Leading with local solutions to keep Yarrabah safe: an Aboriginal community-controlled health organisation's response to COVID-19

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"Preparedness, coalition building, imagination, experiments, bravery.... in an unpredictable age, these are tremendous sources of resilience and strength. They aren't efficient. But they give us limitless capacity for adaptation, variation and invention and the less we know about the future the more we're going to need these tremendous sources of human, messy, unpredictable skills (Margaret Heffernan, The human skills we need in an unpredictable world. TED Summit 2019)".

Executive summary

Aboriginal community-controlled health organisations (ACCHOs) responded early to the threat of a COVID-19 pandemic. Throughout 2020, they prepared, prevented sustained community transmission, delivered a response to outbreaks, and resumed (somewhat) normal operations. Yet these responses also had implications for the organisational capacities of ACCHOs themselves, including on their leadership; staffing; financial and healthcare service delivery capacities; and community engagement and responses to the diverse issues of community members in lockdown. Organisational issues challenged the capacity of ACCHOs to make responsive decisions as the pandemic continued to impact Indigenous communities, both directly and indirectly.

This report explores the learnings from Gurriny Yealamucka Health Service, the ACCHO that serves Australia's largest discrete Indigenous community, Yarrabah. Yarrabah is located on the north eastern coast of Australia, 50km south of Cairns. The CEO of Gurriny requested this research to better understand Gurriny's organisational responses to COVID-19, examining when and what was done well, what was not, and what strategies and resources should be improved for Gurriny to respond more effectively to the ongoing crisis and any future pandemics or critical events. Analysing and learning during the course of the COVID-19 pandemic (in October/November 2020) provided the rare opportunity to capture qualitative data while the effects of the pandemic were still active in Yarrabah. The research questions were: How did Gurriny respond to COVID-19; what worked well, what didn't, with what impact: and what learnings could be taken forward to inform responses to a potential 2nd wave or future pandemics? The research is based on interview data from 18 Gurriny managers and staff, leaders of other Yarrabah organisations, community members and external providers that supported the Yarrabah response.

How did Gurriny respond?

Gurriny responded to COVID-19 by *leading with local solutions to keep Yarrabah safe.* Gurriny worked with other Yarrabah organisations through the closure period. The coordination efforts were facilitated through the Yarrabah Local Disaster Management Group (LDMG) which has responsibility for disaster management response, legislated through the Queensland Disaster Management Act 2003. The Yarrabah LDMG reported to the Cairns District Disaster Coordination Group which reported to the State Disaster Coordination Centre. Local coordination was led by the Yarrabah Aboriginal Shire Council with the Mayor as Chair.

Right from the start of the pandemic in January 2020, Gurriny took initiative to meet with other Yarrabah leaders through the LDMG to outline the potentially serious local consequences of the pandemic and advocate for a speedy local preventive response (see Appendix 1: Timeline of key actions related to Gurriny's response to COVID-19). Governance arrangements between Gurriny and the Local Disaster Management Group (LDMG) were creatively resolved with the establishment of a Health Taskforce Subcommittee to the LDMG to bring together local health and disaster management expertise and capacity. The

Health Taskforce brought together a strong group of leaders and organisations willing to work together to respond to the pandemic threat. A LDMG funding submission for quarantine and isolation facilities (16 April 2020) stated: "*Recognition of local leadership and solutions with the support of resources to keep Yarrabah well and safe during this period was an important and timely message as we mobilise community to respond to this pandemic*".

Gurriny's leadership and local solutions were at the core of four key strategies to keep Yarrabah safe. The four strategies were: managing the health service operations, realigning services, educating and supporting community and working across agencies. These strategies were enabled or hindered by six conditions: the leadership capacity of Gurriny, relying on the health taskforce, the health of Yarrabah community members, "locking the door", "copping it" and (not) having resources.

What worked well?

Participants acknowledged that although challenging, many things worked well regarding the COVID-19 response by Gurriny and the Yarrabah community. Efforts of Gurriny, other Yarrabah organisations and governments were rightly placed on preventing the virus from entering the community. The community-controlled governance and leadership capacity of Gurriny enabled the primary healthcare service to quickly pivot its operations and radically realign its holistic service delivery model to do so. Group-based programs were postponed and instead, Gurriny utilised social media and committed to an ambitious community door knocking effort to provide COVID-19 information and advise the 4000 community members about food supply options, hygiene, social distancing and other preventive measures. An effective fever clinic was established at the clinic with up to 500 residents tested. Gurriny upgraded its infection control procedures and trained staff, identified and established local quarantine facilities, and the managed the patient journeys of more than 500 residents to attend specialist medical appointments or hospital in Cairns and back to the community through the designated biosecurity lockdown of Yarrabah (26 March to 18 June, 2020). These healthcare processes are now familiar to Gurriny staff and Yarrabah residents, and will serve the community well in the event of a second wave or further pandemic.

Through working closely with other Yarrabah organisations through the LDMG Health and other taskforce subcommittees, relationships between Yarrabah organisations and engagement with some community members were strengthened. By working together as a team, Gurriny and other organisations recognised their enhanced capacity to achieve: "*their best for the community and the best for Gurriny" (Gurriny manager).* Gurriny managers recognised that the effort had resulted in staff fatigue and provided generous leave provisions and supportive staff wellbeing activities and services.

What didn't work so well?

