

SNAICC COVID-19 Ongoing Impacts Survey Report

January 2021

Introduction

The COVID-19 pandemic has disproportionately impacted Aboriginal and Torres Strait Islander children and their families. Additional stress resulting from economic hardship, health issues, isolation, increased demands of home schooling, and a lack of respite for parents and carers of children with disabilities, behavioural issues and developmental delays, has had both short- and long-term repercussions across all wellbeing domains.

When the crisis began, SNAICC hosted fortnightly teleconferences with Aboriginal and Torres Strait Islander early years services, together with one-on-one engagement with individual service providers, to understand the impact that COVID-19 was having on services for Aboriginal and Torres Strait Islander children. This engagement highlighted several major issues exposed by the pandemic:

- The restrictions impacted children's ability to maintain connected to their culture and/or language.
- Disruption and stress brought about by social and economic impacts of the pandemic have had, and are likely to have, significant ongoing impacts on the mental health of children and families.
- The current early childhood education and care (ECEC) funding model is not well equipped to meet the support needs of families experiencing high vulnerability.

Following this engagement with services, in October/November 2020, SNAICC conducted an online survey with child and family sector organisations to gain further insight into the short- and long-term effects of COVID-19.

The survey highlights the ongoing effects of the pandemic on the wellbeing of Aboriginal and Torres Strait Islander children and families, identifying several domains that have been significantly impacted. The technological divide is a further concern, with less access to technology particularly evident in remote areas where Internet access is not always available. There were also specific findings related to ECEC services: the pandemic has exposed and exacerbated weakness within the ECEC system, and the survey results support earlier findings that the ECEC system needs reform in a way that can sustainably address the unique needs of Aboriginal and Torres Strait Islander children and families.

The survey also reveals supports which Aboriginal and Torres Strait Islander children and families need for both short- and long- term recovery from the pandemic. This report includes recommendations that SNAICC has previously provided to governments throughout the pandemic, the importance of which has been reinforced by the survey findings. The identified supports will help mitigate the far-reaching social and economic impacts of COVID-19, prepare child and family services and education and care systems for future crises, and contribute to the broader goal of Closing the Gap in outcomes for Aboriginal and Torres Strait Islander children.

