

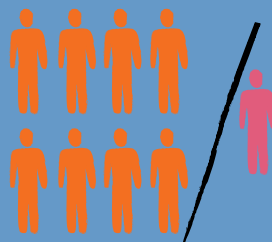
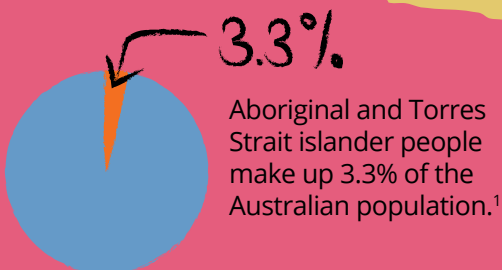
# ABORIGINAL AND TORRES STRAIT ISLANDER YOUNG PEOPLE

## EXPERIENCES OF COVID-19

*This paper represents the experiences of young people consulted by YACWA between June and September 2020. While by no means comprehensive, it aims to provide a snapshot of the experiences of Aboriginal and Torres Strait Islander young people across Western Australia through the COVID-19 pandemic and recovery. This paper was co-authored by the YACWA staff and the YACWA COVID-19 Youth Steering Group. This paper should be read in conjunction with the ["Framework for Young People's Recovery from COVID-19 in Western Australia"](#) produced by YACWA in August 2020.*

**THANK YOU TO THE YOUNG PEOPLE WHO GAVE THEIR TIME AND SHARED THEIR EXPERIENCES WITH US TO PRODUCE THIS PAPER.**

## KEY FACTS



Deaths by suicide of Aboriginal and Torres Strait Islander young people are more than eight times higher than that of non-Aboriginal young people, and is the leading cause of preventable death for Aboriginal young people in Western Australia.<sup>2</sup>

### TAMARA'S STORY<sup>3</sup>

Tamara, a 22-year-old single Aboriginal mother of two and expecting a third, was getting her 38-week scan. She was hesitant to attend the appointment due to fears of getting COVID-19. In fact, she had not been to her regular check-ups since the state went into lockdown. Her mind was preoccupied with the death of her cousin as she struggled to come to terms with not being able to join her family and community to grieve and participate in sorry business. As the doctor was scanning her, the room fell silent. The doctor leaned over and said, "you are having twins?" The first ultrasound had missed the second heartbeat. At the recommendation of her doctor, she gave birth to the twins fully unprepared the next day.

Tamara was prepared for three children, but was not ready for four. The family tried to help as much as they could, but with panic buying and stores putting limits on items, the first month was very hard. Members of the family dropped off groceries at the door from the limited supply the supermarkets had. She had to look after four children under five, by herself, with no one able to help her or see her. She had to keep a strong and healthy mind while being in lockdown on her own.

# KEY THEMES FROM CONSULTATION

## FAMILY AND CULTURE

For many Aboriginal young people, the experience of isolating from family and community, particularly Elders, was incredibly difficult. Many Aboriginal young people described the importance of visiting and caring for Elders, and the additional stress of a pandemic that predominantly affected older people. Regional borders also posed unique difficulties, with young people not being able to visit family across regional boundaries. However, some for young people being in close quarters with family for an extended period of time increased stress and strain on relationships, with anecdotal increases in domestic violence in some communities.



While deaths in Aboriginal communities continued at similar rates to pre-COVID-19, Aboriginal young people were not able to travel and be present at many funerals due to restrictions on attendance and regional travel. Young people from all over Western Australia discussed the difficulty of not being able to support their community during these times and participate in funeral ceremonies. Many discussed that it “didn’t feel right” for them to not be there. There was also conflict caused by trying to decide who could attend a funeral, because respect was given to the Elders and immediate family due to restrictions on attendance.

Since the restrictions on COVID-19 have lifted, for some young people funerals have been happening increasingly frequently. For those who live near the South Australian or Northern Territory border, travel restrictions continue to stop families from being able to attend funerals across borders.

For Aboriginal young people who also care for children, the pressure during the COVID-19 lockdown was immense. Many had to navigate changes to their work as well as the shortage of essential supplies and transitioning children to home education. In particular, for those caring for children considered “at-risk” for COVID-19, the decision of whether or not to send those children to school was immensely stressful.

## MENTAL HEALTH AND WELLBEING

Many Aboriginal and Torres Strait Islander young people face higher levels of stress and mental health problems than the general population. Evidence suggests that this is due to a range of factors, including racism, intergenerational trauma and social, cultural, and legal discrimination that negates protective factors from families and supports.<sup>4</sup> Young people reported anecdotally a perceived increase in rates of suicide of Aboriginal young people, particularly in regional communities, during COVID-19. This was something that young people believed was due to increased isolation under the COVID-19 lockdown and disconnection from supports. Many young people described the disruption to their routine and support that they previously had in place such as sport or cultural programs. This meant for many young people they needed to draw on their resilience to stay mentally strong during the lockdown period. Additionally, many young people believed their stress was exacerbated by sensationalised media reporting on the pandemic.

In some communities, youth workers reported higher levels of drug and alcohol use as well as an increase in incidents of domestic violence. One youth worker, however, described that young people being locked down in their remote community and not travelling to their regional hub, decreased alcohol and drug use.