Many of the things that did not work so well about Yarrabah's COVID-19 response came about because of government's failures to respond adequately to Yarrabah's requests for information, support, and timely resourcing for needed equipment, facilities and trained personnel. The lack of experience with the Queensland Disaster Management Act (2003) and associated functions ascribed at the Local and District Disaster Management level, highlighted deficiencies in process understanding and pathways. Areas of concern included request for resources (especially PPE), local quarantine and isolation facility. Furthermore,

the rules for the lockdown were unclear and changed constantly. As a result: "p*eople just didn't understand 'this is a rule'. It's not a suggestion, it's an actual rule that has consequences" (Gurriny manager).* The multi-jurisdictional nature of the LDMG and lack of clarity about decision making pathways created ongoing delays in resourcing decisions such as for vital personal protective equipment, local quarantine and isolation facilities and a communications officer position. The resultant resource shortages created unnecessary stress for Gurriny staff and insecurity and frustration community members.

Participants considered that the areas that needed to be strengthened included communications to community members about COVID-19 preventive measures; training in infection control, contact tracing and case management; youth wellbeing; and Gurriny staff debriefing and support. The need for a system of regular community communication has been addressed (at least temporarily) through the resourcing and recruitment for a Communications Officer. Gurriny staff identified a need for a Gurriny-based educator to provide staff training in infection control and other capacity development. Breaches of the lockdown and poor infection control at the checkpoint posed real risks of transmission and Gurriny managers acknowledged that the organisation alone has insufficient capacity to manage an outbreak of COVID-19. Basic questions remained (and still remain) unanswered, such as: *"in the event if somebody in Yarrabah was made positive, what would happen to that patient? And then what would happen to their family?" (Gurriny manager).* Government public health support is needed for implementing case management and contact tracing procedures – these were being developed as this report was written.

Youth wellbeing programs and the availability of the youth hub space were casualties of the service delivery realignment and requirements for social distancing. They meant that: *"we didn't do much for the youths, but we couldn't as well" (Gurriny staff member).* Going forward, a decision about the date for reopening of the youth hub, development of a youth advisory committee, and planning of COVID-safe youth supports are needed.

Finally, staff shortages during the COVID lockdown placed undue demands on those who remained. Stresses were, in part, ameliorated by Gurriny's generous leave and support provisions. However, participants suggested that a debriefing opportunity was needed to inform organisational protocols about issues such as recognition of the dual demands of working and living in the community, difficulty of maintaining connections during lockdown for those living outside Yarrabah, rationale for staff leave provisions during crises such as lockdowns (e.g. vulnerability through chronic disease, childcare responsibilities) and recognition of those staff who worked through the lockdown.

With what impact?

To date, the leadership demonstrated by Gurriny and other Yarrabah organisations has kept Yarrabah safe. Undisputedly, the major benefit of their efforts was that Yarrabah succeeded in preventing COVID-19 cases coming into the community. Thus they prevented the potentially devastating morbidity and mortality that were predicted given the community's high housing occupancy rates and a high burden of chronic disease. The Federal government's Biosecurity Act Determination which placed vulnerable communities into lockdown and the Queensland Government initiative to close the state borders also contributed to Yarrabah's efforts to keep Yarrabah COVID-19-free.

The lockdown also resulted in some unintended benefits for the Yarrabah. For example, CHHHS operationalised their Yarrabah four-chair dialysis service and committed to sustaining and potentially expanding that service. This means that renal patients, who previously had to travel to Cairns-based hospital, can now be dialysed in community. Similarly, an isolation and quarantine facility is planned for construction at Gindaja, which can be alternately be used as a step up recovery facility when not required for quarantine.

Gurriny continues to demonstrate leadership by preparing for a second wave of COVID-19 and future pandemics, which were considered likely whilst there is no vaccine. A Rapid Response Team, and a Public Health Working Group of the LDMG have been established to continue to provide leadership for and plan the response. Training for procedures such as rapid point of care testing, contact tracing and case management, in conjunction with Queensland Health's TPHS, continue to be implemented. The need for ongoing community education and household planning has been acknowledged. Finally, the roll out of a vaccine and site-specific control of hot spots will continue to provide ongoing challenges, particularly in the context of potential opening of international borders and the port of Cairns into the future.

Yarrabah has not yet taken the time to debrief or celebrate its successes and achievements in maintaining the safety of its community and residents through COVID-19. A Gurriny staff member considered: "*Uh not yet. I don't think the dust has settled. And apprehension…Best case scenario is that we don't have to deal with it but at the same time, if you never have to deal with it well … what we did put in place has worked*".

What learnings could be taken forward?

Mindful of the immense effort that Gurriny contributed and its organisational and community achievements, the following recommendations are respectfully offered to evidence participants' suggestions for improvement.

Managing the health service operations

1. Continue to provide leadership of local solutions to keep Yarrabah safe.
2. Coordinate a facilitated session at Gurriny as an opportunity for staff to debrief relating to the ways that staff members have been affected by COVID-19. These include the role of Gurriny staff who worked, and those who stayed away from Gurriny during COVID-19, the stresses for community staff of not being able to switch off when they get home, the stresses for Cairns-based staff of disconnection, and staff responsibility for self-care.
3. Review the capacity of the Gurriny health workforce to manage an outbreak of the virus in community and develop workforce capacity development strategies. Examples of need include: trained staff to operate point of care rapid testing, contact tracing in the community, etc.
4. Provide further training in infection control to all Gurriny staff, and in the operation of the roles identified in 2 above. An educator position should be considered.
5. If the community is placed in lockdown and a Cairns-based team is required again, the team requires more structured access to a doctor and a larger team, including at least one male.

Realigning Gurriny services

6. Review the Gurriny service delivery model to ensure that it is overlaid with the COVID-19 program delivery norms that take account of restrictions.
7. Develop an improved model for teleconferencing with patients.
8. Develop processes for contact tracing and case management of COVID-19 cases in Yarrabah, in collaboration with TPHS.
9. Access needed infection control equipment and resources and develop a process to keep skills and processes relevant and familiar.
10. Draw on Gurriny's exemplary vaccination performance to plan vaccination priorities and processes for Gurriny clients once the COVID-19 becomes available in Australia.