Key findings

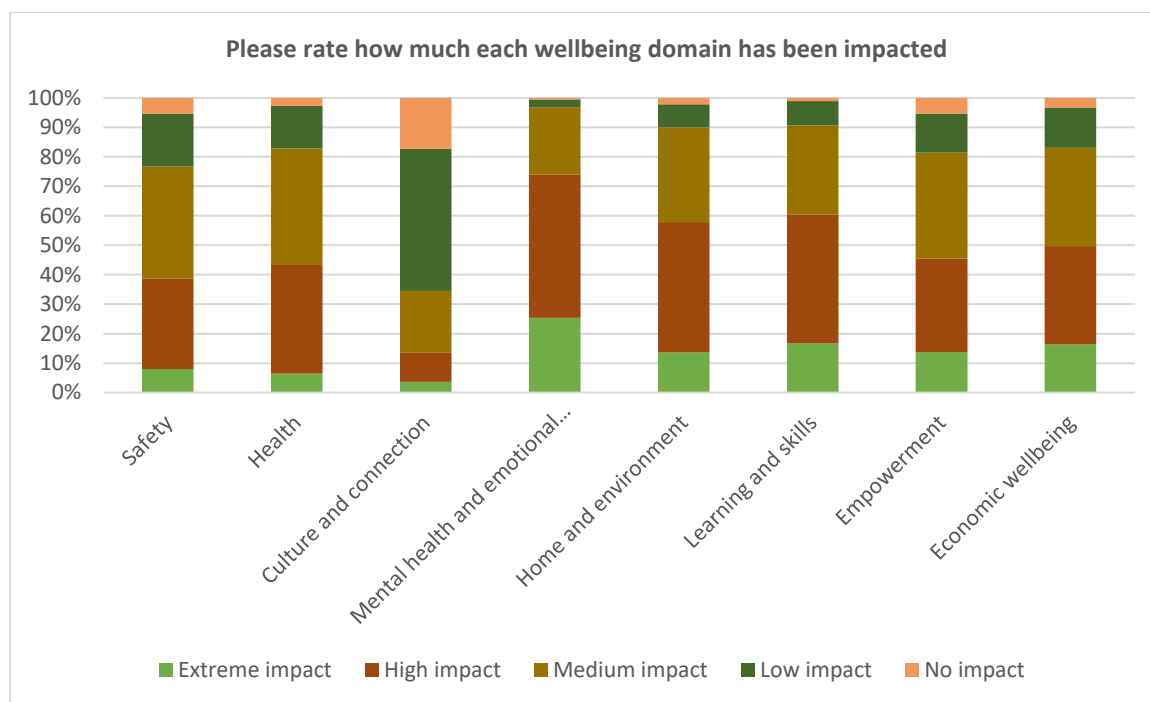
Demographics

The survey received 243 responses. Of these, 75 were from New South Wales, 57 from Victoria, 33 from Queensland, 24 from South Australia, 17 from Western Australia, 16 from the Northern Territory, 6 from the Australian Capital Territory, and 2 from Tasmania. Overall, 45.45% of respondents identified as 'Aboriginal', and 50.1% as 'non-Indigenous'. Meanwhile, 26.4% of respondents work for an Aboriginal community-controlled organisation (ACCO), with 73.6% working for mainstream services. The greatest proportion of respondents work in ECEC (26.64%), followed by child protection/out-of-home care (OOHC) (16.6%) and education (16.6%).

Short- and long-term impacts

Sixty-eight per cent of respondents believe COVID-19 has had a negative effect on Aboriginal and Torres Strait Islander children's wellbeing. When asked to report on the domains of wellbeing most impacted:

- 74.08% reported a high to extreme impact on mental health and emotional wellbeing
- 65.45% reported a high to extreme impact on culture and connection
- 60.42% reported a high to extreme impact on learning and skills.



Connection to culture is a protective factor for Aboriginal and Torres Strait Islander children, essential to their health, wellbeing and development. Fostering attachment to culture builds a sense of identity, resilience and self-esteem. Community networks were heavily disrupted while social distancing measures were in place, limiting opportunities for children to maintain connection to their families and cultures. There is strong evidence that interrupted family and cultural connections can have dire impacts on the mental health and wellbeing of children if left unaddressed.

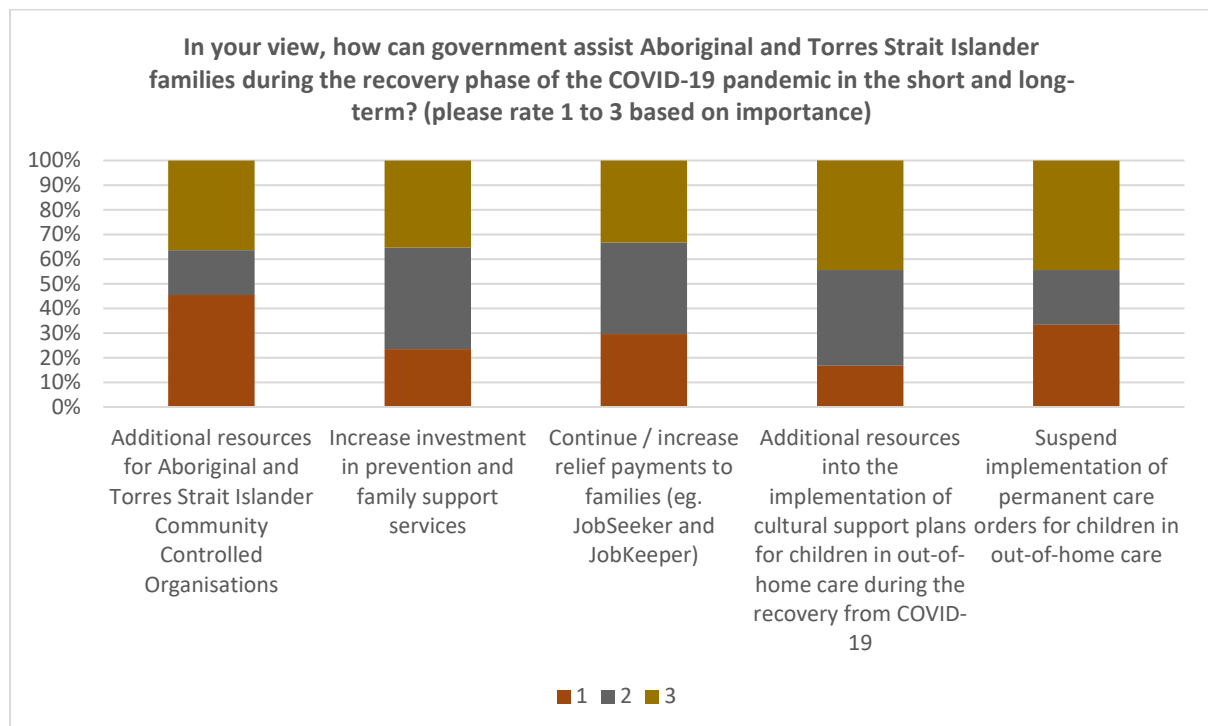
Seventy-four per cent of survey respondents believe the impacts of COVID-19 on Aboriginal and Torres Strait Islander children are ongoing and will continue over the next six months.

