

The importance of Aboriginal community-controlled organisations, place and the social and emotional wellbeing of frontline workers in south-eastern New South Wales during the COVID-19 pandemic

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Abstract

Purpose Aboriginal community-controlled organisations (ACCOs) play a significant role in meeting the needs of local community members. The COVID-19 pandemic particularly impacted First Nations communities in Australia. This study focused on describing the importance of ACCOs in the context of providing support to their local communities during the COVID-19 pandemic. This study also explored the impact that the pandemic had on the wellbeing of staff in ACCOs.

Methods This study used a mixed methods approach, where a survey was distributed and interviews were conducted with staff members who worked in ACCOs across the south-eastern coast of

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<https://doi.org/10.1016/j.fnhli.2025.100077>





New South Wales, Australia. The survey was completed by 46 clinical and administrative staff members. The survey explored connection to place, the impact that COVID-19 had on the organisation, service delivery and staff members. A subsection also investigated staff attitudes toward COVID-19. Semi-structured interviews were conducted with 42 management and executive staff members. Interview topics examined how ACCOs differ from mainstream services and how services responded to COVID-19.

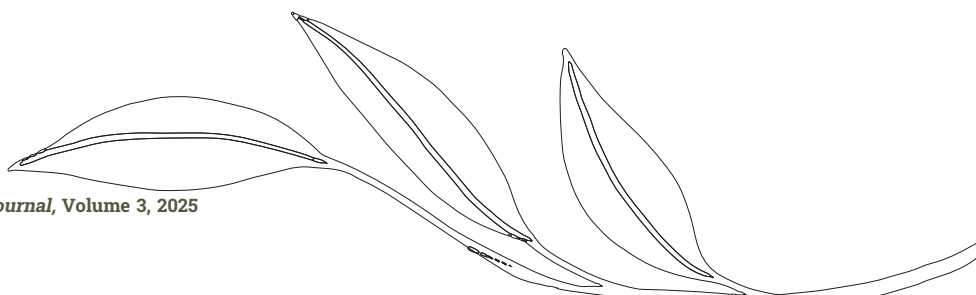
Main findings This study found that organisations, service delivery and staff were impacted by the COVID-19 pandemic. The ACCO sector responded to the pandemic by adapting to meet the complex and changing needs of the local First Nations community. The ACCO sector has a unique approach to service provision, including governance systems, relationships with community and connection to place, which enabled the sector to keep community safe. The ACCO services involved in this study adapted service delivery in innovative ways and remained focused on providing care for community. However, staff were impacted during this response, which was made more challenging as they were also managing additional stressors in their home lives.

Principal conclusions The findings described the unique qualities of the ACCO sector and how the sector continued to provide culturally safe and place-based services across the south-eastern coast of New South Wales during the COVID-19 pandemic. Further research is needed to understand how to best support staff members in ACCOs during times of crises.

Keywords: COVID-19; Place; First Nations peoples; Indigenous Australians; Aboriginal community-controlled organisations; Aboriginal community-controlled health organisations

Highlights

- The findings describe the unique qualities of the Aboriginal community-controlled sector and how the sector continued to provide culturally safe and place-based services on the south-eastern coast of New South Wales, Australia during the COVID-19 pandemic.
- The study highlights the way the sector adapted service delivery in innovative ways and was able to care for all of community.
- This study also found Aboriginal community-controlled staff members reported their wellbeing was impacted, as they had additional stressors to manage in their home lives.
- Staff did not hold individual fears of COVID-19, but rather held concerns for others and a cultural responsibility to keep Elders safe.



Introduction

In Australia, Aboriginal community-controlled organisations (ACCOs) are incorporated organisations that are formed in, based in and governed by local Aboriginal and/or Torres Strait Islander First Nations communities (respectfully hereafter First Nations¹). They have the focus of delivering holistic and culturally appropriate services (Baba et al. 2014). ACCOs include Aboriginal community-controlled health organisations (ACCHOs), which focus on health (Clapham et al. 2024). The first ACCO, Redfern Aboriginal Medical Service (AMS), was established in 1971 without government assistance or funding (Poirier et al. 2022; Khoury 2015). The Redfern AMS was formed as a resistance to assimilation policies, as First Nations Australians were experiencing neglect and racism in mainstream health services (Khoury 2015). Mainstream services have failed to incorporate First Nations concepts of health, which can create discomfort, miscommunication and prevent clients from understanding and managing their health condition (Baba et al. 2014). The literature demonstrates that First Nations peoples are reported to be more likely to seek support from ACCOs rather than mainstream health services due to their ability to provide unique accessibility, culturally safe spaces, culturally safe service provision tailored to individual and community needs, and comprehensive holistic care (Gomersall et al. 2017; Baba et al. 2014; Davy et al. 2016). A recent survey of 406 First Nations peoples from south-east Queensland found that 74% of their respondents indicated that they preferred ACCOs for general health, physical health, mental health and sensitive health issues (Queensland Urban Indigenous Mental

Health Survey (QUIMHS) Research Team 2023). They also found that for specialist services, such as cancer treatment, cardiac rehabilitation and dialysis, 56% of the sampled population continued to report a preference for ACCOs over mainstream health services (Queensland Urban Indigenous Mental Health Survey (QUIMHS) Research Team 2023).

In Australia, a core aspect of ACCO practice is understanding the importance of culture to wellbeing (Pearson et al. 2020). Previous work has asserted that ACCOs are organisations that are strongly connected to place (Clapham et al. 2024). Although place is an abstract concept that can be difficult to define, examples were used to describe First Nations peoples' connection to place and illustrate that it is a worldview related to connection to Country, land and story, past and present (Clapham et al. 2024). The concept of place is relational and deeply interconnected with health (Clapham et al. 2024). Connection to place is described as a network of connections, responsibilities and relationships that cannot be understood as a static geographical locality (Clapham et al. 2024). Fredericks (2014) defined Country in her work as a place of origin in spiritual, cultural and literal terms. She further described that it refers to a specific clan, tribal group or nations, and encompasses all of the values, stories and resources within that particular area or Indigenous place. Fredericks (2014) argued that place can convey different meanings and that the meanings need to be understood within their cultural and historical context. Kingsley et al. (2021) described that having a sense of place can create a sense of belonging, which connects the past, present and future and continuation of healing through culture.

Although there are many First Nations groups in Australia, First Nations communities are often viewed as one homogenous group, which is problematic as

¹When the term First Nations is used, it refers to Aboriginal and Torres Strait Islander peoples of Australia. Indigenous peoples is used as this is the term used globally (and in Australia where the authors are located) within the context of decolonising discourse that engages with notions of sovereignty.



