and pride in the work that they’re doing. There are a lot of benefits: health, social, cultural, environmental, economic and self-determination.”***

## Benefits of carbon farming:

- Carbon emissions are reduced and so is the incidence and intensity of bushfires, by burning Country the right way, protecting life and property as well as native species of flora and fauna.
- Increased retention of language and identity and increased nutrition through access and availability of traditional foods.
- Maintenance and passing on of traditional ecological knowledge and opportunities for meaningful work.
- Improved spiritual wellbeing through the regular completion of cultural obligations to country and increased exercise and physical activity by working on the land.

## LOOKING AFTER OURSELVES - OUR WAY

Focus on what makes you strong during the coronavirus outbreak:



Gaya Dhawi (Proud Spirit) Australia is the new Aboriginal and Torres Strait Islander well-being and mental health leadership body. For more info and resources see:

[gayaadhuwi.org.au](http://gayaadhuwi.org.au)

If you need to talk to someone:

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# Resilience and Protective Factors for Social and Emotional Wellbeing



**“** *There is really good mental health work that happens in our communities that can be applied in other settings. They’re not just good for Aboriginal communities, they’re good for every community.”*

Tom Brideson, CEO, Gayaa Dhuwi (Proud Spirit) Australia

The COVID-19 pandemic and bushfire crisis has led to an increased need for mental health support services in Aboriginal and Torres Strait Islander communities. Disadvantages already faced by communities related to social and emotional wellbeing intensified during the response to the crises and will continue through the recovery efforts. There has been heightened levels of fear, trauma and anxiety, financial hardships due to the loss of jobs, worsened by inadequate and inequitable access to mental health care.

Aboriginal and Torres Strait Islander leaders must be involved in all recovery responses and decision making processes for mental health support services as recovery efforts increase and the ongoing mental health effects fully emerge. Aboriginal and Torres Strait Islander leaders know and understand the issues and lived experiences of their communities and are best placed to provide the solutions needed to close the mental health gap between Aboriginal and Torres Strait Islander people and other Australians.<sup>32</sup>

Mainstream services are often not sufficiently equipped and skilled to respond effectively to the complex and unique needs of Aboriginal and Torres Strait Islander communities. As outlined in the *Ways Forward report*,<sup>31</sup> Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental, physical, cultural and spiritual health.

Understanding that ill health will persist if the harmony between these interrelations is disrupted, is crucial in improving mental health outcomes for Aboriginal and Torres Strait Islander communities. So too is an understanding of how loss, trauma and the negative impacts of colonisation have shaped the disproportionate burden of mental health issues experienced by Aboriginal and Torres Strait Islander peoples. The ongoing struggle for equality and cultural recognition exacerbates mental health challenges, ultimately contributing to chronic disease—the biggest killer of Aboriginal and Torres Strait Islander people.<sup>32</sup>

Culturally safe and accessible mainstream services and well-resourced Aboriginal and Torres Strait Islander led programs are needed. This requires an appropriately skilled and culturally safe mental health workforce and the need to grow the number and capabilities of Aboriginal and Torres Strait Islander mental health professionals.

Suicide rates among Aboriginal and Torres Strait Islander people are double those of other Australians.<sup>33</sup> Prior to COVID-19 Aboriginal and Torres Strait Islander people were three times more likely to experience psychological distress than other Australians<sup>34</sup> and suicide rates among Aboriginal and Torres Strait Islander youth have been a public health crisis for years. Suicide was the leading cause of death in Aboriginal and Torres Strait Islander children (5–17 years old) in 2019.<sup>35</sup>

To move forward, the historical causes of hopelessness and despair must be addressed, and the truth must be heard for healing to occur. This process can begin by recognising the impacts of colonisation, and the ongoing trauma and disadvantage that Aboriginal and Torres Strait Islander people face. Community and culture are sources of identity with values and practices that

are protective factors for Aboriginal and Torres Strait Islander people and should be the foundation used to address the suicide crisis. Evidence shows that activities and programs that are driven by Aboriginal and Torres Strait Islander self-determination and community governance are more effective and enhance social and emotional wellbeing.<sup>36</sup>