Educating and supporting community

11. Provide practical support for families to access basic needs like food, clothing, etc if a second wave is experienced; particularly to people in isolation or quarantine, e.g. groceries, filling prescriptions, etc.
12. Prepare household information packs and conduct a second house-to-house visit to promote householders' responsibilities to care for their own safety through household plans, e.g. how to keep your house prepared and COVID-safe.
13. Disseminate messages to maintain community members' awareness and remind them of the ongoing risk of COVID-19 infection to ensure readiness for a second wave.
14. Talk to community members and disseminate information about 'what does contact tracing mean', what would happen to a COVID-19 positive patient, and what would happen to their family.
15. Reopen the Youth Hub and plan a program of activities. A youth advisory group should be established to advise on the program of activities (potentially including online engagement), and further youth wellbeing issues (such as disengagement from school) through and beyond COVID-19.
16. Establish a permanent communications officer position at Gurriny and provide clear, timely and accurate information to community members about Gurriny and LDMG strategies in response to COVID-19. Communication should be consistent (one point of control) on a Community Dashboard, through texting, Facebook, Instagram, Twitter, and a website, that all provide friendly day-to-day information but could be activated in an emergency. The local radio station could also be used to convey Gurriny messaging.
17. Should there be another lockdown, the rules of the lockdown need to be communicated more clearly.

Working across agencies

18. Inform community members of COVID-related decisions made by the LDMG and governments that affect the Yarrabah community.
19. Advocate for CHHHS to build local capacity, including the acquisition of scanning equipment. Patient management can then be provided locally with the support of telehealth.
20. Advocate for CHHHS to expand their local dialysis service to meet the increasing demand for dialysis in Yarrabah.
21. Consider strategies for Yarrabah to become more self-sufficient with food – this could reduce food prices and provide jobs.

22. Support Gindaja's infrastructure project to provide available quarantine space to support those who can't quarantine in Cairns.
23. Advocate to governments that they need to listen to local expertise and solutions, and to respond to and resource those.
24. Advocate to governments to accept the need for public health as the biggest issue that faces us moving forward, including responses to further pandemics.
25. Advocate to governments to urgently address social determinants in Yarrabah such as the need for more social housing, satellite communication and other telecommunications infrastructure, and a larger retail store.
26. Advocate to governments for more staff accommodation in Yarrabah – for nursing, Police, teachers, local government. This would place organisations in a better position to mobilise and navigate around protecting the community.
27. Advocate that any future lockdowns are implemented on a community-by-community basis and are locally led.
28. In the event of future lockdowns, checkpoint staff should include a medically trained infection control person that can oversee the everyday operations and to train other staff; or Gurriny could re-offer to train Police at checkpoints in infection control.
29. Advocate that lists of essential workers, permitted patients, etc are available online and communicated electronically.
30. Advocate to address gaps in the AMP and assist process to develop appropriate options including license establishment, with the enterprise managed by a strong governing body and focus on social reinvestment (not profit making)
31. Clarify communication channels through the LDMG and Queensland Health pathways and build relationships so Gurriny staff are aware of who to ask for help and how.
32. Provide better resourcing and support for Gurriny's response to COVID-19.

Introduction

From the World Health Organization (WHO)'s notification of an outbreak of pneumonia of unknown cause in Wuhan city, China on 5 January 2020, it took just two months and 6 days until the WHO declared that the coronavirus disease (COVID-19) had become a pandemic (11 March 2020). Watching the rapid transmission of the virus internationally from the tropical Aboriginal and Torres Strait Islander (hereafter respectfully termed Indigenous) Australian community of Yarrabah, medical and managerial staff at the local community-controlled health service, Gurriny Yealamucka Health Service (hereafter Gurriny), were concerned about its potential impact on their community.

Pandemics such as COVID-19 are a serious public health risk for Indigenous communities in Australia (Crooks, Casey, & Ward, 2020). Earlier pandemics (e.g. Human Influenza, H1N1) had affected Indigenous people at four times the rate of non-Indigenous Australians, and studies had found that a 'one size fits all' population approach was inappropriate (Driedger, Cooper, Jardine, Furgal, & Bartlett, 2013; Massey, Miller, Durrheim, & et al, 2009; Massey et al., 2011). At the start of the COVID-19 pandemic, it was clear that a rapid tailored Indigenous response was needed. The Australian Health Sector Emergency Response Plan for Novel Coronavirus Management Plan for Aboriginal and Torres Strait Islander Populations (2020) recognised that Aboriginal community-controlled health organisations (ACCHOs) needed to be at the centre of COVID-19 outbreak health measures, whilst also continuing provision of essential primary healthcare services.

During the early days of the pandemic, ACCHOs were proactive, ensuring that an array of measures was put in place to effectively reduce exposure to COVID-19 and prepare for potential outbreaks (Crooks et al., 2020). Indigenous organisations and people acted early as active and equal participants in pandemic preparedness, preventing sustained community transmission, delivering a response to outbreaks, and/or resuming normal operations. Yet these responses also had implications for the organisational capacities of ACCHOs themselves, including on their leadership; staffing; financial and healthcare service delivery capacities; and community engagement and responses to the diverse issues of community members in lockdown. Organisational and resourcing issues challenged the capacity of ACCHOs to make responsive decisions as the pandemic continued to impact Indigenous communities, both directly and indirectly.