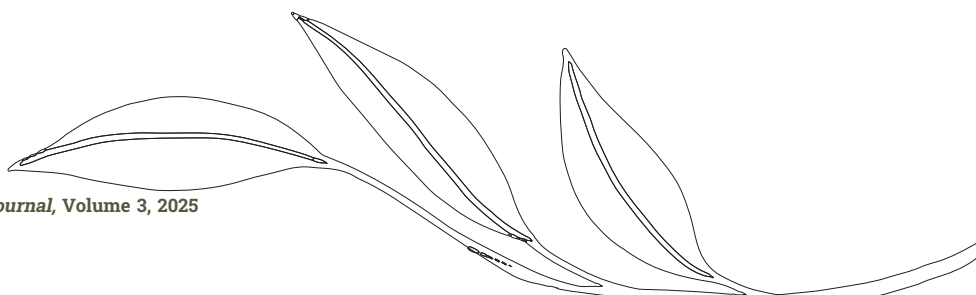
these beliefs and assumptions are misinforming health treatment approaches ([Bishop et al. 2014](#)). The practice of employing local First Nations peoples ensures that services understand the local community protocols and values, enabling services to respond in an efficient, appropriate and meaningful way ([Freeman et al. 2014](#)). For example, First Nations staff may have understandings of local cultural protocols and practice around bereavement, which is known as sorry business, and can be different for each community ([Carlson and Frazer 2015](#)).

The response of the Aboriginal community-controlled sector was particularly important during the COVID-19 pandemic. The government introduced several restrictions in response to managing the transmission of COVID-19. During this time, ACCOs played an important role in meeting the health needs of their local communities ([Moodie et al. 2021](#)). For example, during the COVID-19 pandemic, the ACCO sector was able to work with peak bodies to deliver tailored health information to Indigenous peoples ([Finlay and Wenitong 2020](#); [Crooks et al. 2020](#)). Proactive responses were also seen in remote communities of Australia, where ACCOs recognised the threat of COVID-19 and rapidly responded to decrease the possibility of transmission in their communities ([Fitts et al. 2020](#)). ACCOs prioritised the safety of their community by engaging in advocacy to prevent non-essential travel into remote communities and rapidly translating health information into local Indigenous languages and ways of communicating and distributing health information to communities ([Fitts et al. 2020](#)). These self-determining responses were seen across Australia, with ACCOs putting measures in place to alleviate risk and promote safety within community ([Moodie et al. 2021](#)). According to [Dudgeon et al. \(2021\)](#), in the first year of the pandemic, no First Nations peoples in Australia

died because of contracting COVID-19. Although increased service provision was critically important for communities, studies have demonstrated that increases in service delivery during the COVID-19 period negatively impacted frontline workers' mental health ([Bismark et al. 2022](#); [Halcomb et al. 2020](#)). It is unclear whether the rapid responses or increases in service delivery seen by the ACCO sector impacted frontline workers' mental health or wellbeing, and this impact has not been the focus of previous studies.

The COVID-19 pandemic has provided a unique opportunity to examine ways in which ACCOs meet the needs of First Nations communities across Australia. The focus of much of this literature has been on remote areas ([Fitts et al. 2020](#)), with little investigation of the impact of COVID-19 on First Nations communities across regional areas. The current study focused on ACCOs located in south-eastern New South Wales (NSW), Australia. This region geographically spans across approximately 390 km, from Wollongong to Eden. This encompassed Dharawal and Yuin land, which is home to the Wodi Wodi, Wandandian and Yuin people. This paper refers to connection to place, as defined in previous work, as a network of connections, responsibilities and relationships that are deeply related to connection to Country, land, story, past and present ([Clapham et al. 2024](#)) and encompassing connection to Country, as defined by [Fredericks \(2014\)](#), as a place of origin, in spiritual, cultural and literal terms, which embodies all of the values, stories and resources within that particular area or Indigenous place.

This cross-sectional, mixed-methods study used an Indigenist research approach that recognises self-determination, sovereignty and the importance of privileging Indigenous voice in research ([Rigney 2006](#)).





A community-based, participatory action research approach was used, which included ensuring that partnering organisations were involved in each stage of the research process and provided feedback on methods and results ([Minkler and Wallerstein 2003](#)). Interviews were conducted with managers and executive staff, as this provided an opportunity to provide a more nuanced understanding of the impacts of COVID on the ACCOs.

The study explored ways in which ACCOs adapted to continue to service the needs of south-eastern NSW communities during the COVID-19 pandemic. This included examining how ACCOs and connection to place in south-eastern NSW communities facilitated this adaptation; and whether the COVID-19 pandemic impacted staff and how this affected the ACCO model from April 2021 to August 2021. These aims were explored using survey and interview data.

Methods

Study design and approach

This study used a cross-sectional, mixed methods approach. It included distributing a survey to clinical and administrative staff and conducting interviews with management and executive staff. The research was part of a broader Australian Research Council-funded project focusing on understanding how ACCOs develop and implement local place-based Aboriginal solutions to complex health and social issues in south-eastern NSW. The broader study included a community-based participatory action research approach, as described in the Governance and Ethics sections.

Governance

In line with a community-based participatory approach, a steering committee was established that

included local partnering ACCOs as well as academics who were part of the project. The research team included six First Nations researchers and three non-Indigenous researchers with expertise in anthropology, Indigenous health, Indigenist research methodology, clinical psychology and community-based research. The steering committee was involved in the development of the research protocols and procedures. Regular online meetings were held during the development phase of the project. At the conclusion of the study, findings were presented back to the steering committee.

Ethics

Ethical approval was obtained from the Aboriginal Health and Medical Research Council (HREC:1608/19) and the University of Wollongong Human Research Ethics Committee (HREC: 2020/115). All participants provided informed consent. Interview participants were able to withdraw their data if they chose to opt out. The study adhered to the ethical guidelines of the Aboriginal Health and Medical Research Council ([Aboriginal Health and Medical Research Council 2019](#)) and the National Health and Medical Research Council ([National Health and Medical Research Council 2018](#)) including the six core values of: spirit and integrity, cultural continuity, equity, reciprocity, respect and responsibility ([National Health and Medical Research Council 2018](#)).

Researcher standpoint

The standpoint of FS as a Dunghutti, Gumbaynggirr woman, psychology clinical doctoral student and researcher, being born, raised and living on Dharawal Country, holds her relationally accountable to Dharawal, Wodi Wodi and Wandandian people. Her research methodology was developed in consultation with the partner organisations, which are ACCOs located on Dharawal and Yuin Country.



Procedure

A list of ACCOs in the region was created and then all 22 organisations were invited to participate in the study. The survey was distributed from April 2021 to August 2021 to all ACCOs across the South Coast of NSW. Managers at ACCOs were asked to promote the study to their staff members by distributing the survey link. The survey link was emailed to all 22 ACCOs. As the survey was deidentified, it was not possible to know the distribution of responses across the organisations.