## Aboriginal and Torres Strait Islander suicide by numbers

**2x** higher suicide rates than the Australian Population

**5<sup>th</sup>** leading cause of death in 2019 (ranked 13th for non-Indigenous)

**1<sup>st</sup>** **leading cause** of death in children from 5-17 years in 2019

**4x** higher suicide rates in young people (15-19 years), than non-Indigenous young people.

Source: Australian Bureau of Statistics (ABS) 2020, Leading causes of death, 2019, *Suicide Statistics 2019*, ABS, Canberra



# Transforming Indigenous Mental Health and Wellbeing

**“***The concepts that are emerging from Indigenous psychology about being connected to not only your people, but your environment, in a spiritual way, is something that benefits all human beings.”*

Professor Pat Dudgeon, Director of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and the Transformation Indigenous Health and Wellbeing Project, University of Western Australia (pictured right)



Professor Pat Dudgeon, a Bardi woman and Director of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, has long been a powerful champion of the benefits Indigenous social and emotional wellbeing principles and practice offer for mainstream mental health.

In her career as a psychologist she has seen a significant shift in professional attitudes to Indigenous psychology and knowledges, which were once sidelined or dismissed.

*“When I studied psychology, there was nothing about Indigenous people or Indigenous healing,” she says, remembering having to grit her teeth through Western paradigms that viewed the individual “as if they are on their own, without a history, without a social contract”.*

*“But not only are we individuals, we are also connected to our families, to our communities, to our country, to our land, to our culture, to our spirituality and ancestors, and around that is those other determinants of health—social determinants, historical determinants and cultural determinants.”*

This was one of the key messages in a report led by Professor Dudgeon, the Centre of Best Practice in

Aboriginal and Torres Strait Islander Suicide Prevention, and the Transforming Indigenous Mental Health and Wellbeing research project in 2020 for Lifeline Australia. As the COVID-19 pandemic worsened, and the need for better telephone and digital mental health support increased, the Wellbeing and Healing through Connection and Culture report found that culturally responsive Indigenous designed and delivered e-mental health services are crucial to overcoming barriers for Aboriginal and Torres Strait Islander people seeking help.<sup>37</sup>

The report is the first literature review undertaken in Australia that analyses Aboriginal and Torres Strait Islander cultural perspectives and concepts of healing and social and emotional wellbeing as they relate to suicide prevention.

*“The report was Indigenous-led, and speaks to Indigenous realities, priorities and aspirations,” Professor Dudgeon said. “Indigenous governance and cultural perspectives are the two most important things in any undertaking to start looking at Indigenous suicide prevention.”*

The research was one of many being led by Professor Dudgeon and Professors Jill and Helen Milroy under the NHMRC Transforming Indigenous Mental Health and Wellbeing project. This is a

ground-breaking research initiative based at the University of Western Australia that is applying culture and healing to transform mental health systems and improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples through Indigenous leadership.

It is working closely with a range of Indigenous organisations, including NACCHO, Gayaa Dhuwi (Proud Spirit) Australia, The Healing Foundation, Indigenous Allied Health Australia (IAHA), Kimberley Aboriginal Medical Service (KAMS), Langford Aboriginal Association (LAA) in Perth, the Australian Indigenous Psychologists Association (AIPA) and involves leaders such as Professors Tom Calma and Ted Wilkes and experts such as Dr Graham Gee.

As COVID-19 emerged as a major risk to mental health, the project convened an Aboriginal and Torres Strait Islander COVID-19 working party to produce a National COVID-19 Pandemic Issues Paper on Mental Health and Wellbeing for Aboriginal and Torres Strait Islander Peoples. The purpose of the working party was to address specific mental health and social and emotional wellbeing needs in the pandemic.<sup>38</sup>

It is also refreshing that the Australian Indigenous Psychology Education Project is promising a “big sea change which we think will change Australian psychology and strengthen up an Indigenous psychology,” Professor Dudgeon said.

“We know there’s a big mental health gap that needs a big paradigm shift for system change”, she says of the scope and aims of the Transforming Indigenous Mental Health and Wellbeing project.

Mainstream services and psychology play an important role in Aboriginal and Torres Strait Islander mental health and suicide prevention, but culture needs to be central, as does self-determination and the understanding of the history of colonisation.

