



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

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Lessons to be learned in relation to the Australian bushfire season 2019-20

Submission

Senate Finance and Public Affairs References Committee

1 April 2020

About NACCHO

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

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

Sector Support Organisations, also known as affiliates, are State based and also represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of State, Territory and national primary health care policies.

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

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, which makes us the single largest employer of Indigenous people in the country.

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NACCHO welcomes the opportunity to provide comments on the lessons to be learned in relation to the Australian bushfire season 2019-20 to the Senate Finance and Public Administration References Committee. This submission is informed by the valuable reporting provided during and after the 2019-20 Bushfire crisis by:

- Aboriginal Health & Medical Research Council of NSW
- Katungul Aboriginal Corporation Regional Health and Community Services
- Winnunga Nimmityjah Aboriginal Health Service
- Victorian Aboriginal Community Controlled Health Organisation
- Aboriginal Health Council of South Australia
- Moorundi Aboriginal Community Controlled Health Service

NACCHO also thanks the Victorian Aboriginal Community Controlled Health Organisation for providing input to this submission.

Key points

- The Aboriginal Community Controlled Health sector provided immediate support to communities affected by the bushfire crisis without the benefit of additional funding, resources, staffing or surge capacity.
- NACCHO collected anecdotal evidence that there was a lack of support provided to Aboriginal and Torres Strait Islander peoples during and after the emergency, including experiences of racism and discrimination when evacuating and accessing emergency support and supplies (including at evacuation centres).
- The impact of the bushfire crisis on the land is particularly devastating for Aboriginal and Torres Strait Islander peoples and will have an enduring impact on the social and emotional wellbeing of affected communities.
- Aboriginal and Torres Strait Islander people are committed to the protection and sustainable management of Country. The expansion of programs which support the employment of Aboriginal and Torres Strait Islander peoples in land management will likely mitigate the severity of bushfire events in the future.

Recommendations

NACCHO recommends that:

- Aboriginal Community Controlled Organisations (ACCOs), including Aboriginal Community Controlled Health Organisations (ACCHOs), are consulted in the development of emergency management plans affecting their communities.
- Mainstream charities providing services before, during and after an emergency are required to provide equitable access to evacuation sites and emergency supplies. As part of this requirement, staff and volunteers coordinating these services must be appropriately trained to ensure cultural competency.
- As most community controlled organisations are under-resourced during their day to day operations, consideration be given to ways surge capacity support can be provided to ACCHOs during times of natural disaster or crisis.
- The development of a sustainable funding model for Aboriginal-led fire management programs, including cross-cultural training for and non-Aboriginal fire managers to understand and value traditional practises.

Introduction

Although the impacts of the bushfire crisis on Aboriginal and Torres Strait Islander peoples are yet to be fully determined, all recovery efforts and any planning for the future must consider the specific effects such catastrophic events have on our communities.

Thousands of Aboriginal and Torres Strait Islander peoples in Victoria, New South Wales and the ACT have been directly and indirectly affected by the fires. Many Aboriginal and Torres Strait Islander communities will need to completely re-build. This includes housing, clinics, Aboriginal Community Control Health Service (ACCHS) facilities and other community buildings. In addition, many facilities may not have been destroyed but have suffered significant damage impacting on infrastructure (for example, air conditioning and medical supplies) and general supplies.

The impact of the 2019-20 bushfire crisis on the land is particularly devastating for Aboriginal and Torres Strait Islander peoples. The impact of the fires on Aboriginal communities is multilayered, with sacred sites, the habitats of culturally significant animals, and Country being decimated.

Culturally appropriate services

Just as the provision of culturally safe healthcare improves outcomes for Aboriginal and Torres Strait Islander peoples, the development and provision of culturally safe services in times of natural disaster or emergency situations is imperative. Natural disasters and emergency situations render the affected communities even more vulnerable than usual and this is more so for Aboriginal and Torres Strait Islander peoples.

During the recent bushfire crisis, NACCHO collected anecdotal evidence that there was a lack of support provided to Aboriginal and Torres Strait Islander peoples during and after the emergency, including experiences of racism and discrimination when evacuating and accessing emergency support and supplies (including at evacuation centres).