The interviews were conducted with the same organisations that the survey was distributed to across the COVID-19 pandemic period (July 2020 to May 2023). The researchers who conducted the interviews were all Indigenous researchers (KC, FS, BH) and part of an Indigenous research team, Ngarrawan Ngadju First Peoples Health and Wellbeing Research Centre, University of Wollongong. Ngarrawan Ngadju has long standing relationships with many of the ACCOs that were included in the research. The interviews were conducted on site with the ACCOs or online via Zoom (www.zoom.com) during NSW COVID-19 lockdown periods. This involved the use of semistructured interviews, which allowed for some flexibility in how the topics were explored.

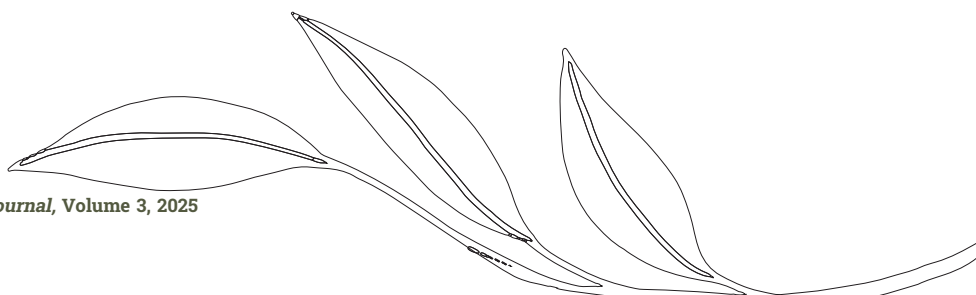
Materials Survey

A survey was designed by the research team to capture the impacts of COVID-19 on ACCO staff wellbeing. This included bringing together previously published items, as well as developing specific items for this survey. The survey was developed in response to a request from a member of the project steering committee during the pandemic. The research team developed an initial draft of potential items, with the steering committee providing iterative feedback and ongoing refinement of the survey items during ongoing

consultation. For example, during feedback, organisations indicated that inclusion of the Kessler 10 (K10), a measure of psychological distress, was not appropriate and this section was omitted. Through an iterative process, with the steering committee, the range of questions was reduced.

The survey was made up of six subsections, which included 29 items. (1) Demographics: four items examined descriptive characteristics of the population (e.g. age, gender sector and primary role). Indigenous status was collected in line with national best practice guidelines for collecting Indigenous status in data sets ([Australian Institute of Health and Welfare 2010](#)).

(2) Connections: two items examined connection to place. An item asked participants to respond yes or no to an item (e.g. Would you describe yourself as strongly connected to the region that you work in? Yes/no) and participants were asked to respond to an open response item (Would you briefly describe your connection to place). (3) Organisation: four items assessed the impact that the COVID-19 pandemic had on the organisation. Participants were asked to rate an item (e.g. As a result of the COVID-19 pandemic, have the number of people you are providing a program or service to...). They rated the responses using a 4-point scale (decreased, increased, stayed about the same, or don't know/hard to tell). (4) Service delivery: five questions examined the impact of the COVID-19 pandemic on service delivery. These included open ended response items where participants were asked questions (e.g. What are the positive ways you have had to adapt your service or program?, Can you please describe how you were able to continue delivering culturally appropriate services?). Participants were also asked to respond to closed response item questions (e.g. Have you had to adapt the way you deliver your service/program?, Did you have to use telehealth or virtual health to deliver your service?, Did





you know how to use telehealth or virtual health before March 2020?). (5) Impact on staff: nine questions assessed the impact of COVID-19 on frontline staff wellbeing and perception of support from their workplace (e.g. questions about whether staff were required to work from home, take on new roles, and items that asked about staff mental health, emotions, experiencing and describing additional stressors in home lives). (6) Attitudes towards COVID-19. Fear of COVID-19 is an eight item measure that assesses individual symptoms of phobia in relation to COVID-19. Five items were used for this study. Participants were asked to rate themselves in relation to statements (e.g. My heart races or palpitates when I think about getting COVID-19) on a 5-point Likert scale with responses ranging from 1 (Strongly disagree) to 5 (Strongly agree). Items from the Fear of COVID-19 survey ([Ahorsu et al. 2022](#)) were included as feedback from the steering committee, which indicated that fears around COVID in First Nations communities were particularly prevalent during the pandemic. The Fear of COVID-19 measure was designed to assess fear of COVID-19 among the general population and is aligned with the diagnostic criteria for specific phobias ([American Psychiatric Association 2013](#); [Ahorsu et al. 2022](#)). To reduce the length of the overall survey and time burden on participants, only five items were selected from the measure. The full survey questions used in this study are included in the [Supplementary material](#).

Interview

Semi-structured interviews were conducted. Interview topics included: (1) How ACCOs differ from mainstream health services, (2) How the services responded to the COVID-19 pandemic, and (3) How staff remained connected to culture and Country throughout the COVID-19 pandemic. A yarning approach was utilised to allow for further flexibility during online meetings. Yarning methods are an

established data collection method that centre First Nations perspectives ([Bessarab and Ng'andu 2010](#)). They are semi-structured interviews that allow for flexible conversations to occur, where First Nations peoples are able to talk freely about their experience, thus allowing for more in-depth conversations to occur ([Bessarab and Ng'andu 2010](#)).

Participants and settings

Participants were recruited through ACCOs located across the south-eastern coast of NSW, Australia. The organisations provide a diverse range of services that focus on social and emotional wellbeing, including primary healthcare, cultural programs, child and family, and education programs. The services that were targeted were child, adolescent and adult population groups.

The interviews were conducted on site with ACCOs or online via Zoom during NSW COVID-19 lockdown periods. They involved the use of semistructured interviews, which allowed for some flexibility in how the topics were explored. A total of 91 interviews were analysed, with 12 analysed further as they focused on worker wellbeing during the pandemic. Several staff completed multiple interviews.

Analysis

Quantitative survey data were analysed using the Statistical Package for the Social Sciences (SPSS) version 25 (IBM Corp., Armonk, NY, USA). The data were grouped into percentages and ratios to describe the findings. Qualitative data from open-ended response sections of the survey and interview data were imported into NVivo14 and analysed using an inductive grounded theory approach ([Bryant and Charmaz 2019](#)). The data were analysed and then coded inductively into higher order constructs to identify key themes.





Results

Characteristics of participants Survey

The survey was completed by 46 staff (39 males, six females and one non-binary). The participants were aged between 19 and 49 (mean 43.69, standard deviation 13.42). Most staff were frontline workers (50%) (n = 23), working directly with clients, with the remainder reporting that they worked in administrative or management roles. Most individuals identified as Aboriginal (58%).