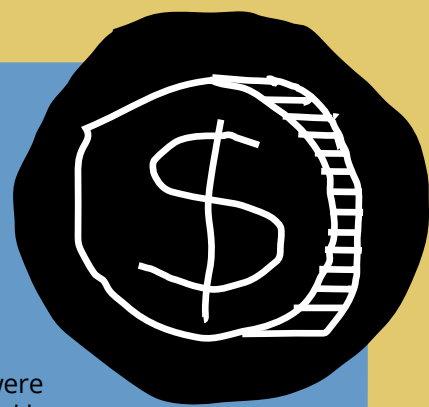
Aboriginal young people discussed the difficulty of accessing crisis lines and mental health services during lockdown, when they didn’t feel like the person on the other end would understand their culture and experiences. They discussed the need for more Aboriginal oriented mental health support and culturally specific versions of services such as Lifeline. During COVID-19 lockdown, the Black Lives Matter movement experienced a surge in support in Western Australia. However, some Aboriginal young people reported an increase in racist remarks directed towards them and Aboriginal people generally during this time related to the Black Lives Matter protests.



## FINANCIAL INSECURITY

As a result of COVID-19, many Aboriginal young people lost their jobs. Aboriginal young people already faced systemic barriers to entering the job market and many young people thought the economic downturn was likely to make this worse. For some, accessing Centrelink was straightforward and the increased payments assisted with navigating financial stress. For others, Centrelink was incredibly difficult to navigate and to this day they still haven't found out the results of their applications. Many young people were also confused by the different payments and whether they were receiving extra money on purpose or by mistake. In these situations, phone lines staffed by Aboriginal people assisted to understand changes to Centrelink payments.

For those caring for children, panic buying and restrictions on household goods made it incredibly difficult to buy enough food for all members of a household, particularly those with larger families. Having to buy alternative products or travel to multiple supermarkets increased financial stress on households.



## HEALTH

During lockdown, many young people avoided going to the doctor out of fear of catching COVID-19. For those in regional and remote communities it became increasingly difficult to travel to other towns or states in order to attend medical appointments. In addition, support services that assisted with transport to medical appointments were unable to operate. This was particularly concerning for many pregnant women who avoided going to the doctor or getting check ups after their baby was born due to fear of COVID-19.

Many didn't utilise telehealth services, either because they didn't think they could communicate their needs over the phone or because they wanted someone to attend the appointment and support them. When COVID-19 restrictions started lifting, many young people were still apprehensive about returning to the doctor. For those in remote communities, many haven't had a visit from their remote community nurse for several months, either because the service hasn't re-started or because the nurses are based in Victoria and are unable to travel to Western Australia.



## REGIONAL RESTRICTIONS AND CHANGES TO SERVICE DELIVERY

Many Aboriginal young people in regional areas faced difficulties during the COVID-19 outbreak in Western Australia, with unique challenges for young people in remote Aboriginal communities.

Restrictions in service delivery affected all young people in Western Australia, but had unique impacts in regional areas. Many youth programs, particularly youth centres, shut down during the lockdown period. We heard consistently from youth workers that they have found it difficult to re-engage young people after restrictions were lifted. For those in remote communities, many regular outreach youth programs haven't returned to their normal schedule and community youth workers are having to work incredibly hard to provide programs and engagement for their young people. Many youth services feel that additional resources would assist them to provide creative methods of re-engagement. For young people who were engaged with youth services, many found those that transitioned to online delivery were less effective. Despite the challenges, many youth services innovated and developed creative ways of engaging young people through outreach or through remote services.

When restrictions started, Aboriginal organisations worked incredibly hard to provide effective, culturally appropriate messaging on social distancing and hygiene measures. In addition to this work, young people thought that in the future, Government messages around restrictions and regulations should be delivered by community Elders rather than Government figures that young people may have complicated relationships with. In remote communities, many necessary measures such as restricting fuel purchases and closing ATMs helped to stop travel and community transmission between communities, but also presented challenges for residents.



# RECOMMENDATIONS TO START OUR RECOVERY



## WHAT

Invest in building partnerships with Aboriginal Community Controlled Organisations to ensure shared decision making. This is in line with The National Agreement on Closing the Gap Priority Reform 1 (shared decision making).

Invest in Aboriginal owned and led healing and truth-telling strategies, which support Aboriginal people to lead the healing and decolonisation process.

Invest in Aboriginal community led mental health support across WA, including investing in a culturally safe Aboriginal-run crisis phone support services and Aboriginal peer support programs.

Provide additional funding to culturally safe youth services that support outreach efforts to re-engage young people, with a priority for rural and remote communities. This is in line with The National Agreement on Closing the Gap Priority Reform 3 (improving mainstream institutions).

Provide additional funding to Aboriginal Community Controlled Health Services and Aboriginal Community Controlled Organisations to assist them with supporting young people to re-engage with health services. This is in line with The National Agreement on Closing the Gap Priority Reform 2 (building the Aboriginal Community Controlled Sector)

Engage Aboriginal Elders and Aboriginal Community Controlled Organisations in the design and delivery of future messaging around COVID-19 information and updates to ensure information is clear, accessible and culturally appropriate.

Provide schools and education programs with additional funding to assist with re-engaging young people in education and to support young people with catching up on missed learning.

## WHO

**All State and Federal Government Departments**

**Department of Premier and Cabinet**

**Mental Health Commission**

**Department of Communities**

**Department of Health**

**Department of Premier and Cabinet**

**Department of Education**

1. Australian Bureau of Statistics (2016) Estimates of Aboriginal and Torres Strait Islander Australians, Retrieved from: <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>
2. Australian Bureau of Statistics (2019). Causes of Death, Australia, 2018. Data Cube 11.12. Retrieved from <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>
3. Tamara is a fictional story made of composite experiences representative of stories from real young people.
4. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. (2015). Fact Sheet 5: Examining the risk factors for suicidal behaviour of Aboriginal and Torres Strait Islander Children. Retrieved from: [https://www.sis.uwa.edu.au/\\_data/assets/pdf\\_file/0010/2790937/Fact-Sheet-No.-5.pdf](https://www.sis.uwa.edu.au/_data/assets/pdf_file/0010/2790937/Fact-Sheet-No.-5.pdf)