Case Study: South Coast Women's Health and Welfare Aboriginal Corporation (Waminda)

Waminda, located in Nowra, advised during the bushfire crisis that many Aboriginal and Torres Strait Islander peoples in the region were not able to access evacuation services and supplies. Waminda reported that some who tried were treated badly.

To support Aboriginal and Torres Strait Islander people in the area affected by the bushfires, Waminda purchased and supplied emergency items such as torches, batteries, portable stoves, gas cylinders, sleeping bags, eskies, sanitary items, wipes, nappies, fresh food, petrol and water. These supplies were purchased by Waminda by re-directing existing funding, no additional funding was allocated.

Waminda also provided support to Aboriginal communities on the coast which do not fall in their usual area of service. As the Katungul service in Bateman's Bay was offline, Waminda extended their support to communities in Wallaga Lake and Mogo.

Advice provided by local community controlled organisations during and after the emergency will be valuable when standing up evacuation centres, communicating with local Aboriginal and Torres Strait Islander peoples, and providing resources to our communities.

After the bushfire crisis, it is our observation that Aboriginal and Torres Strait Islander peoples received less recovery support in affected areas. The provision of services post-emergency was

primarily facilitated by mainstream charities. In some cases, these national organisations do not have the community access and trust required to provide services to Aboriginal and Torres Strait Islander peoples, which means they are unlikely to reach out to these charities for support or accept support when it is offered. For example, a national charity was funded to provide a door knocking service offering support to bushfire affected communities. It is unlikely that many Aboriginal and Torres Strait Islander people would welcome this intrusion into their homes by a charity involved in removing generations of Aboriginal children from their families and communities.

In some cases, there may be a cultural stigma attached to reaching outside the Aboriginal and Torres Strait Islander network for help. This stigma may have discouraged some Aboriginal and Torres Strait Islander peoples from requesting evacuation and recovery support from any organisation apart from their local community controlled services. This places an additional, and unexpected, burden on these community controlled services as they provide emergency and recovery support they are not funded or resourced to do.

Using appropriate communication channels for different sections of the Aboriginal and Torres Strait Islander populations is also important. Older Aboriginal and Torres Strait Islander peoples may not have access to the internet. They may be dependent on their families and broader community, including local community controlled organisations, to receive key messages and updates. In many areas of Australia, including those affected by the bushfire crisis, ACCHOs are a community hub as well as a health service. But the support provided to communities goes further than just health services. ACCHOs often provide other social programs and support to their communities, including assistance with applications for government assistance programs, food pantries, transport to and from school, and in some areas daily access to showers.

NACCHO recommends that ACCOs, including ACCHOs, be consulted in the development of emergency management plans affecting their communities, including the identification of potential evacuation sites. In addition, we recommend that major charities and organisations which wish to provide any support to Aboriginal and Torres Strait Islander peoples do so by working with local community controlled organisations and following their advice. Major charities should also consider funnelling funding to Aboriginal and Torres Strait Islander communities through local community controlled organisations. NACCHO further recommends any government support to provide services on the ground be focused on providing local support from trusted services which are already part of the community.

Response during and after emergency

The ACCHS sector played a crucial role during and after the bushfire crisis. ACCHOs provided immediate support to communities affected by the bushfire crisis, through the provision of emergency supplies, and working closely with appropriate state emergency structures.

Case study: Gippsland and East Gippsland Aboriginal Co-operative (GEGAC), East Gippsland

The GEGAC was under considerable pressure during the bushfire crisis. The service opened its doors to the community as surrounding townships were ordered to evacuate and provided food and shelter to evacuees.

Transport of community members quickly became an issue as many community members did not have access to vehicles and the service had limited transport options during the crisis.

As ACCHOs are local organisations, staffed and controlled by the community in which they operate, staff were directly affected by the bushfires. In some cases, their homes were directly threatened, staff holidays and normal shut down procedures over the Christmas and New Year holidays had to be abandoned and clinical staff worked under the risk of burnout and increasingly stretched resources.