Interviews

Interviews were completed by 42 staff (24 males, 30 females). Most individuals identified as Aboriginal (95%). To avoid participants being able to be identified, age was not collected in the demographics. Participants included chief executive officers, managers, directors and others in senior leadership roles.

Key themes

The following key themes emerged from the survey and interviews.

Aim: Ways in which Aboriginal community-controlled organisations continued to service the needs of south-eastern New South Wales communities during the COVID-19 pandemic.

The key themes that were identified when exploring the way that organisations adapted service delivery were: changes to client needs, changes to program delivery and continued culturally appropriate service delivery.

Changes to clients and client needs

Staff reported changes to the needs of community during the pandemic, with 19 staff (44%) seeing an increase in the people who were accessing the

services that were available. In addition to these changes, some services also expanded the geographical area that they were servicing. Nineteen staff (44%) reported changes in the range of clients accessing the services. When asked to describe the changes, staff included more crises-driven support and an increase in the number of males seeking social and emotional wellbeing support services. Staff stated that children had significant emotional needs during this time.

Enrolled children with significant emotional needs. Summer bush fires and COVID-19 the additional layers of trauma (staff member, ACCO, survey).

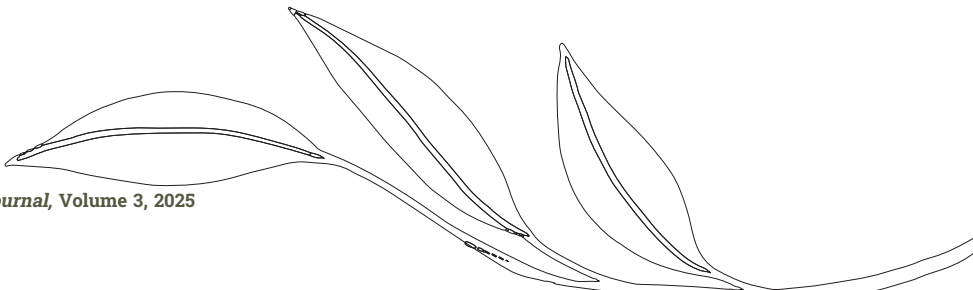
Young people were seeking connection and wanting to access social groups. There were different age ranges looking to access support. Services reported that people were seeking support to understand the public health restrictions that were put in place due to COVID-19 in NSW.

The restrictions on how many people and that people are unsure of what can be done or what not to be done (staff member, ACCO, survey).

Adapting program delivery

During the pandemic, adaptations were required to continue program delivery and support to clients. [Table 1](#) presents the adaptations that were required to continue service delivery. Thirty-nine staff (92%) stated

Items	Yes (%)	No (%)
Are you of Aboriginal or Torres Strait Islander origin?	27 (59)	19 (41)
Would you describe yourself as strongly connected to the region you work in?	36 (82)	8 (18)
N = 46		
Table 1: Connection to place		





that they had to adapt the way that they delivered their service or program, with 21 (58%) having to utilise telehealth or virtual health to deliver their service and 23 (66%) reporting that they did not know how to use telehealth or virtual health prior to March 2020 lockdowns.

There were many positive ways that clinical and administrative workers adapted their services and found new and innovative ways of connecting with community. They reported implementation of additional work health and safety practices, which allowed for staff and community to interact safely. Staff reported that they were using technology to deliver services and using interactive resources, such as books, merchandise and social media. Services created social media content to support the community's social and emotional wellbeing. The perceived benefits of using technology were:

Being able to offer telehealth services has meant that clients who would otherwise not be able to be seen due to distance, lack of transport and health reasons HAVE been able to get the medical advice and help they need (staff member, ACCO, survey).

This allowed them to support people who would not have previously been able to access medical support.

Other adaptations were noted from organisations as the restrictions eased, such as delivering services in outdoor areas or accommodating for specific numbers of people, and lower numbers sometimes benefited the service delivery by allowing workers more time to focus on specific clients. There were more instances of outreach required, and staff stated that that they engaged in more visits, including consistently checking on Elders and providing support packages to Elders and families. Additionally, one on one support was

provided for Elders. The following quote describes how a manager perceived their organisation's response to COVID-19:

As an ACCHO we have just [been] responding to the community needs, our core business is adaptive and responsive – so I feel it's just continued business-as-usual through a resourceful/adaptive lens. Our existing clinical process/procedures guided our work to ensure safety measures were in place and escalated as required to ensure safety for all involved (staff member, ACCO, survey).

This statement draws attention to the business-as-usual practices of responding to community needs and how safety procedures were able to be 'escalated as required' in response to the pandemic.

Culturally appropriate service delivery

Clinical and administrative staff were able to continue delivering culturally appropriate services throughout COVID-19. When asked how they were able to do this, staff discussed that they just continued business-as-usual:

We just kept doing what we usually do, care for the community and our staff (staff member, ACCO, survey).

Staff discussed their services' core values, the importance of culture and their model of care and listening to their clients. Staff also described how their model is culturally driven and that they listen to community needs:

Our service model of care is culturally driven and guided throughout all levels of our foundations; this ensures all aspect of our organisation is delivering culturally safe services regardless of the context (staff member, ACCO, survey).





The importance of Elders was also reiterated when responding to this question:

Being an Aboriginal service, and culture at the centre and forefront of our service, ensuring our Elders were being called even if it was just for a yarn (staff member, ACCO, survey).

Although some community members expressed that they were uncomfortable with not having direct contact, staff also recognised that there were some benefits to telehealth. This is captured below in a quote from a staff member.

At times, the only option was telephone contact. Not having direct contact was uncomfortable for most people, though they understood why the restriction was in place and this gave an easy platform to discuss any anxiety created by the pandemic. Having easy access to a service was more possible when working by phone – appointment times were more flexible and brief contacts more possible. Often the person's family would be around and so naturally became part of the conversation (rather than having to make a special appointment) (staff member, ACCO, survey).

Aim: How ACCO model and connection to place in the communities facilitated this adaptation.

In the interviews, managers and executive staff described the ACCO model and the benefits of working in these types of organisations. Three key themes emerged from the manager and executive interviews: (1) meeting community needs, (2) being accountable to community and (3) engagement with community. The themes were particularly important in showing how ACCO responses during the COVID-19 pandemic were centred on their communities.