This research was initiated by the Chief Executive Officer of Gurriny, Yarrabah's only primary healthcare service located in Australia's largest discrete Indigenous community, Yarrabah. Gurriny not only has responsibility for the complex and diverse health of its 3500 clients but is the lead agency for the overall health, safety and wellbeing of all Yarrabah residents. This leadership is crucial during a pandemic when risks were extremely high. This report explores the learnings from Gurriny's organisational responses to COVID-19, examining when and what was done well, what was not, and what strategies and resources could be improved for Gurriny to respond more effectively to the ongoing threat of the virus and any future pandemic. Analysing and learning during the COVID-19 pandemic (in October/November 2020) provided the rare opportunity to capture qualitative data while the effects of the pandemic were still active in Yarrabah.

The research questions were: How did Gurriny respond to COVID-19; what worked well, what didn't, with what impact: and what learnings could be taken forward to inform responses to a potential 2nd wave or future pandemics. The report explains the Yarrabah

situation in relation to COVID19, the conditions that enabled or hindered the Yarrabah COVID response, the strategies which Gurriny implemented to respond to COVID and the outcomes of these strategies. The report focusses on the role of Gurriny in its response to COVID in Yarrabah, partnering with other groups and agencies, including State government groups and organisations, and Yarrabah community residents, of whom also played key roles. The research occurred during the pandemic, in October/November 2020, providing a rare opportunity to capture qualitative data while the effects of the pandemic are still active in Yarrabah. Recommendations for improvement are also provided as part of this report

Methods

Aim and design

The research aimed to investigate Gurriny's response to COVID-19, including:

1) What worked, what didn't and what were the learnings in preparation for a second wave or future pandemics.
2) Recommendations to improve Gurriny's responses to future COVID19 or other infectious disease outbreaks or other critical community events that impact the health, wellbeing and safety of the community.

This is achieved by:

1) Capturing narratives of Gurriny managers, staff, Yarrabah local disaster management group taskforce members, and community members about Gurriny's response to COVID19 to date; and
2) Establishing recommendations to guide and measure future response actions.

The research was built on a long-term research partnership between Gurriny and CQUniversity that has been culturally respectful, productive, and with mutual gains and two way learning for community and CQUniversity research. It is guided by the Indigenous Leadership Framework of CQUniversity's Centre for Indigenous Health Equity Research, and places Indigenous priorities, end users and shared key decision making at the centre of the research design that is respectful of different cultural worldviews, values and practices. It was designed to support decision making to improve Gurriny's responses to future COVID-19 or other infectious disease outbreaks or other critical community events that impact the health, wellbeing and safety of the community.

The methodology is based on participatory methods and acknowledgement of Indigenous and Western knowledge systems. A strengths-based approach is used that celebrates the successes, strengths, resilience and capabilities of Yarrabah people. The narratives of Gurriny managers, staff, Yarrabah local disaster management group taskforce members, and community members were captured with Gurriny's response strategies, their enabling conditions and impacts identified using grounded theory methods (Charmaz, 2014). The research received approval through the CQUniversity Human Research Ethics Committee (HREC approval no. 0000022591). It was funded through an Advance Queensland Industry Research Fellowship.

Setting

Yarrabah is Australia's single largest discrete Indigenous community, with about 4000 residents. The traditional custodians of the area are the Gunggandji people. The community

was founded as an Anglican Mission in 1892. Subsequent state governments forcibly relocated other Aboriginal and some South Sea Islander peoples to Yarrabah. Yarrabah was ranked in the first percentile of disadvantage in the Socio-Economic Indexes for Areas (SEIFA) index in 2016, meaning that approximately only 1% of Australia's local government areas are more disadvantaged than Yarrabah.

Yarrabah is located 52 km from the city centre of Cairns. Local residents travel daily between Yarrabah and Cairns in order to access services including schools, retail services and employment. This access to Cairns also brings indirect contact with the national and international tourists that visit Cairns. This brings an increased risk of pandemic infections, such as COVID-19, to a community with a large at-risk population.

As the only Yarrabah primary healthcare service, Gurriny serves approximately3500 regular patients. Gurriny is governed by a community board and employs 95 staff, 75% of whom are local Indigenous healthcare staff. Gurriny worked alongside other Yarrabah organisations to plan local action to mitigate the COVID-19 risk. A Local Disaster Management Group (LDMG) reported up to the District and State Disaster Management Groups as the legislatively established lead pathway for responding to disasters in Queensland. In Yarrabah, a Health Taskforce, led by Gurriny and the co-located Queensland government Cairns and Hinterland Hospital and Health Service (CHHHS) accident and emergency department in Yarrabah, was established to advise the LDMG about appropriate pandemic responses.

Participants and documents

Eighteen people were interviewed. Thirteen were Gurriny managers and staff members, including six senior managers, three middle managers and four staff members. Five non-Gurriny staff members interviewed comprised two leaders of other Yarrabah organisations, one Gurriny Board member, one community member and one government representative. Altogether, 12 participants were Indigenous; 6 non-Indigenous; 11 female and 7 male (Table 1).

Table 1: Participant characteristics

	Indigenous	Female	Total no.
Gurriny staff	8	8	13
Non-Gurriny staff	4	3	5
Total	12	11	18

59 documents pertaining to the Yarrabah response to COVID-19 were also analysed. Documents included: 21 planning/protocol documents, 14 LDMG taksforce meeting agendas and minutes, 12 government policy or information briefs, 6 submissions, 3 reflective documents, 2 community notices and 1 community survey.