***“You don’t throw the baby out with the bathwater but we need to ensure main stream programs are being responsible and culturally responsive and to also develop and nurture our own wonderful Indigenous healing programs and initiatives.”***

The Transforming Indigenous Mental Health and Wellbeing Project is a series of inter-related studies that are focused on empowering Aboriginal communities and ACCOs to improve mental health access through three Aboriginal-led streams:

**Empowering access** for Aboriginal and Torres Strait Islander people to mainstream mental health services, asking:

- What are the barriers and enablers to access mental health services?
- What elements need to be in place to promote social and emotional wellbeing (SEWB) for individuals, families and communities?

**Empowering the workforce** to deliver culturally safe mental health care, aiming to:

- build the cultural competency of the mental health workforce
- build the capacity of Indigenous mental health professionals.

**Empowering services systems** to provide culturally safe and appropriate mental health care, asking:

- What is cultural safety in mental health care?
- What are the key components of a culturally safe mental health care service?
- What are culturally safe pathways for mental health care?

# Gayaa Dhuwi (Proud Spirit) Australia



**“The message to mainstream funders and organisations is let us lead. The most fantastic thing that can happen is having Aboriginal and Torres Strait Islander people driving an agenda, and then driving change.”**

Tom Brideson, CEO, Gayaa Dhuwi (Proud Spirit) Australia

Gayaa Dhuwi (Proud Spirit) Australia was launched last year in the eye of the COVID-19 storm, bringing its leadership role in Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing and suicide prevention to respond to the urgent challenges for community from the COVID-19 pandemic.

The new national body, which takes its name from the Yuwaalaraay and Gamilaraay languages of north-west New South Wales, is governed and controlled by Aboriginal and Torres Strait Islander experts and peak bodies, and promotes Indigenous clinical and cultural excellence in mental health care across sectors and systems.

Its goal is for Aboriginal and Torres Strait Islander people to be able to access ‘the best of both worlds’ in mental health: culturally safe clinical treatment and Indigenous specialised areas of practice—including traditional healers and social and emotional wellbeing and mental health teams.

CEO Mr Tom Brideson says Gayaa Dhuwi’s lineage is strong and deep, the culmination of decades of work by Aboriginal and Torres Strait Islander people in mental health and health policy, social and emotional wellbeing, clinical mental health care, suicide prevention, workforce, research and education.

“It’s a long overdue leadership group that has been many years in the making,” says Mr Brideson, a Kamaroi/Gomeroi man born in Gunnedah in north-west New South Wales.

It has a big focus, he says, on strengthening the Aboriginal and Torres Strait Islander mental health workforce

*“...so the presence and leadership of people across all paths will strengthen the health system and make it accountable and adaptable to the needs of Aboriginal and Torres Strait Islander people.”*

*“The organisation is about shifting the dial... advocating across the workforce space, advocating across the clinical space, advocating for communities to be in control.”*

Gayaa Dhuwi (Proud Spirit) Australia takes its name from the 2015 Gayaa Dhuwi Declaration, which was developed as a companion to the ground-breaking 2010 Wharerātā Declaration by Indigenous mental health leaders from Canada, the United States, Australia, Samoa and New Zealand.

Its work is also drawn, purposely and respectfully, from Indigenous work over decades, including the 1995 *Ways Forward* report on Aboriginal and Torres Strait Islander mental health, “the first real in-depth analysis of the mental health and wellbeing of Aboriginal and Torres Strait Islander people”.

Such reports, on Aboriginal and Torres Strait Islander issues from justice to health and beyond, are “too often shelved or forgotten about”, losing the expertise, spirit and energy that went into them, Mr Brideson said.

*"We didn't want the Declaration to come out and not honour the work that was already taking place here, and the people who were involved, the communities that were consulted."*

Governments and the mainstream sector have been slow to recognise that work. But finally, in 2017, the Gayaa Dhuwi Declaration was adopted as a specific priority in the *Fifth National Mental Health and Suicide Prevention Plan*<sup>39</sup>, the first time in five iterations of the national plans that the mental health of Aboriginal and Torres Strait Islander people was made a priority.

Gayaa Dhuwi hit the ground running ahead of schedule in March 2020 as COVID-19 came on top of the devastating 2019–20 bushfires. Its chair, Professor Helen Milroy, warned that the mental health challenges for Aboriginal and Torres Strait Islander Australians were already great.