Of the wellbeing domains, those identified as being the most impacted over the next 6 months are:

- mental health and emotional wellbeing
- economic wellbeing
- culture and connection
- learning and skills.

The three most important priorities for government assistance for Aboriginal and Torres Strait Islander families, during both short- and long-term recovery from COVID-19 were, in order:

1. Additional resources for ACCOs.
2. Increased investment in family and support services.
3. Suspended implementation of permanent care orders for children in OOHC.



Of those participants that work for ACCOs, 62.5% cited additional resources for ACCOs as the most important form of government assistance, and 83.3% recorded this assistance as the least important of the five options provided. For mainstream staff, the most important assistance is to continue/increase relief payments to families.

In open-ended responses to this question, many different supports were identified as being required to help Aboriginal and Torres Strait Islander children and families recover from COVID-19 over the next 6-12 months. The supports identified included:

- increased funding for ACCOs and Aboriginal community-controlled health organisations (ACCHOs)
- an increase in hours of subsidised ECEC
- a focus on providing intensive family support
- education support to assist children who had difficulties with home learning
- an increase in resources for culturally safe mental health services
- supporting connection to community, culture and Country
- increased income support
- improving food security

- an integrated service approach to health and wellbeing
- increased access to reliable Internet
- an increase in outreach services
- more employment opportunities
- more crisis support services.

Recommendations

- That governments invest additional resources in ACCOs to address the mental health and wellbeing needs of children and their families during the recovery from COVID-19.
- Additional therapeutic support is provided for young children and infants, in particular recognising the potentially harmful impact of the pandemic on developing brains, including 1) heightened feelings of anxiety, distress, and uncertainty, 2) worry about infection or infecting family members and Elders, and 3) disruption to usual care and education, especially for those who have had therapy disrupted by the lockdown period.
- That governments fund the development and rollout of national guidelines, standards training, and accreditation for Aboriginal and Torres Strait Islander trauma-informed practice in work to support Aboriginal and Torres Strait Islander children and families.
- That the Commonwealth Government creates a dedicated fund to support Aboriginal and Torres Strait Islander children and families throughout the pandemic and recovery process, with prioritised investments in ACCOs that could be used for, but not limited to: addressing the mental health and wellbeing needs of children and their families, particularly children in the out of home care and youth justice systems; measures to address food insecurity; improving technological capability of ACCOs, and supporting the Aboriginal and Torres Strait Islander workforce, including developing workforce capacity.
- That governments increase their investment in prevention and early intervention family supports, recognising the overwhelming evidence for and benefits of this approach, and the greater support needs of families resulting from the crisis.