Data collection

Participants were interviewed by one (JM) or two (JM and ML) researchers in face-to-face interviews conducted using an informal yarning method. All interviews took place during participants' work hours, and occurred at their workplace, with six exceptions: four interviews were held at CQUniversity, one by phone, and one community member was

interviewed at Gurriny. Interviews ranged from 20 to 91 minutes in length. Researchers provided a verbal explanation of the purpose of the research project, audio recording and transcription of interviews, and secure data storage on CQU password-protected laptops. Participants were advised of their right to cease at any time without explanation, prejudice or negative consequences, and that no names would be identified in the report. All participants provided informed consent. Project documents outlining the Yarrabah response were provided by a Gurriny manager and staff member.

Analysis

The constant comparison method of grounded theory methodology (Glaser, 1978) was applied to analyse the interview and documentary data. All data were imported into NVIVO 12 software and coded. Starting with the documents, codes or concepts were generated by asking three questions:

1) What is really going on here relative to Gurriny's response to COVID-19?
2) What concept is involved?
3) What is the basic problem faced by the participants?.

New data were constantly compared to existing concepts for similarities and differences; identifying any new concepts from subsequent documents and transcripts; the relationships between concepts; and continually verifying similar and dissenting interpretations in additional data. Concepts that identified events, incidents, actions and interactions that were related in meaning were grouped under higher order concepts (Charmaz, 2014). The higher order and sub-concepts were then structured into a theoretical framework that explained Gurriny's response process. The framework was provided to Gurriny for feedback. Key quotes in the report are highlighted in bold.

Results

The core process: Leading with local solutions to keep Yarrabah safe

Gurriny responded to COVID-19 by *leading with local solutions to keep Yarrabah safe.* Gurriny worked with other Yarrabah organisations through the Local Disaster Management Group (LDMG) which held responsibility for the disaster management response in Yarrabah. Right from the start of the pandemic in January 2020, Gurriny took initiative to lead a local Yarrabah approach. For example, a Gurriny manager met with other Yarrabah leaders through the LDMG, advocating *"'this is about local politics and it's about local action and being decisive and leading'".* Following an initial period of hesitation, other Yarrabah leaders joined Gurriny in a collaborative effort to find and apply local solutions to keep Yarrabah safe. For example, a Local Disaster Management Group (LDMG) funding submission for quarantine and isolation facilities (16 April 2020) stated: "*Recognition of local leadership and solutions with the support of resources to keep Yarrabah well and safe during this period was an important and timely message as we mobilise community to respond to this pandemic*".

Throughout 2020, a strong Gurriny-led Yarrabah leadership group was a key enabler of keeping Yarrabah safe. A manager of a Yarrabah organisation noted: *"In our community … we were fortunate that we have the people in leadership that we do now. That's what I would say. It could've been different if we had a different group of leaders there. But right now, during this pandemic, the leadership that's within the community has kept this*

community safe". A Gurriny manager agreed: "*And I will say this- even if I'm asked this fifty years down the track if I live that long but you know what, I think for the decisions our leaders made at that time, I just thank God I was in the right place and the right time. Because I think Yarrabah was well looked after".*

Gurriny managers acknowledged that although local leadership was paramount, they also needed support from Federal and State governments in their response to COVID-19. A Gurriny manager noted "*First of all we had to understand what we could achieve as a community, and what we needed help with*". However, another Gurriny manager considered that the external decision-making structures did not take adequate account of or provide respect for the local knowledge and capacity of Yarrabah leaders. He suggested that governments should: *"get your ideas and get where the situation actually is from the local perspective, and then you can then say well this is what we've got, will this actually help you? …**It comes back to that old saying …, 'please ask us what our problems are before you give us solutions'**".*

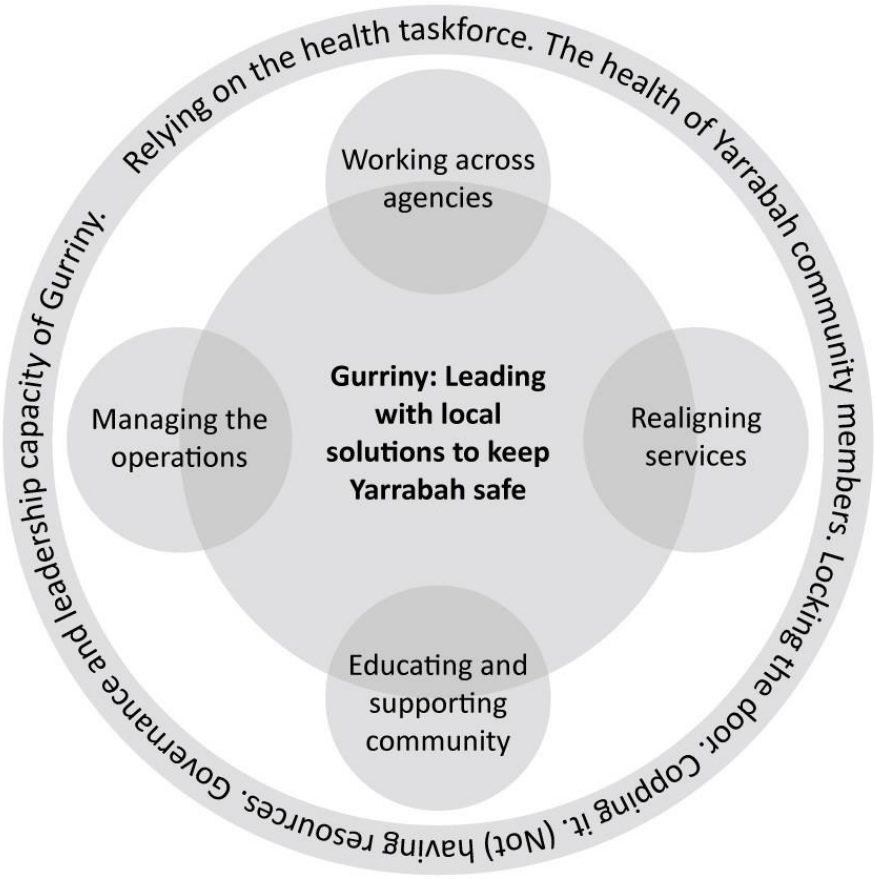
Instead of consulting, however, the federal government's Biosecurity Act Determination placed Indigenous communities under blanket lockdown restrictions. Furthermore, local requests through the hierarchical state government disaster management pathway and Queensland Health decision making processes often fell on deaf ears. A Gurriny manager explained: *"We were even telling them what to do! 'Can you just do this?' Or, 'can you look at this?' But they just wouldn't listen coz they're not on the ground with us, they're up in fairyland somewhere… CHHHS Accident and Emergency guys and Gurriny, we were all on the same page, and frustrated that nobody else seemed to be listening to what we knew needed to happen".*