Meeting community needs and being accountable to community

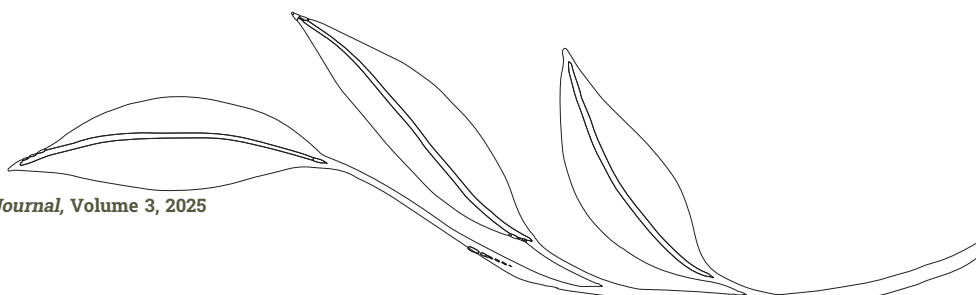
Management and executive staff discussed the importance of the way that ACCOs are driven by community needs and can adapt to suit the needs of community if the need changes. One participant described how ACCOs are self-determining:

This organisation is driven by community, and it is driven by the need of community to make sure that they address their issues (manager, ACCHO, interview).

The manager discussed that this enabled ACCOs to quickly adapt and make choices faster than more bureaucratic mainstream organisations during COVID-19. For example, the organisation was aware of the community needs. This enabled them to employ staff members to lead their workplace health and safety management internally, meeting the needs of community faster than waiting for directions from other organisations. Staff also reported that they were first responders, responding to community needs rather than waiting to respond. They reported that this is supported by their deep engagement with community.

Engagement with community

The long-term relationships and deep engagement with community was also discussed as being a benefit. For example, during each instance of bushfires, floods and then COVID-19, staff were able to remain in contact with key people in community. This helped to keep them informed of the broader community support and resourcing needs. The Aboriginal community-controlled model is important because the culturally safe relationships are built over a long period of time. This is described by a staff member working in a First Nations peak body organisation:



The engagement, the design and delivery of culturally safe services for everybody and the trusted relationship. It's built up 50, 20, 30 years. That's the community-controlled sector (Peak body staff member, interview).

A manager stated that their organisation's priority was caring for staff because staff are also community:

We adapted to how we support our staff internally too. So, there was a lot of work done in making sure that our staff were okay and still being able to come to work. Even when you're working from home, flexible working practices, all that sort of stuff. Looking after our staff was a priority as well, because they are half of the community (ACCO manager, interview).

The staff members providing the service are often part of the community that they are providing services to; this also enables them to have deep engagement and understanding of the needs of community.

Connection to place

During a semi-structured interview, a manager discussed his connection to place. He stated that he feels connected to Dharawal Country and stated that he would not be working in the position he is currently working in if he did not feel connected. He described this further:

Place comes down to your own values and how you help and assist the community so that you can progress (ACCO manager, interview).

This highlights the importance of connection to place and community for this manager and how they relate and influence this manager's priorities.

Table 2 presents staff members' connection to place. In the survey, 27 staff who identified as First Nations

Items	Yes (%)	No (%)
Have you had to adapt the way you deliver your service or program?	39 (93)	3 (7)
Did you have to use telehealth to deliver your service?	21 (58)	15 (42)
Did you know how to use telehealth or virtual health before March 2020?	12 (34)	23 (66)
N = 42		
Table 2: Adapting service delivery		

(59%) and 19 staff who identified as non-Indigenous (41%) were asked to respond to a series of items describing their connection to place. Most staff (81%) (n = 36) agreed that they would describe themselves as strongly connected to the region they work in. This was particularly the case for First Nations staff, where 24 (92%) reported a strong connection to the region they worked in. When asked to describe their connection to place, First Nations staff indicated that they were Traditional Owners with family heritage and bloodlines.

I am a Traditional Owner; I have a direct connection throughout the South Coast region through both grandparents

Family heritage and bloodline, connection to Country (staff members, ACCO, survey).

Several people also described their connection to the Yuin nation:

Yes, Yuin Country – I was born here so I have a connection to the South Coast and the water

Family Heritage and bloodline – connection to Country (staff members, ACCO, survey).

and some people mentioned connections to specific places, such as Jerrinja:

My wife and children are Jerrinja. They are my heartbeat, my connection to Yuin Ngura (staff member, ACCO, survey).



Others discussed their spirituality:

I have been born and raised, spiritually connected to Country including all elements of the environment (staff member, ACCO, survey).

This captures the depth and importance of the connection for the First Nations clinical and administration staff to the place that they work in.

Nine non-Indigenous staff (47%) felt strongly connected, due to their family having lived in the area for many generations. Some had married into the First Nations community.

Others described their connections with the local Indigenous community and the number of years that they have lived and worked in the local community:

I have lived and worked in these regions with Aboriginal people for the last 21 years

Having worked in this community for 22 years I feel accepted and part of the community

I have lived on the South Coast for 11 years and have always been connected to the local community (staff members, ACCO, survey).

This illustrates the connection for non-Indigenous clinical and administrative staff to the place that they work in.

Aim: Whether COVID-19 impacted staff and how this affected the ACCO model from April 2021 to August 2021.

The key themes that were identified from survey and interview data were changes to roles, additional stressors in home lives, disruption to cultural practices and fear of COVID-19.

Changes to roles

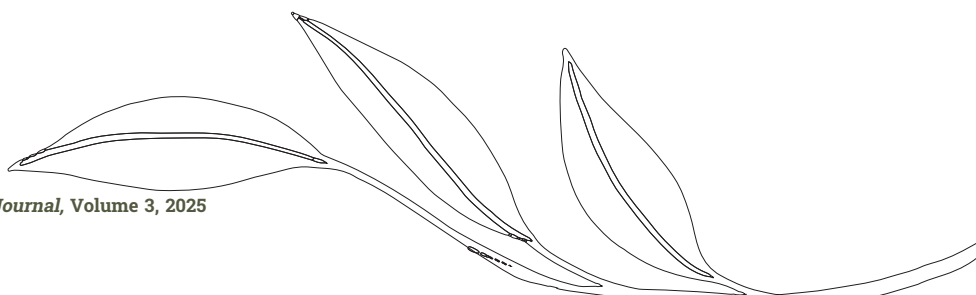
Twenty staff (57%) reported that they were required to work from home. The pressure of staff shortages impacted some of the staff members' health and some reported that they were unable to take time off work to maintain their own health. Despite these concerns, 20 staff (57%) reported that they were required to take on new roles and completed additional training through their workplace. Thirty-three staff (94%) reported that they felt supported in their workplace. All staff reported that they were able to remain connected to their families using technology.

Additional stressors

Nineteen staff (54%) reported that they experienced additional stressors in their home lives. When asked to describe the additional stressors, staff reported that they valued knowing their children were safe. However, they also stated that they experienced difficulties with managing children's home schooling while working, financial pressure, disrupted routines, and difficulties with motivation. Some staff members reported having increased workloads during the pandemic, while trying to manage home schooling of multiple children. This is captured in this quote:

My kids were in year 8 and 10 last year. Both my husband and my work hours increased and I struggled to consistently ensure they were up to date with their schoolwork or even taking it seriously. Although I was content knowing they were always home safe (staff member ACCO, survey).