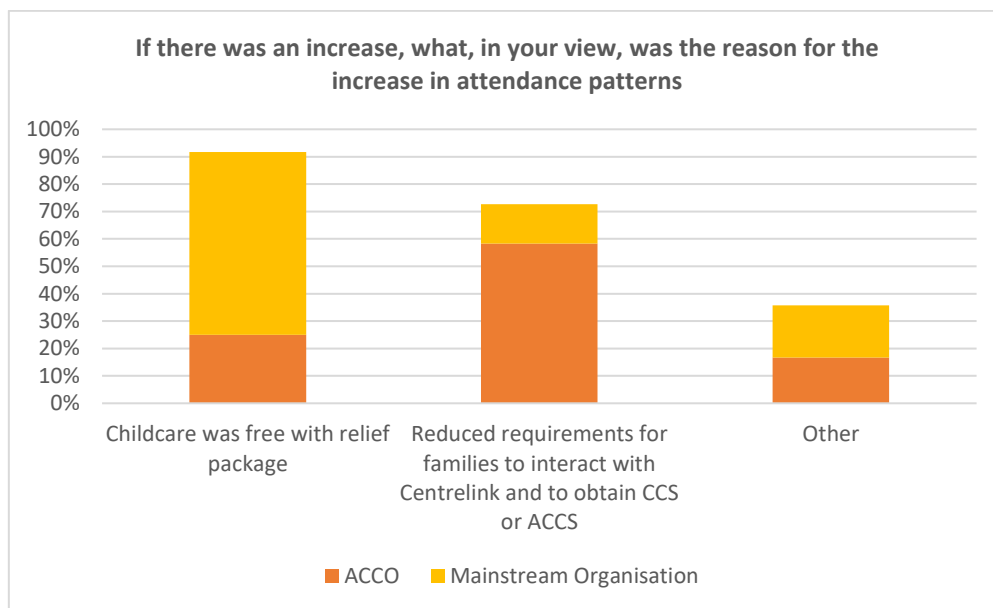
Early childhood education

Of the 68 participants that provided a Child Care Subsidy (CCS)-approved service, 64% reported a decrease in numbers of children attending, 51% reported a decrease in hours of attendance, and 52.3% reported a decrease in attendance due to fear of contracting COVID-19. Meanwhile, 27.3% reported pandemic restrictions prevented families attending, and 20.4% believe employment and financial impacts resulted in less children accessing the service.

There have also been some cases of increased attendance reported during the period of the Early Childhood Education and Care Relief Package. Aboriginal and Torres Strait Islander families who weren't previously attending have used a service and some families have used increased hours of service, supporting the wellbeing and development needs of vulnerable children in the community. From survey participants that provided a CCS-approved service, 22.6% saw an increase in children attending, and 11.3% saw an increase in hours of attendance.

Among those from ACCOs, 58.3% attributed the increase in attendance to reduced requirements to interact with Centrelink and to obtain CCS or Additional Child Care Subsidy (ACCS). Key factors limiting Aboriginal and Torres Strait Islander participation in ECEC before the crisis included the administrative challenges for vulnerable families to enrol, to access their base entitlements, and to access the ACCS for families experiencing vulnerability. With the removal of these factors, the survey results indicate some families were able to increase their use of ECEC.

Among mainstream service providers, 66.7% attributed the increase in attendance to free child care delivered through the COVID-19 relief package – noting that the provision of free child care, and the removal of administrative barriers to accessing child care entitlements, are closely related factors.