This frustration strengthened the resolve of Gurriny and other Yarrabah organisations to reassert leadership and control of the community. A Gurriny manager recalled: *"we were trying to talk to Queensland Health … it finally happened where we said, 'we want this.' The Mayor said, 'we want this for Yarrabah. We want to do this.' **As much as the Mayor was frightened because of COVID and we were on his back to say, 'look, we just need some of these restrictions eased [name provided]' and this is what you need to do, and this is what we need to do. We'll continue … keeping community safe**."*

To date, Yarrabah leaders have protected the community, preventing COVID-19 from entering. A community leader reflected*: "What worked well was … I guess **we had a group of people and organisations willing to work together on the pandemic and do the best we can in terms of protecting the community"***. Another community leader said: *"the leadership that's within the community has kept this community safe".* A Gurriny manager agreed: *"what I do think is that what did happen, ensured some safety around our community".* The LDMG submission to amend the biosecurity measures (26 May 2020) acknowledged: *"This could not have been done without the community listening and doing what was asked".*

Gurriny's leadership with local solutions was at the core of its four strategies to keep Yarrabah safe: managing the health service operations, realigning services, educating and supporting community and working across agencies. These strategies were enabled or hindered by six conditions: the community-controlled governance and leadership capacity of Gurriny, relying on the health taskforce, the health of Yarrabah community members, "locking the door", "copping it" and (not) having resources.

Figure 1: Gurriny's response to COVID-19



Conditions that enabled or hindered Gurriny's response to COVID-19

There were six interrelated conditions that enabled or hindered Gurriny's response. They were: the community controlled governance and leadership capacity of Gurriny, relying on the health taskforce, the health of Yarrabah community members, "locking the door", "copping it" and (not) having resources.

Community-controlled governance and leadership capacity of Gurriny

Gurriny had assumed community control of primary healthcare services in Yarrabah from CHHHS only since 1 July 2014. As an ACCHO, a Gurriny manager reflected: ***"we're primary care but we're community-controlled primary care so we can operate in a public health space*** *which if you think of other primary care organisations like a private GP practice, they don't really operate in that space. Deep within a community. That was in our benefit".* The organisation's holistic approach focused on fostering long-term generational change through family-centred programs. A Gurriny staff member commented: *"Gurriny's uniquely always been quite holistic like that anyway. Whether it be through medical or social emotional, or programs or support for new mums or playgroups, Gurriny has always done cooking support, parenting under pressure, all different kinds. It wasn't anything new, but it did put pressure on you to feel like you- we felt like we had to supply everything for the entire community".* This approach enabled the primary healthcare service to quickly realign services to reduce risk and better support patients and staff and protect the community.

Gurriny had grown considerably in size and capacity since transition in 2014, with finances doubling and staffing more than doubling from 37 to a current staff contingent of 95. This

increased capacity enabled its rapid response to COVID-19 in 2020. Gurriny managers described: *"the organisation, …we just showed exactly what we can do, and what we do, we do extremely well. And that's across the board, it's not just in achieving national KPIs* [key performance indicators] *for health or anything like that, but just as a team, I think we kind of lead in the community. I see ourselves as being leaders in the community, not just in health, but in the way we do things. Governance, finance, yeah. It's a very impressive organisation".* Another manager agreed: *"This health service is a flagship for this nation. This health service is going forward in leaps and bounds and there are a lot of people watching".*

Gurriny has a strong leadership team. Participants commented on the critical leadership roles of the CEO, senior medical officer, and senior management team (SMT) as a whole: *"First is that having an SMT and particularly* [CEO name] *who is very receptive to well-stated points of view. You can present her with information and data and she is very quick to pick it up … She understands the importance of listening to the lead clinician and also - she doesn't suffer fools either. So if it's garbage, she'll understand, she'll see that very quickly".* Another Gurriny manager said*: "our doctors were very, very proactive from day one. I think the organisation as a whole was very proactive from day one. I think we actually led the community down the right track. We actually led the show and we did a great job"*.

One of the organisation's strengths lay in the willingness and capacity of the CEO and senior managers to adapt Gurriny's holistic primary healthcare service model to particular COVID-19-related challenges. Two managers observed: *"**an important part of Gurriny's strength is their ability to pivot towards a particular problem like a public health thing, en masse**. So it's not just one person carrying something or an external service provider doing all the work, we were able to pivot to that".* Another manager observed that: *"Gurriny took so many different roles you know, from up in that high-level area, right down to just community frontline service delivery".*

However, another Gurriny manager suggested that despite Gurriny's leadership strength, it was important to acknowledge the need for help, and to share the burden of responsibilities across Yarrabah organisations and State and Federal governments. She said: "*Gurriny can't fix it all. It can't always be our problem. It's just that we have the best leaders in our organisation [laughs]... We are a great team, we know we can get the job done... Because of the skills that exist here, because of the personalities, because of the commitment, the consistency, the leadership. You name it, we have it! But do we always have to feel like it's our problem?"*

Relying on the Health Taskforce

In Yarrabah, local coordination of disaster responses is the responsibility of the Yarrabah Local Disaster Management Group (LDMG). The process relies on localised coordination and response planning. COVID provided an opportunity to develop emergency response planning for a pandemic scenario – this had not been done before. This policy formulation process was led by Gurriny and fed back to the LDMG.