*"Poverty, racism and trauma already contribute to mental health issues among us, and sustained periods of isolation, and potential loss of employment, sickness and grief ahead will only add to that burden," she said.*

Gayaa Dhuwi focused quickly on the development of COVID-19 resources that were consistent with mainstream COVID-19 messages but filled the gap in evidence-based information for Aboriginal and Torres Strait Islander people on "looking after ourselves and our ways", Mr Brideson said

They ranged from tips for dealing with uncertainty to financial stress and highlighted the "massive strength" that 60,000-plus years of culture and survival brought to such a crisis, reassuring Aboriginal and Torres Strait Islander people that "we've done this stuff before, we've been through some of these difficult times as a family or community or a nation and we have come through them", he said.

Gayaa Dhuwi is also bringing that strength to broader mental health issues. In September it launched virtual roundtables and invited submissions on the renewal of the *2013 National Aboriginal and Torres Strait Islander Suicide*

*Prevention Strategy*<sup>40</sup> including specific consultations for young people, LGBTIQ people, Stolen Generations and workforce issues.

In its initial advice to the National Suicide Prevention Taskforce, it urges Indigenous governance of Indigenous suicide prevention at all levels of government and health sectors, and asks:

- How can we rapidly increase Indigenous employment across mainstream mental health and suicide prevention services?
- How can we make mainstream services more culturally safe?

Mr Brideson says Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing concepts are often, in mainstream circles, "something that sits over in the wilderness somewhere".

"And it's not. Acute services are full of Aboriginal people. Prisons are full of Aboriginal people. Forensic units within prisons are full of Aboriginal people," he said.

***"Mainstream mental health approaches haven't fixed this yet. So give us a shot at it."***



Gayaa Dhuwi (Proud Spirit) Australia CEO Tom Brideson with Minister Ken Wyatt AM MP

# Victorian Aboriginal Community Controlled Health Organisation mental health response to COVID-19 and bushfires

**“** We need to look at things differently, we don't fit into this prescription-based culture.”

Interviewee, Balit Durn Durn

**“** Our organisations know our families, we know which of them are more vulnerable, who has access to the internet and who doesn't, all that intimate knowledge of your community that is so crucial in a crisis”

Jill Gallagher, CEO, Victorian Aboriginal Community Controlled Health Organisation

The *Balit Durn Durn* report, developed by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) in 2020 to support the Royal Commission into Victoria's Mental Health System, was itself an historic event.<sup>41</sup>

It was the first document of its kind, delivering an Aboriginal-led evaluation of Victoria's mental health system and recommendations for reform that heard directly from Aboriginal leaders, Elders, organisations, people, families, carers, and communities on the power of Aboriginal culture, and ways to build strength, resilience, connectedness and identity.

It came also during a significant time in history, when VACCHO and its members were mobilising to respond to the health and wellbeing needs of Victorian Aboriginal communities.

Many community members had been hit by the 2019–20 summer bushfires which caused large-scale displacement, psychological distress and vicarious trauma.

Then came the COVID-19 pandemic, which saw Victoria's brutal second wave spread across Melbourne and into regional areas like Ballarat and Shepparton, accounting for the highest number of infections among Aboriginal people of any region in Australia.

As well as the direct health risks of COVID-19, community members endured punishing extended lockdowns, including those who were involved in the traumatic 'hard lockdown' of 11 public housing towers, without warning and under police guard.

As VACCHO CEO Jill Gallagher remembers, for many Aboriginal people and communities, this was a time of increased uncertainty, isolation, fear, depression, and anxiety.

“During the Balit Durn Durn consultation process, in the span of one week, there were four suicides in Victorian Aboriginal communities,” she said. “We were in mourning.”

This grief was only compounded by the death of George Floyd at the hands of the police in the US. The resulting demonstrations and global protests also had enormous reverberations in Victoria and across Australia, where deaths in custody continue to cause such pain and distress.

“It reminded us how we must be prepared to address the injustices and ongoing impacts of colonisation if we ever wish to see improved health and wellbeing outcomes in Aboriginal Communities,” said Ms Gallagher, a proud Gunditjmara woman, CEO of VACCHO and former Victorian Treaty Advancement Commissioner.

For the landmark Balit Durn Durn report, she says, many interviewees spoke about the direct relationship between poor mental health and wellbeing, and the loss of land, culture, identity, self-worth and the breakdown of traditional kinship structures and roles within Communities.

As she wrote in Balit Durn Durn, the call to action “...is a simple one: Listen to the people’s stories...and invest long-term in Aboriginal community-led, trauma-informed solutions, which are based on connection to Aboriginal Culture, Country, Community, and Kin.”