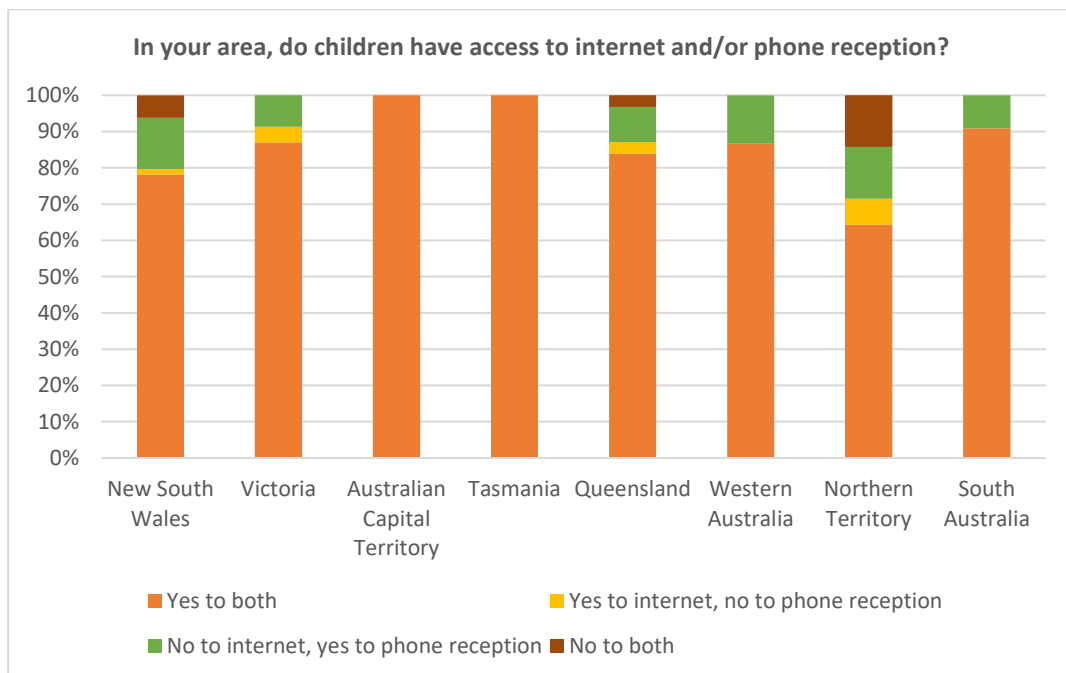
Recommendations

- An end to the Activity Test, preferably on a permanent basis, due to the fact that it excludes vulnerable children who benefit most from ECEC supports, but at least on a suspended basis during the COVID-19 transition and recovery period to June 2021.
- Permanent reform measures by June 2021 that:
 - (a) provide at least 30 hours of free or 95% subsidised care per week for all Aboriginal and Torres Strait Islander children as an ongoing measure to Close the Gap in ECEC attendance and AEDC outcomes
 - (b) introduce an alternative community-focused funding program for Aboriginal and Torres Strait Islander ECEC services that recognises their unique role to provide cultural integrated early childhood development supports to children, families and communities
 - (c) establish a workforce and service development initiative for Aboriginal and Torres Strait Islander early years services with a focus on funding local Aboriginal and Torres Strait Islander traineeships and qualifications, inclusion of services within the National Quality Framework, and new service establishment in geographical areas where families have high vulnerabilities and low ECEC access.

Technological divide

The NBN, Internet, mobile phones, and access to technology have become critically important to keeping the economy running, to providing education and social support services, and for maintaining important cultural and social connections. The COVID-19 crisis has highlighted the technological divide that excludes many Aboriginal and Torres Strait Islander families from accessing these resources. While 82.4% of participants reported Aboriginal and Torres Strait Islander children and families in their area has access to both phone and Internet, 11.06% had no Internet, 3.02% had no phone, and 3.52% had neither.

Less access to technology impacts all communities experiencing higher levels of social and economic disadvantage. The challenges to meet the costs of purchasing and maintaining internet, computers, devices, and telecommunications are significant. For larger families, having adequate computers, phones, and other technology for every child is a particular challenge.



Recommendations

- That governments increase investment into telecommunications to improve and upgrade infrastructure in remote communities to ensure that telecommunications are at a standard that enables Aboriginal and Torres Strait Islander communities to access essential services.
- That governments provide carers and children with technological resources needed to access essential education and support services and for children to maintain contact with their families and communities.

APPENDIX 1

Demographic snapshot

- 243 respondents:
 - New South Wales 32.6% (75)
 - Victoria 24.8% (57)
 - Queensland 14.43% (33)
 - South Australia 10.43% (24)
 - Western Australia 7.39% (17)
 - Northern Territory 6.96% (16)
 - Australian Capital Territory 2.61% (6)
 - Tasmania 0.87% (2)
- 45.45% of respondents identify as 'Aboriginal', and 50.1% as 'non-Indigenous'.
- 25% of participants are current members of SNAICC.
- 26.4% work for an Aboriginal community-controlled organisation (ACCO), 73.6% work for mainstream services.
- The greatest proportion of respondents work in early childhood education and care (ECEC) (26.64%), followed by child protection/out-of-home care (OOHC) (16.6%) and education (16.6%).