The LDMG was led by the Yarrabah Aboriginal Shire Council with the Mayor as Chair; Gurriny and other local services formed the membership of this group. The LDMG reported to the District Disaster Coordination Groups (DDCGs) and in turn, the State Disaster Coordination Centre (SDCC). This structure is legislated under the Queensland Disaster Management Act 2003 to take responsible for coordinating responses to Queensland disasters (see Appendix 2: organisational decision making structures).

At the start of the COVID-19 pandemic, Yarrabah's LDMG was led by the Deputy Mayor of the Yarrabah Aboriginal Council; after the Queensland local government elections of 28 March, 2020, the returned Mayor assumed leadership of the group. The LDMG comprised representatives from various local organisations, including the State Emergency Service (SES), Queensland Fire Service, Emergency Management Queensland, the Police, Gurriny, Queensland Ambulance Service, School, Yarrabah Council, Gindaja Treatment and Healing alcohol rehabilitation service and Mutkin Aged Care service. Since Far North Queensland has always been subject to flooding and cyclonic conditions, the LDMG was experienced in preparation and recovery procedures for disasters. But a pandemic was new territory.

Initially, it was apparent to Gurriny that there was a lack of understanding by the LDMG of the health implications for the community of COVID-19, and Gurriny managers considered that the Group did not provide a strong enough community leadership voice. A Gurriny manager noted: *"We had was very little real understanding of the LDMG framework and how they operate. And the LDMG is very structured, and they've got really clear layers of reporting that they follow through. Sometimes I think we felt that it moved really slowly, from a point of view of it being a disease outbreak, yeah".* Another Gurriny manager expressed frustration: *"it was difficult to get them to actually announce the need for the LDMG to be raised. That was a long discussion … and there was a lot of buck-passing. ... I really struggled in my conversations with some of the senior Council staff executive in this unwillingness to take action ... It was real lack of leadership, I felt, in the early days."* A Gurriny manager recalled: "*We didn't know who to talk to, we didn't know what was happening – even in Cairns let alone down south. So we needed to start getting that awareness and that delay in saying 'yes this is a problem and we as a community and the Council are gonna act on it', really hampered those efforts earlier on*".

From the LDMG perspective, it was apparent that Gurriny did not understand the State disaster management framework through the District and Local Disaster Management Group pathway. A LDMG representative responded: *"Gurriny wanted to take a lead and um…we had to pull them up a couple of times and say, '…no, no, it's gotta come through the District because that's the legislative framework that we've always been operating under….' Unless you're going to be going and doing something and the Police are going to be doing something and the LDMG's gonna go one way and the DDMG. It's got to be controlled in an environment with a framework".*

Resolution came with the mutual recognition by Gurriny and the LDMG of the need to work closely together. A Gurriny staff member suggested that they set up a health taskforce sub-committee to the LDMG to provide a health perspective to feed into the broader LDMG meetings. Another manager reflected: *"As part of the LDMG framework, you are able to have sub-committees and so we very quickly had to put pressure the LDMG for approval for us to establish a taskforce".*

A health taskforce sub-committee was formed to advise the LDMG under the leadership of the Gurriny Senior Medical Officer and soon thereafter, the Yarrabah Leaders' Forum (YLF) Manager. The YLF had been built over seven years as a strong coalition of leaders of the key community-based organisations. As one Gurriny manager suggested, the YLF provided a solid foundation for decision making by community leaders: *"having (YLF leader name supplied) there and having the CEOs already used to working with each other, you didn't need to I suppose, be polite about everything. You just got in and got it done. And everybody*

already knew each other's personalities and … there was trust there amongst everybody. I think it did make a big difference yeah, in that pulling together."

The health taskforce sub-committee was led jointly by Gurriny and CHHHS, with representatives from Yarrabah organisations such as Gindaja Treatment and Healing alcohol rehabilitation service, Mutkin Aged Care service, Yarrabah State School, Yarrabah Shire Council and the Yarrabah Leaders' Forum. A Gurriny manager recalled: *"a real lot of work was done around developing up documents – lots of that (YLF leader and Gurriny staff member names) worked on for the most part and developed".* Another manager agreed*: "They relied significantly on the health information coming in through Gurriny".* The health taskforce met at least weekly from March to June 2020 and less frequently thereafter.

Following the hierarchical structure, submissions through the LDMG were progressed up through the District Disaster Management Group DDMG) to the State Disaster Management Group to trigger the provision of resources. Nevertheless, the multi-jurisdictional nature of the LDMG and lack of clarity about decision making pathways created ongoing delays in decisions regarding the COVID-19 response in Yarrabah. A Gurriny manager commented: ***"people in authority just needed to make decisions****. There wasn't any sort of grey areas, it was either a yes or a no".*

The health status of Yarrabah community members

The risks of the COVID-19 effects were heightened in Yarrabah by the community's high burden of disease, with 1500 of Gurriny's 3500 regular patients having a chronic disease and 700 considered to be in the extreme risk category. Furthermore, severe overcrowding, with an average Yarrabah housing occupancy rate of approximately eight people, meant that the virus would be extremely difficult to control if it took hold in the community. In the first two months of 2020, Gurriny utilised available global information to prepare for the necessary level of response to protect Yarrabah community members.