Ms Gallagher says precedents were established in the exemplary COVID-19 responses of Aboriginal and Torres Strait Islander organisations, which saw VACCHO convene an Aboriginal Health Sector Forum that met every week in the height of the pandemic to ensure Aboriginal Community Controlled Organisations across the state could share ideas, resources and challenges.

Through that network, VACCHO worked to provide support and advocacy on a range of issues and consequences of the bushfires and pandemic, including community mental health needs, staff fatigue and burnout, and ensuring that ACCO funding and reporting requirements were flexible.

“This included concern about managing other health issues, especially chronic health conditions, amongst our population over the course of the pandemic,” Ms Gallagher said, noting that activity-based funding models for health organisations resulted in many people withdrawing from routine care at the height of the pandemic.

Now, she says, mental health is the greatest challenge for Aboriginal Victorians, with communities hit hard by social and cultural disruption, isolation, and the economic uncertainty of the pandemic.

The overwhelming success of Aboriginal-led strategies for the COVID-19 pandemic should provide a powerful incentive for Australian governments to put Aboriginal health in Aboriginal hands, including—critically—for mental health, she says.

***If we do not get the right resources and support now, we will see major issues from this as we enter the COVID-19 ‘recovery’ phase. For too long our people have fallen through the cracks and now is the time to heal, both as Aboriginal and/or Torres Strait Islander people, but also as a nation.”***

## Aboriginal and Torres Strait Islander Mental Health

**4.7X**

more likely than non-Indigenous Victorians to have self-harm related emergency department presentations<sup>42</sup>

**35.8%**

experience high or very high psychological distress compared to 14% of non-Indigenous Victorians<sup>43</sup>

**40%**

amongst the Stolen Generations (aged 50+) have poor mental health caused from the trauma of forced removal<sup>44</sup>

**22%**

of the health gap is mental health and related conditions<sup>45</sup>

# Personal Reflection: Kevin Mckenzie

## 1. What is your main message to government and others?

All decision-making including funding should be genuinely informed by local communities and place based initiatives. The Kimberley has some of the highest suicide rates in the world. Different life experiences and trauma add to our struggle. We really need to focus our attention on supporting our people, especially our youth, to grow, to help encourage a positive future for them, and for our communities to build in resilience together.

## 2. Tell us about yourself, your family and community?

My name is Kevin Mckenzie, I am a Jabirr Jabirr, Ngarinyin, Bard, Minang and Goreng man. I was born in Broome and have lived in the Kimberley my whole life. I am happily married to my wife Kamaia and we have two beautiful children: Azrielle, 9 and little Kevin Jr, 3 months. Broome is and always will be our home. I am into sport, camping, fishing, art and spending time with family. I joined the ALIVE & Kicking Goals! Youth Suicide Prevention Project (AKG) ten years ago, when I was 24. I worked for eight years as a peer educator/mentor and am now team leader. I'm also the chair for the iBobbly Advisory Group, a partnership between AKG, the Black Dog Institute and Broome's Mens Outreach Service Inc which has developed a self-help app for young people in

community. All my roles have given me the opportunity to deliver on one of my biggest passions – supporting our youth throughout the Kimberley. One of the hardest things I ever had to deal with was losing my brother to suicide nine years ago. That lived experience drives my passion even more in the hope that I can prevent someone feeling the same pain or going down that dark road. I have come to find that you can never really accept what happened...you just get better at living with it and better at managing your emotions.

## 3. What are your biggest concerns for the health and wellbeing of young people in your community?

A lot of our youth are going through so much: intergenerational trauma, personal issues, substance use/misuse, family violence, abuse, lack of awareness around sexual health, bullying, loss of culture...the list could go on and on for some people, which is sad. Just imagine all these things happening at the same time that a young person is experiencing puberty and trying to find their place in the community and wider world. It can be a long dark road and a very difficult time of life with little to no support.

My biggest concern would be the stigma that surrounds mental health/social and emotional wellbeing. It seems like an ongoing battle to break



Kevin with wife Kamaia and their children Azrielle and Kevin Jr

down barriers of shame and normalising help-seeking.