Staff also reported further family concerns, such as needing to attend to family health and caring for elderly parents in care or who live alone.



Disruption to cultural practices

Some staff reported that there were disruptions to their cultural protocols and practices. Some staff reported experiencing Sorry Business but not being able to attend or engage in Sorry Business. Some staff in the current study also reported that they could not take their children out to connect with Country.

Social and emotional wellbeing

The survey indicated that 19 staff (54%) reported that they were concerned about their own 'emotions, stress or mental health' during the COVID-19 pandemic. Out of the staff who reported concern, 18 (47%) sought their own help to address their 'emotions, stress or mental health' during this period. This was from a range of people including partners and family members, friends, doctors, psychologists, colleagues and Elders.

Fear of COVID-19

Table 3 presents the individual survey items from the Fear of COVID-19 Scale (Ahorsu et al. 2022). Across all items, respondents tended to report low levels of individual fear symptoms in relation to the specific phobia of COVID-19. For example, eight participants (22%) reported that they were 'most afraid of COVID-19'. Likewise, two (5%) reported that they were 'unable to sleep worrying about COVID-19'.

Although staff members did not have individual symptoms of fear in relation to COVID-19, they expressed concerns for the safety of the Elders who were accessing and delivering their services. It is essential to understand the significance of Elders. Elders are respected and hold important roles and obligations in their communities (Gibson et al. 2020). In many First Nations communities, Elders are recognised by their communities as the custodians of the land, as knowledge holders, leaders and healers (Cox et al. 2022; Gibson et al. 2020). In many First Nations communities, Elders support the continuity of culture by sharing tradition, culture, language and ancestral knowledge with the younger generations (Mashford-Pringle et al. 2021). Elders also hold particularly important roles in ACCOs, as they are board members, volunteers and participants of organisations. Therefore, the role of ACCOs and responsibility of ACCO staff was crucially important during the COVID-19 pandemic. During interviews, staff members discussed their fear of losing Elders, as they felt that they did not know how to keep the Elders safe from something they could not see. The depth of this responsibility and urgency is captured in this quote:

I now know that my responsibility to the organisation is keeping people alive. This was a daunting realisation. Although there is minimal risk, if one person presents

Survey items	Mean (SD)	Proportion of people who 'strongly agreed' or 'agreed'	Proportion of people who 'strongly disagreed' or 'disagreed'
I am most afraid of COVID-19	2.86 (0.93)	22.86%	31.53%
It makes me feel uncomfortable to think about COVID-19	2.57 (1.18)	28.57%	51.43%
When I watch news stories about COVID-19 on social media, I become nervous or anxious	2.34 (0.93)	14.29%	54.28%
I cannot sleep because I am up worrying about COVID-19	1.74 (0.88)	5.71%	82.86%
My heart races or palpitates when I think about getting COVID-19	1.74 (0.69)	0	85.71%
N = 35			

Table 3: Fear of COVID-19



that has it, that could be tragic (manager, ACCO, interview).

When asked to provide further information, the manager clarified:

I had fear in that, I did not want to lose Elders. Fear around not knowing how to navigate this, due to lack of information. How do you keep them safe from something you can't see? If you lose the Elders, then there is no organisation, they are our volunteers, our board members and our participants (manager, ACCO, interview).

ACCOs have important relationships with Elders in the local community. The services and First Nations staff have cultural and community responsibilities to care for and protect Elders. This ACCO manager explains the responsibility for making service decisions to keep Elders safe within their service.

Discussion

This paper contributes to the existing literature by highlighting the ways in which ACCOs in south-eastern NSW adapted to continue meeting the needs of communities during the COVID-19 pandemic. This paper describes how this response was shaped by their longstanding connection to place, community governance and cultural responsiveness. It highlights the effectiveness of the ACCO service model during times of crisis and details the impact that the pandemic had on staff wellbeing. This study addresses a gap in the literature, which has predominantly focused on remote communities.

How the ACCO model enabled adaptation

The key themes that emerged from the analysis of how ACCOs adapted to continue to service the needs of south-eastern NSW communities during the

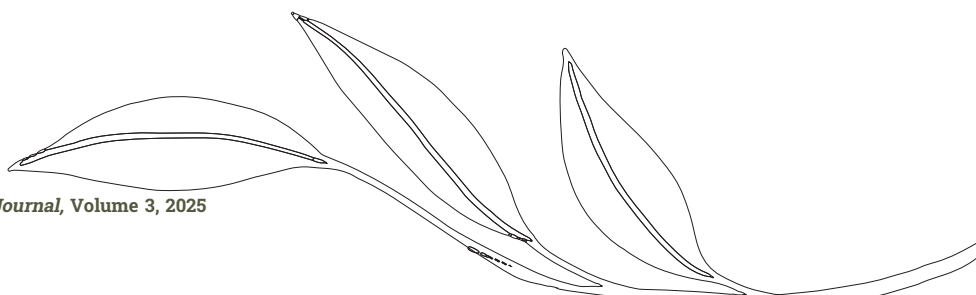
COVID-19 pandemic were: continuing service provision, adapting program delivery and culturally appropriate service delivery.

Continuing service delivery

Consistent with previous research ([McCalman et al. 2021](#); [Crooks et al. 2020](#); [Fitts et al. 2020](#)), it was found that community-led responses were effective in continuously providing services and addressing the complex needs of the south-eastern NSW communities during the COVID-19 pandemic. In a study conducted with remote communities in Australia, [Hempenstall et al. \(2024\)](#) found that continuing service delivery was supported by ACCO-led preparedness, planning and response, providing evidence of the importance of First Nations leadership in public health promotion, policies and initiatives, especially during times of crisis or change.

Adapting service delivery

Although there were changing client needs and expansion of geographical locations that organisations were servicing, staff found innovative ways to deliver their services and remain connected to their clients. For example, staff quickly learned how to deliver telehealth services to not only continue service delivery but maintain connections with community. This also helped ensure that each ACCO could prioritise the safety of staff while continuing to meet the needs of each community. Similar measures were implemented in other communities, where mainstream hospital services partnered with ACCOs to deliver culturally appropriate service delivery and support during COVID-19 ([Taylor et al. 2025](#)). Therefore, partnering with ACCOs delivers better outcomes for community, as these adaptations were made possible by the ACCO model's deep connection to place and community, which shaped how services were delivered and staff responded.



The role of connection to place in enabling responsiveness

Key themes that emerged from this study described the ACCO model and connection to place: engagement with community, meeting community needs and being accountable to community and connection to place.