This burden also fell on ACCHOs operating outside of the directly affected bushfire areas as families evacuated and moved to stay with relatives in areas unaffected by the bushfire crisis. Populations were forced to move as a result of evacuations and destruction of property in their communities. These secondary service impacts meant ACCHOs outside of the immediate bushfire affected area experienced an increase in client numbers as families were displaced from their communities. This increase in client numbers was not accompanied by an increase in funding and support to ACCHOs to service these clients.

NACCHO recommends consideration be given to how it might be possible to develop surge capacity support to ACCHOs, focusing on funding and staffing. Developing a standard approach to providing surge capacity support for ACCHOs during natural disasters and emergency situations will alleviate many of the pressures experienced by ACCHOs during the 2019-20 bushfire crisis, and which are currently being experienced during the COVID-19 outbreak.

Mental health support

NACCHO applauds the Government's announcement of \$76 million for a mental health response and appreciates that a portion of this funding is being allocated to ACCHOs in bushfire affected areas. ACCHOs are best placed to provide culturally competent mental and emotional health support to Aboriginal and Torres Strait Islander peoples in bushfire affected communities and surrounds. The funding allocation will further support ACCHOs in providing holistic, social and emotional wellbeing models of care to these communities. Currently, one of the resourcing gaps in the broader community controlled sector is around psychological and psychosocial supports, including but not limited to social workers and psychologists, along with mental health clinicians. While this resourcing gap is prevalent throughout the entire AHHCS sector, the 2019-20 Bushfire crisis has likely exacerbated the gap in affected areas.

The impact of the bushfire crisis on the land is particularly devastating for Aboriginal and Torres Strait Islander peoples. The impact of the fires on Aboriginal communities is multilayered, with sacred sites, the habitats of culturally significant animals, and Country being decimated. The devastation of the land and evacuation from and loss of homes will have an enduring impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities. These effects will also be significantly amplified for those people who are already vulnerable due to the social determinants of health.

ACCHOs will need to be ready to deal with this new layer of trauma, on top of existing intergenerational trauma.

**Case study: Katungul Aboriginal Corporation Regional Health and Community Services
(Katungul)**

Katungul was hit incredibly hard by the bushfire crisis. Katungul services areas around Batemans Bay, Mogo and Moruya and Wallaga Lakes. In some places these areas were evacuated due to extreme risk, and the fire front reached the remainder on New Year's Eve. In the days after New Year's Eve, communities in Eden, Pambula and south of Bega also experienced significant threat by fire, resulting in evacuation and displacement of whole communities and families.

Katungul staff were both victims, as well as first responders to the bushfire crisis. Katungul identified a requirement for psychological, psychosocial support, including social workers, psychologists and mental health clinicians to respond to the huge pressure placed on traumatised communities.

Indigenous land practices

Expansion of Aboriginal and Torres Strait Islander leadership in land management will provide a more effective response to natural disasters like bushfires, flooding events and cyclones. The use of Indigenous land management practices is likely to mitigate the severity of such events in the future. The bushfire crisis has demonstrated that it is vital that western science and Aboriginal knowledge are brought together to make all Australian communities as fire safe as possible. Aboriginal and Torres Strait Islander people have a substantial interest in the protection and sustainable management of the land.

In March, the Federal Government committed \$102 million over seven years from 2021 to support Aboriginal and Torres Strait Islander rangers who are playing a critical role in protecting Australia's network of national parks and reserves¹. This support for employing Aboriginal and Torres Strait Islander people in land management will create ongoing employment opportunities for Aboriginal and Torres Strait Islander peoples, which will create incidental health and well-being benefits. NACCHO recommends continued development of such programs, including the development of a sustainable funding model for Aboriginal-led fire management programs, and cross-cultural training for Aboriginal and non-Aboriginal fire managers to work together. Creating a nationwide land management program would create jobs at the local level, ensure knowledge is passed on, improve land management practices, and ensure strong partnerships with landowners and environmental interests. These activities will support the creation of an ongoing and effective maintenance and response plan for land management in Australia.