Raw data

1. 236 of the 243 participants entered their details to win a voucher.
2. 45.45% Aboriginal, 50.1% non-Indigenous, 1.65% Aboriginal and Torres Strait Islander, 2.58% prefer not to say.
3. 25% SNAICC members, 75% non-members.
4. Of non-members, 73% are interested in more information about membership
5. Most participants work in New South Wales (32.6%), with 24.8% working in Victoria and 14.35% in Queensland. The least amount of responses came from Tasmania, at 0.87% (2 participants).
6. The majority of respondents (26.64%) work in ECEC, followed by child protection/OOHC and education, both on 16.6%
7. 26.4% work for an ACCO, 73.6% do not.
8. 68% of respondents believe COVID-19 has had a negative effect on Aboriginal and Torres Strait Islander children's wellbeing, 13% do not and 19% were unsure.
9. Mental health and emotional wellbeing were the domain identified as being most impacted by COVID-19, followed closely by culture and connection. Home and environment and learning and skills were also identified as having been highly impacted.
10. 74% of participants believe the impacts of COVID-19 on Aboriginal and Torres Strait Islander children are ongoing and will continue over the next six months
11. Mental health and emotional wellbeing and economic wellbeing were the two domains identified to potentially be the most impacted by COVID-19 over the next six months. Culture and connection and learning and skills were also identified as at risk of ongoing impacts.
12. 31.6% (68) of respondents worked for an organisation that provides a Child Care Subsidy (CCS)-approved service. The 68.4% of those that do not were directed to Question 22.
13. 75.7% of those working with a CCS-approved service reported an increase or decrease in attendance.
14. 64% reported a decrease in numbers of children attending, with 51% reporting a decrease in hours of attendance. 22.64 reported an increase in numbers of children attending, with 11.3% noticing an increase in hours of attendance.

15. Of those that reported an increase in numbers of children attending, additional individual children numbers ranged from 1 to 50.
16. 51.5% of respondents reported the main reason for an increase in attendance was free child care under the Child Care Relief Package, with 30.3% reporting it was reduced Centrelink requirement and 18.8% stating other reasons.
17. 52.3% of respondents reported a decrease in attendance due to fear of contracting COVID-19. 27.3% reported pandemic restrictions prevented families attending, and 20.4% believe employment and financial impacts resulted in less children accessing the service.
18. 61.6% of participants stated the Child Care Relief Package was adequate to fund their service, while 38.33% claimed it was inadequate.
19. 51.56% of respondents reported a decrease in staff availability, while a similar amount (48.4%) stated there was no decrease.
20. Where a decrease in availability was reported, 85.7% reported the decrease was due to health concerns, with 14.3% reporting child-care arrangements were responsible.
21. Additional resources for ACCOs were identified as the first priority for government assistance for Aboriginal and Torres Strait Islander families during both short- and long-term recovery from COVID-19. Increased investment in family and support services was the second highest priority, while the suspended implementation of permanent care orders for children in OOHHC was the third priority.
22. 82.4% of participants reported children and families in their area has access to both phone and Internet. 11.06% had no Internet, 3.02% had no phone, and 3.52% had neither.
23. Postcodes identified as not having internet or phone access: 2829, 2324, 2300, 2200, 2570, 2287, 2360, 2705, 2703, 3690, 3363, 4503, 4421, 6743, 6169, 0801, 0872.
24. 3 supports for families.
25. 3 supports for organisations.