#### 4. How did COVID-19 impact on your work and community?

COVID-19 was a huge barrier for us in not being able to stay connected with our youth, particularly providing support and awareness through our school workshops and programs. Our one-on-one work with clients did not suffer too much as we were able to use technology to stay in contact, including the iBobbly app, which is designed to provide young people with ways to manage their thoughts and feelings, and decide what's important in their lives. Being able to access the content when and where they need it is very helpful for youth who are isolated or don't have the courage to seek help.

#### 5. What is working in your community to help keep people healthy and strong?

After 10 years I can really see the importance of ALIVE and Kicking Goals! supporting our youth and the wider community across the whole Kimberley through prevention, awareness and peer education. This program is staffed, led and managed by young Aboriginal people and was initiated in 2008 by local community, led by the Broome Saints Football Club, who were determined to address the rising number of self-harm and suicide incidents amongst their teammates, family and community.

AKG provides ongoing support to help keep our people healthy and strong, taking an early intervention/holistic approach to tackle the huge issue of suicide. That includes education and awareness about suicide prevention, drugs and alcohol, positive lifestyle choices, anger management, relationships, emotions and feelings. We have just recently developed a new Life Promotion Program focused on Identity, Culture, Social and Emotional Wellbeing, and Empowerment. Our aim is for youth aged 14+ to embark on a journey of self-awareness and life promotion through the powerful stories of 11 Indigenous women from the Kimberley region.

We also partner with many other service providers in Broome and remote communities to enhance the effectiveness and reach of our programs. This includes programs from the Mens Outreach Service Aboriginal Corporation, such as an Indigenous men's behavioural change domestic violence program, prison health, prison to work program, drop in for men with complex needs and a bike program to

engage at risk children and young people.

#### 6. What is your 20-year vision for your community?

To have ALIVE & Kicking Goals! continuing to provide support, to see an entire generation of empowered young people who are strong leaders in their communities, who see the importance of culture, social and emotional wellbeing and mental health awareness, and where barriers of shame around help-seeking and suicide no longer exist.



Kevin fishing at Langi Crossing (spot on the Fitzroy River in West Kimberley)

#### ALIVE and Kicking Goals!

The ALIVE and Kicking Goals! project was initiated and is led by Aboriginal people in the Kimberley community. It is a positively-framed youth suicide prevention project that promotes strong and healthy living. It aims to reduce the high suicide rate among Aboriginal and Torres Strait Islander youth across the Kimberley through peer education workshops, one-on-one mentoring and counselling.

The project involves a range of activities that are delivered by staff and volunteer youth leaders to their peers. Young people are educated about suicide prevention, positive lifestyle choices, and hope about the future. Its peer education program is delivered at community events, schools, and in community settings. Training, education, and support are offered to young men and women who volunteer to be peer educators for the project.

# Conclusion

**“ Governments are not the solution, we are the solutions to governments. There will always be a finish line for us as individuals but not for our peoples because we are concerned with the legacy we live in, our mob now and our generational echo”.**

Dr Janine Mohamed, CEO, Lowitja Institute

As the oldest living civilization on Earth, Aboriginal and Torres Strait Islander peoples have taken care of the health and wellbeing of their Country and communities for more than 65,000 years. The ways of knowing, being and doing that have enabled that longevity is a legacy that has been passed down by their ancestors, that will be passed onto the next generations.

The events of 2020 have validated that Aboriginal and Torres Strait Islander communities, families and individuals are continuing these traditions, which include the capacity to adapt and innovate, as demonstrated by the case studies in this report. There are many achievements to be celebrated in the work by Aboriginal and Torres Strait Islander communities and organisations in response to the many challenges posed by severe weather events due to climate change and the COVID-19 pandemic.

Aboriginal Community Controlled Organisations apply strengths-based approaches by operating through community-driven, asset-based, empowered and holistic models.

These approaches demonstrate the knowledge, skills and resources held by the community and how they are applied to protect their peoples and their lands in times of crises. 2020 has clearly demonstrated that to effect positive, lasting health and wellbeing outcomes for Aboriginal and Torres Strait Islander people, governments must be led by, and invest in, Aboriginal and Torres Strait Islander solutions.

Aboriginal and Torres Strait Islander communities and organisations are still operating under the constraints of dominant cultures and the Western worldview, navigating between this and the strengths of the communities they serve and represent. A paradigm shift in health policy and planning is needed and should be based on the strengths and resilience of Aboriginal and Torres Strait Islander communities and organisations. 2020 has shown that significant reform through strengths-based community-led action can be achieved when there is matching political will to support it.