Attachments

Attachment A: Actions taken by Aboriginal Community Controlled Health Services during the 2019-20 Bushfire crisis.

¹ Lorena Allam, *Indigenous rangers get \$102m in funding for critical role protecting environment*, The Guardian, 10 March 2020, <https://www.theguardian.com/australia-news/2020/mar/10/indigenous-rangers-get-102m-in-funding-for-critical-role-protecting-environment>.

Attachment A

Actions taken by Aboriginal Community Controlled Health Services during the 2019-20 Bushfire crisis

Our ACCHSs and members are integral to the communities they operate in. During the bushfire crisis they have been well positioned to provide necessary support to their communities. ACCHSs have:

- Coordinated with affected communities to determine requirements and the level of support needed in local areas.
- Consulted member services to collate information on needs and worked with the parameters of responsibilities shared between the Commonwealth and State Governments.
- Provided flexible medical care through mobile medical services to assist community members who are not receiving medical assistance.
- Coordinated the provision of medical and equipment supplies required by bushfire affected communities.

Aboriginal Health & Medical Research Council of NSW (NSW)

- Illawarra AMS, Waminda and Katungul Aboriginal Corporation Regional Health and Community Services coordinated donated supplies and ensured they were delivered to the South Coast community.
- AH&MRC staff members volunteered with assisting IAMS in boxing up supplies received.
- The truck hired for the supply run to the South Coast was provided by the AH&MRC. The truck has travelled to Mogo, Narooma, Batemans Bay and Bodalla. Additional runs were made as required.
- South Coast Member Services coordinated with AH&MRC and the latter agreed to provide access to generators for services and local community members. Access to a mobile medical bus assisted community members who were not receiving medical assistance.

Katungul Aboriginal Corporation Regional Health and Community Services (NSW)

- The new facility in Bega was turned into an evacuation point at the request of emergency services and functioned as a community hub distributing essential supplies.
- Katungul was closed for primary care services until 13 January. After re-opening, the clinic made steps towards support the community's recovery. Many staff were displaced from their homes and experienced loss of property due to fire.
- To fill the gap caused by the delay in pledged support being deployed, Katungul responded using resources already available. In the mental health space, Katungul deployed 4.0 FTE of clinical and non-clinical social and emotional supports to service the region. The area Katungul services extends from Batemans Bay to Eden with an estimated 8,000 Aboriginal and Torres Strait Islander people in the region.

Winnunga Nimmityjah Aboriginal Health Service (ACT)

- Winnunga reported many ACCHSs in the South Coast invested a lot of their own funding money into supporting communities. Winnunga was planning to reimburse those services for the supplies they provided.
- Staff sorted and boxed supplies donated before providing them ensuring they were provided to the most in-need communities.

- Provided logistical support to isolated areas, including vehicles to transport supplies, generators for services and local community members.

Victorian Aboriginal Community Controlled Health Organisation (VIC)

- VACCHO established a central point for funds directed towards bushfire relief for the Aboriginal community in Victoria.
- While Aboriginal community organisations received many offers of support, most lacked the resources to manage individual requests whilst providing critical support services to the community at this time. VACCHO coordinated support to ACCHSs by working with other member services to provide workforce support which addressed immediate needs.
- Some ACCHSs provided emergency evacuation points and direct relief to communities in their region as well as communities were relocated out of harm's way. ACCHSs continued operating and provided on the ground assistance within the fire impacted areas.

Moorundi Aboriginal Community Controlled Health Service (SA)

- In South Australia, Moorundi Aboriginal Community Controlled Health Service offered an outreach Integrated Team Care service through the Country SA Primary Health Network to Aboriginal People living on Kangaroo Island.
- Moorundi directed medical supplies and clothing to the region.
- In South Australia, member services reported an increase in the number of people with respiratory related conditions attending clinics over the duration of the bushfire crisis.
- SA Ambulance reported a spike in 000 emergency calls for respiratory related problems which has increased by 50% in comparison to the same time in 2019.