Demographic comparison

- 68% of respondents believe COVID-19 has had a negative effect on Aboriginal and Torres Strait Islander children's wellbeing, 13% do not, and 19% were unsure. In a comparison of Aboriginal and non-Indigenous respondents, 76.64% of Aboriginal respondents reported a negative impact, compared to 60.18% of non-Indigenous respondents. However, a comparison between ACCO and non-ACCO employed respondents was not statistically significant.
- 57.38% of ACCO employees identify as Aboriginal, while 34.43% identify as non-Indigenous. Of those that work for mainstream organisations, 42% identify as Aboriginal, and 55% as non-Indigenous.
- 33% of people who identify as Aboriginal work for an ACCO, compared to 18.42% of non-Indigenous people.
- Most ACCO employed participants were from Victoria (42.11%), with the next highest from Queensland (32.5%). The lowest representation of ACCO employees, (not counting Tasmania and the Australian Capital Territory, with zero) was 17.3% from New South Wales, followed by 18.75% from the Northern Territory.
- 5 of the 6 respondents from the Australian Capital Territory (83.3%) are employed by CCS-approved services. This was the highest proportionate jurisdictional representation of CCS-approved service staff, followed by Western Australia with 6 of 14 respondents (42.8%). No CCS-approved service staff responded from Tasmania, with the second-lowest representation from New South Wales, at 20%, or 14 of 70 participants. The highest number of CCS-approved service staff came from Victoria, with 18 of 52 respondents (34.6%).
- Of the participants that provided a CCS-approved service, 75.7% saw an increase or decrease in numbers. 64% of those reported a decrease in numbers of children

attending, with 51% reporting a decrease in hours of attendance. 22.6% saw an increase in children attending, and 11.3% saw an increase in hours of attendance.

- For those that saw an increase in attendance, 66.7% of those from mainstream services attributed the increase to free child care delivered through the COVID-19 relief package. In contrast, 25% of those from ACCOs attributed the increase to free child care, while 58.3% attributed it to reduced requirements to interact with Centrelink and to obtain CCS or ACCS.
- In a comparison of ACCOs and mainstream services, there was a similar percentage of centres seeing a decrease in both children attending and hours of attendance. A majority of respondents from both ACCOs and mainstream services attributed the decrease to fear of COVID-19 transmission. 41.18% of ACCO staff attributed the decrease to fear of COVID-19 transmission, compared to 59.3% of mainstream service staff. 35.29% of those from ACCOs attributed the decrease to COVID-19 restrictions, compared to 22.2% of those from mainstream services.
- In an analysis by jurisdiction, New South Wales had the greatest number of participants reporting a decrease in numbers, at 90.91%. This was followed by Western Australia and Queensland, both on 75%. The lowest reporting of a decrease was in the Australian Capital Territory, on 40%.
- Fear of COVID-19 transmission was cited as the greatest reason for a decrease in attendance in all jurisdictions except Western Australia, with 50% of respondents reporting COVID-19 restrictions as the main reason. Other reasons given for a decrease in attendance were: parents were home so children remained home too; parents following public health advice; and financial concerns due to loss of/reduction in employment.
- 70% of ACCO staff reported the Child Care Relief Package was adequate to fund their service, compared to 57.5% of mainstream service staff.
- 14.29% of Northern Territory respondents reported no access to either phone or Internet. 6.25% of New South Wales participants also reported no to both, and 3.23% of Queensland participants. No other jurisdictions reported no to both.
- All jurisdictions except the Australian Capital Territory and Tasmania reported children having access to phone but no Internet. The Northern Territory had the highest number of participants reporting no Internet, at 14.29%. This was followed by New South Wales at 14.06%, and Western Australia with 13.33%.
- When the results for no Internet and no phone, and phone but no Internet, are combined, 28.58% of Northern Territory participants reported no access to Internet for Aboriginal and Torres Strait Islander children.
- Many different supports were identified as required to help Aboriginal and Torres Strait Islander children and families recover from COVID-19 over the next 6-12 months. The ones most often identified were:
 - increased funding for ACCOs and ACCHOs
 - an increase in hours of subsidised early childhood education and care
 - a focus on providing intensive family support
 - an increase in resources for culturally safe mental health services
 - supporting connection to community, culture and Country
 - increased income support
 - improving food security
 - an integrated service approach to health and wellbeing
 - increased access to reliable internet
 - an increase in outreach services
 - more employment opportunities
 - education support to assist children who had difficulties with home learning
 - more crisis support services.