The message from Aboriginal and Torres Strait Islander peoples is clear and simple:

**Value our cultures. Engage our leadership. Share your power  
and let us lead decisions about matters that affect us. We will not fail.  
This is the legacy that will live on through our children.**

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42. Aboriginal Victoria 2019, *Victorian Government Aboriginal Affairs Report 2019*, Victorian Government, Melbourne. Viewed on 11 Feb 2021 at: <https://www.aboriginalvictoria.vic.gov.au/victorian-government-aboriginal-affairs-report-2019/health-wellbeing>
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## Acronyms

ACCHOs	Aboriginal community controlled health organisations
ACCOs	Aboriginal community controlled organisations
NACCHO	National Aboriginal Community Controlled Health Organisation

# Images and Illustrations

## **COVER (In order from left to right):**

1. Original artwork by Chips Mackinolty 2020, 'We are all in this together, Cough into your elbow' (Yanyuwa) translations by Mavis Timothy a-Muluwamara and John Bradley
2. Aboriginal Health Council of Western Australia 2020, 'Looking after your mind during the restrictions': <https://www.ahcwa.org.au/copy-of-coronavirus-useful-links>
3. NACCHO 2020, 'Stay Deadly and be keen to always practice good hygiene': <http://healthbulletin.org.au/articles/stop-the-spread-covid-19-resources-for-aboriginal-and-torres-strait-islander-communities/>
4. Geraldton Regional Aboriginal Medical Service 2020, 'How to protect yourself your family and community': <https://www.ahcwa.org.au/copy-of-coronavirus-useful-links>
5. Children's Ground 2020, 'Our Elders are at risk': <https://childrensground.org.au/resources/covid-19-community-resources/>
6. NAATSIHWP, CATSINAM, AIDA & IAHA 2020, 'Hey you Pla, Wash Your Hands', <https://hatsihwa.org.au/covid-19-posters>
7. KAMS 2020, 'Connection to Country': <https://kams.org.au/covid19/stayconnected/>

## **COVID-19 health promotion (In order from left to right):**

8. Geraldton Regional AMS 2020, 'Stop the Spread': <https://www.ahcwa.org.au/copy-of-coronavirus-useful-links>
9. Melbourne School of Population and Global Health 2020b, 'Milpa's Six Steps to Stop Germs', Milpa's Six Steps to Stop Germs: <https://mspgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/ieh/trachoma/six-steps#resources>
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11. NAATSIHWP, CATSINAM, AIDA & IAHA 2020 'Elders Respected Not Neglected': <https://hatsihwa.org.au/covid-19-posters>
12. Children's Ground 2020, 'Awayel!' (Arrernte): <https://childrensground.org.au/resources/covid-19-community-resources/>
13. Deadly Choices 2020, 'Social Distancing': <https://deadlychoices.com.au/resourcepage/covid19/>
14. Original artwork by Chips Mackinolty 2020, 'We are all in this together, Wash your hands' (Yanyuwa) translations by Mavis Timothy a-Muluwamara & John Bradley
15. CAAC and Central Land Council 2020, 'Don't go to Funerals and sorry camps': <https://www.caac.org.au/covid19/coronavirus-resources>
16. KAMS 2020, 'Connection to Community': <https://kams.org.au/covid19/stayconnected/>
17. Children's Ground 2020, 'Wash your hands' (Arrernte): <https://childrensground.org.au/resources/covid-19-community-resources/>

18. Katungul Aboriginal Corporation 2020, 'Stop the Spread'
19. Geraldton Regional AMS 2020, 'How to protect yourself your family and community': <https://www.ahcwa.org.au/copy-of-coronavirus-useful-links>
20. The Pharmacy Guild of Australia 2020, 'STOP: Please do not enter without a face mask'
21. Geraldton Regional AMS 2020, 'Please respect and protect our Elders from the COVID-19 virus': <https://www.ahcwa.org.au/copy-of-coronavirus-useful-links>
22. AH&MRC 2020, 'Wash your hands today. Keep germs away': <https://www.ahmrc.org.au/coronavirus/>
23. Northern Territory Government 2020, 'COVID-19' (Mudburra): <https://coronavirus.nt.gov.au/stay-safe/remote-communities/messages-in-language>
24. NACCHO 2020, 'Stop Sharing and Start Caring': <http://healthbulletin.org.au/articles/stop-the-spread-covid-19-resources-for-aboriginal-and-torres-strait-islander-communities/>
25. AH&MRC 2020, 'Scared to go to the Doctor?': <https://www.ahcwa.org.au/copy-of-coronavirus-useful-links>
26. KAMS 2020, 'Keep yourself and Kimberley people safe during your visit': <https://kams.org.au/covid19/stayconnected/>
27. The Pharmacy Guild of Australia 2020, 'Regular contact with your local GP'
28. Geraldton Regional AMS 2020, 'Quit Smoking Now!': <https://www.ahcwa.org.au/copy-of-coronavirus-useful-links>
29. Northern Territory Government 2020, 'Wash hands' (Warlpiri): <https://coronavirus.nt.gov.au/stay-safe/remote-communities/messages-in-language>