Engagement with community and meeting and being accountable to community needs

The governance and engagement of the ACCO sector in the region has been built over decades and enables the organisations to understand the needs of community. Consistent with previous research, this study highlighted the importance of ACCOs holding deep and longstanding connections with their community, as this enabled them to quickly adapt their services to meet the changing needs of the community during the pandemic ([Moodie et al. 2021](#)). This response is consistent with First Nations responses in Canada. However, sites in Canada had access to flexible funding to design and implement community-based solutions, whereas ACCOs' responses in Australia were inadequately resourced ([Moodie et al. 2021](#)).

Connection to place

This study found that staff who work in ACCOs hold a strong connection to place and their local community. This enables them to understand and respond effectively to community needs. Their spiritual and relational ties influence the way ACCOs prioritise community needs and deliver services to their local communities. It is also important to consider the importance of place in provision of services, as programs need to be designed differently for different places ([Bishop et al. 2014](#)). It is important to consider how staff connection to place may more broadly influence service provision in other ACCOs across

Australia and globally. This connection to place not only shaped service delivery but also influenced how staff experienced and responded to the pressures of the pandemic.

The impact of the COVID-19 pandemic on staff and how this affected the ACCO model

The study also explored the impact that COVID-19 had on staff from April to August 2021. The key emergent themes that identified the impact of COVID-19 were additional stressors, disruption to cultural practices and fear of COVID-19.

Additional stressors

The results indicated that the enforced need to work from home induced additional work-related stress for staff as well as stress due to disruption of their home lives and cultural practices. This finding mirrors a study that examined the COVID-19 response from Gurriny, an ACCO located in far north Queensland. [McCalman et al. \(2021\)](#) discovered that their staff became fatigued due to the realignment and complexity of their roles during the pandemic and some staff reported experiencing elevated fear, anxiety and bereavement ([McCalman et al. 2021](#)). The [McCalman et al. \(2021\)](#) study also found that Gurriny staff experienced isolation and disconnection while working from home due to disconnection from their colleagues and communities. Together these findings suggest that there is a need for ACCOs to assess their workers' wellbeing throughout crises response periods, especially while staff are required to work from home. This finding also relates back to earlier discussion on the importance that connection to place and community has on staff wellbeing and ability to deliver effective services. This approach will enable organisations to reduce some of the impacts that crises may have on staff wellbeing.



Disruptions to cultural practices

Consistent with broader literature, the findings revealed that cultural practices were disrupted during the pandemic (Dudgeon 2021). For example, staff were unable to take their children out on Country or participate in cultural practices related to Sorry Business. This was reflected in other studies conducted in other First Nations Australian communities, which described that parents experienced disrupted connectedness to family, community and culture and daily living during COVID-19 (Kennedy et al. 2022), particularly around connecting to Country. Further, Furlong et al. (2025) found that grief was prolonged during COVID-19, as people were unable to go through the required cultural practices surrounding bereavement. It is important to consider how these disruptions to cultural and grieving practices may impact the social and emotional wellbeing of First Nations communities in the longer term.

Fear of COVID-19

Results indicated that clinical and administrative staff did not experience individual anxiety symptoms due to fear of COVID-19, likely explained by their connection to place and community. In contrast, managers and executives found that staff did report fear of COVID-19, but these concerns were mostly related to the wellbeing of Elders and the local community. This is consistent with other studies, which found that managers of ACCOs were concerned about the impact consequences that transmission may have if COVID-19 entered their community (McCalman et al. 2021).

First Nations concepts of wellbeing may have influenced these differing attitudes towards COVID-19. Unlike the biomedical model of wellbeing, which narrowly focuses on absence of disease, First Nations concepts of wellbeing are holistic and encompass seven interconnected and interrelated domains: body,

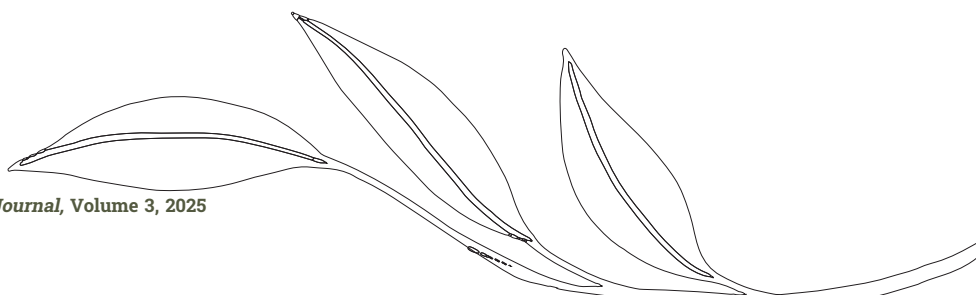
mind and emotions, family and kinship, community, culture and spirituality (Dudgeon et al. 2020).

Further, First Nations cultures have also retained collectivist ideologies and connection to place and community (Miller 2017). This may have influenced the current staff members' attitudes towards COVID-19, as they were predominantly focused on how COVID-19 may impact community rather than focusing on their own individual symptoms of fear.

These findings highlight how the ACCO model's strengths, connection to place, cultural responsibility, and community focus also shaped the unique challenges staff faced during the pandemic.

Limitations and future directions

This study was strengthened by its mixed methods approach, which included a quantitative survey of and qualitative interviews with First Nations people working across this region and within a diverse range of services. Whilst there is literature that has previously examined remote communities, this paper explores the unique context of service delivery within a regional context. However, it is important to note the limitations with the study. The survey was deidentified and therefore it was not possible to know the distribution of responses across the organisations. A significant limitation was the sample size. Subsequently, there was insufficient power to conduct more advanced statistical analysis with the survey results. In addition, during the data collection period health services were stretched, addressing this major health pandemic, which reduced the amount of time that clinicians could support additional research projects. Therefore, it is possible that the survey did not represent the broader views of the First Nations workforce in the region. The cross-sectional nature of the study should be noted as this was only reflective of





one point in time and did not account for the waves of COVID-19; therefore, the results in the study may have differed towards the end of the pandemic. It is also possible that social desirability bias may have influenced respondents' willingness to be transparent about the negative impacts on their wellbeing (Caputo 2017). Therefore, this study may not be representative of the impacts experienced by the staff who completed the survey.

This study identified that staff social and emotional wellbeing had been impacted during the pandemic. Future research could investigate how the ACCO sector in south-eastern NSW supported their staff during the crisis response and consider ways that staff members could be better supported in the longer term. This study did not explore the views of people (i.e. clients, patients) accessing these health services. Future research would benefit from both quantitative and qualitative research methodologies to understand the lived experience of those accessing regional ACCOs, particularly during periods of increased 'crises' (e.g. pandemics, bushfires). Further research is needed to understand the impact that COVID-19 has had on First Nations communities so that it can be used to inform policy and funding (Dudgeon et al. 2021).