## **Social and Emotional Wellbeing materials (In order from left to right):**

30. Gayaa Dhuwi 2020, 'Looking after ourselves – Our Way': <https://www.gayaadhuwi.org.au/coronavirus/>
31. KAMS 2020, 'Connection to Mind & Emotions': <https://kams.org.au/covid19/stayconnected/>
32. KAMS 2020, 'Connection to Spirit': <https://kams.org.au/covid19/stayconnected/>
33. KAMS 2020, 'Connection to Body': <https://kams.org.au/covid19/stayconnected/>
34. Aboriginal Health Council of Western Australia 2020, 'Looking after your mind during the restrictions': <https://www.ahcwa.org.au/copy-of-coronavirus-useful-links>
35. KAMS 2020, 'Stay Safe & Strong': <https://kams.org.au/covid19/stayconnected/>
36. KAMS 2020, 'Connection to Family': <https://kams.org.au/covid19/stayconnected/>
37. KAMS 2020, 'Connection to Culture': <https://kams.org.au/covid19/stayconnected/>
38. Gayaa Dhuwi 2020, 'Ten tips for coping with money stress': <https://www.gayaadhuwi.org.au/coronavirus/>

# CLOSE THE GAP

## Close the Gap Campaign Steering Committee Members

1. Aboriginal Health and Medical Research Council of New South Wales
2. Aboriginal Health Council of South Australia (AHCSA)
3. ANTaR
4. Australian College of Emergency Medicine
5. Australian College of Midwives
6. Australian College of Nursing
7. Australian College of Rural and Remote Medicine
8. Australian Council of Social Service
9. Australian Healthcare and Hospitals Association
10. Australian Human Rights Commission (Secretariat)
11. Australian Indigenous Doctors' Association
12. Australian Indigenous Psychologists' Association
13. Australian Medical Association
14. Australian Physiotherapy Association
15. Australian Student and Novice Nurse Association
16. Beyond Blue
17. Cancer Council of Australia
18. Community Mental Health Australia
19. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
20. CRANplus
21. Expert Adviser – Alcohol and other drugs, Professor Pat Dudgeon
22. Expert Adviser – Epidemiology and public health, Professor Ian Ring
23. First Peoples Disability Network
24. Heart Foundation Australia
25. Indigenous Allied Health Australia
26. Indigenous Dentists' Association of Australia
27. Indigenous Eye Health Unit, University of Melbourne
28. Kidney Health Australia
29. Lowitja Institute
30. Menzies School of Health Research
31. National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
32. National Aboriginal Community Controlled Health Organisation (NACCHO)
33. National Association of Aboriginal and Torres Strait Islander Physiotherapists
34. National Congress of Australia's First Peoples
35. National Coordinator – Tackling Indigenous Smoking, Dr Tom Calma AO – Campaign founder and former Aboriginal and Torres Strait Islander Social Justice Commissioner
36. National Family Violence Prevention Legal Services
37. National Heart Foundation
38. National Rural Health Alliance
39. NSW Aboriginal Land Council
40. Oxfam Australia
41. Palliative Care Australia
42. PHILE Network
43. Public Health Association of Australia
44. Reconciliation Australia
45. Royal Australasian College of Physicians
46. Royal Australian College of General Practitioners
47. SBS, the home of National Indigenous Television (NITV)
48. The Fred Hollows Foundation
49. The Healing Foundation
50. The Pharmacy Guild of Australia
51. Torres Strait Regional Authority
52. Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
53. Winnunga Nimmityjah Aboriginal Health Service



**CLOSE THE GAP**