This paper described the unique qualities of how the ACCO sector provides culturally safe and place-based services. The ACCO sector responded to the COVID-19 pandemic by adapting to meet the complex and changing needs of the local First Nations community. The ACCO sector has a unique approach to service provision, including governance systems, relationships with community and connection to place, which enabled the sector to keep community safe. The ACCO services involved in this study adapted service delivery in innovative ways and were able to care for all of the community. The ACCO model's connection to place

enabled service adaptation but also shaped how staff experienced and responded to the pandemic, highlighting the interdependence between service delivery, cultural responsibility and staff wellbeing. The study also found that staff reported that their wellbeing was impacted, as they had additional stressors to manage. Staff did not report individual fears of COVID-19; however, they did fear for the safety of others, particularly Elders, reflecting a strong sense of cultural responsibility. The collectivist nature of First Nations culture and cultural responsibility to community is a strength that can be seen across the ACCO sector. This is reflected in the way that service delivery continued, and safety measures were implemented during the COVID-19 pandemic.

Author contributions

F. Sheppard led the development and management of the study. All authors contributed to the design of the study. P. Kelly and K. Clapham supervised the study. K. Clapham, B. Haynes and F. Sheppard were involved in recruitment and data collection. K. Clapham, B. Haynes and F. Sheppard conducted interviews. F. Sheppard led the preparation of the manuscript. All authors critically revised the manuscript. All authors read and approved the final manuscript.

Declaration of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Funding

This research was supported by scholarships: University Postgraduate Award Scholarship granted by the University of Wollongong; Australian Government Research Training Program Scholarship, and Bendi





Lango Scholarship from the Australian Psychological Society. This work was supported by the Australian Research Council (IN190100026) and a New South Wales Health COVID-19 Research Grant (2020-2022).

Acknowledgements

We would like to acknowledge all the staff members who took the time to participate in this study during the COVID-19 pandemic. We would also like to pay respect to the Aboriginal community-controlled sector for the important work that they do for the south-eastern coast of New South Wales community, and particularly for the way they cared for our Elders. We would also like to acknowledge the University of Wollongong, the Australian Psychological Society and Australian Research Council for providing funding to support this research.

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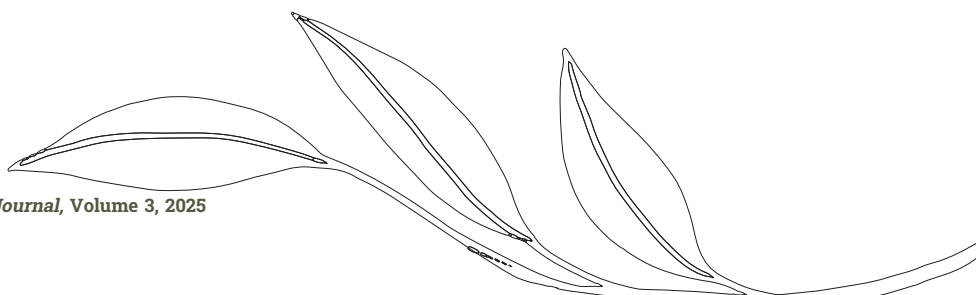
Bronte Haynes is a proud Wiradjuri and Muruwari woman from western New South Wales, Australia, who currently works as a Project Coordinator at the Ngarruwan Ngadju First Peoples Health and Wellbeing

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Dawn Bessarab is the Director of the Centre for Aboriginal Medical and Dental Health at University of Western Australia and principal investigator on the Good Spirit Good Life Centre for Research Excellence in Indigenous Ageing. Professor Bessarab is a proud Bardi/Yindjibarndi woman with a social work background. She is a highly regarded and sought-after leader in Indigenous methodologies and participatory action research. Professor Bessarab developed the framework on clinical yarning as an Indigenous conversation, which is now widely applied across the Australian and international communities. She has championed Indigenous and non-Indigenous researchers to build their capacity to deliver high-impact research.

Valerie Harwood is a non-Indigenous woman born on Kurna Country, Adelaide, to parents with heritage from England, Wales and Germany. She is a Professor of Sociology and Anthropology of Education in the Sydney School of Education and Social Work, The University of Sydney. Her research is centred on a social and cultural analysis of participation in educational futures. This work involves learning about collaborative approaches and in-depth fieldwork on educational justice with young people, families and communities.

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Associate Professor in the Indigenous Education & Research Centre at James Cook University. Her research experience spans over a decade, and she has collaboratively designed and implemented community-based research and evaluation projects that are of benefit and priority driven by the Indigenous community. Marlene was awarded an Australian Research Council DAATSIA Fellowship in 2022 for the project Navigating the Carceral Interface, which aims to address the gap in knowledge of how young Indigenous people experience the carceral system and document how Indigenous community organisations support and provide vital contributions to building safer, more supportive communities.

Bronwyn Fredericks is an Indigenous woman from south-east Queensland with over 30 years of experience working in and with the tertiary sector, state and federal governments, and Aboriginal and Torres Strait Islander community-based organisations. She is a Professor and the Deputy Vice-Chancellor (Indigenous Engagement) at The University of Queensland and maintains an active research program. Her research, based in the fields of health and education and grounded within the political reality of Indigenous peoples' daily lives, exemplifies her commitment to social justice and improving Indigenous health and education outcomes.

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Kathleen Clapham is an Aboriginal Australian, a descendent of the Murrawarri people of north-western NSW. She is Head of Discipline (Indigenous Health), and Director of the Ngaruwan Ngadju First Peoples Health and Wellbeing Research Centre at University of Wollongong. Kathleen is an anthropologist and qualitative researcher with extensive experience in Indigenous health research focused on the safety, health and wellbeing of children and young people, community-based interventions, the social determinants of health, and health services research aimed at improving the health and safety of Indigenous peoples.

Supplementary material

Supplementary material associated with this article can be found in the online version at <https://doi.org/10.1016/j.fnhli.2025.100077>

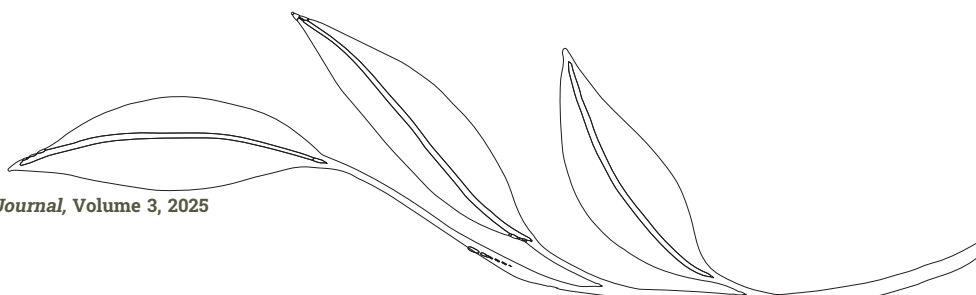
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