Using global mortality rate data that was available in the early days of the developing pandemic, senior Gurriny managers calculated that COVID-19 could cause a sobering additional fifty to two hundred and fifty deaths in Yarrabah in a twelve-month period. Based on these projections and health data, the combined local health services did not have adequate equipment or trained staff to deliver the required healthcare. Decisive and evidence-based action was needed. A Gurriny manager explained: *"it became apparent that things were sort of ramping up very, very quickly. So I started to have a look at our numbers to see what was the disease process doing, who was it targeting, how relevant would that be to what we would experience if it got to Yarrabah … Yarrabah's a fairly unique place in so far as there's high population density due to overcrowding and a high burden of chronic disease which really is a recipe for disaster for any infectious disease and it sort of underpins a lot of our challenges".* A Gurriny staff member concurred: "*So that really set a tone of panic in terms of how do you deal with very critically sick people, and that many people dying as well. Just in terms of even things like managing bodies".* To keep Yarrabah safe, it became evident that the only preventative option was to stop COVID-19 from entering Yarrabah, and if it did, then to reduce the spread in the community immediately. This required preventive measures and resources to isolate and quarantine (LDMG submission, 16 April).

Locking the door

Advised by the health taskforce of the LDMG, in late-March 2020, Yarrabah leaders advised that

there was clearly a need to lockdown Yarrabah to prevent the spread of COVID-19 from Cairns. They recognised that the community did not have the equipment or appropriately trained staff to deal with the projected number of infected patients. A Gurriny staff member reflected: *"I would always say that was the best thing that Yarrabah did coz we didn't see no cases in Yarrabah and with the health around Yarrabah and people with chronic disease …So definitely we had a lot to lose if it did enter our community".* A government officer agreed: *"I think based on what was known at the time…that…it was a good thing…who knows where we would be if that didn't happen".*

Leaders recognised that residents needed a few days to prepare for a lockdown to stock up on food and household items. While leaders were notifying Yarrabah residents that they had a three-day grace period to get prepared, the Australian government pre-empted the local initiative by announcing a Human Biosecurity Emergency (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination. A Gurriny staff member reflected: *"we were saying, well look at least we need two or three days [inaudible] business and organisations within the community time to plan and prepare themselves that hey there's a checkpoint coming in' ... We were halfway through the meeting minutes, someone goes, I just got a text from someone and the Police are setting up checkpoint on the range right now. That explains what we're up against from the beginning, and it was like that all the time".* A leader of another community organisation agreed: *"In the early stages, when the Federal Government decided that they were going to lock indigenous communities down, before they made that announcement, we as a group were looking at when we should shut it down ourself? So we'd already put a notice out that people could get into Cairns to get supplies and the roads would be closed by this certain date. The Federal Government decides no it's closing tomorrow at midnight".*

The determination was introduced in Yarrabah at midnight on 25 March 2020, effectively locking down the community immediately for almost three months. Access was restricted by road and sea, with the police and army providing 24/7 staffing of a checkpoint at the start of Pine Creek Yarrabah Road, and border security monitoring sea travel. While its intent was supported by Yarrabah leaders, the immediate government imposition of a lockdown, without consultation or time for preparation, caused huge challenges. A community leader recalled: "*the Feds placed a Biosecurity Determination Act on us, which meant that we were restricted in terms of our movement. Probably with good intent in terms of Cairns or the Far North Queensland in the national tourism market through a direct flight from China coming in. But as we discovered a couple of months later,[it was] pretty challenging navigating around all that*".

A Gurriny manager suggested that rather than the blanket top-down determination, the Federal government could have empowered Yarrabah leaders to make appropriate local decisions: *"Send in a team from … Biosecurity- just say, 'we've got ten days to come up with a plan that's going to work for Yarrabah. We can't make the decisions for you. You guys have the answers…. we've gotta hand over some responsibility to the community".*

Given the LDMG's prior notice of a potential lockdown, some community members perceived that the sudden lockdown had been decided by Yarrabah leaders, and were upset that they had not had time to acquire food or other supplies. The leader of a community organisation recalled: ***"People weren't prepared. People didn't have the time. They didn't***

have any money that week. *They weren't getting money 'til the week after you know? All of those types of issues arose".*

Consistent with government health guidance, community members were told that they would be required to undergo a 14-day minimum period of isolation before entry or re-entry into Yarrabah. Exemptions were permitted for essential activities or in urgent circumstances. Lists of essential services and essential workers were compiled, but the criteria and application forms changed frequently over time, creating additional confusion. Community members were not well informed about the rules or their consequences. A Gurriny manager reflected: ***"I don't think the rules got communicated well enough. But I think that they didn't get communicated well enough because there was too much going on.*** *There wasn't a person or a group who could actually spend the time doing that part of it ... I think people just didn't understand 'this is a rule'. It's not a suggestion, it's an actual rule that has consequences**".***

The checkpoint at the Yarrabah border was managed by the Queensland Police Service and Australian Defence Force. They processed applications for entry and exit from the community and hence required sufficient records of who was legitimately coming and going, including Gurriny patients who required medical appointments or hospitalisation in Cairns. The checkpoint became a contested space, with controversy surrounding the definition of 'essential' services and workers, and decisions being somewhat negotiable. This added further to community confusion. For example, Gurriny managers described: *"We'd have mums who were in hospital ring up upset because family rung them to say that the kids- something was happening at home - I think there's probably maybe three times where we had to organise for babies to be handed over at the checkpoint and doing stuff like that. It was really intense".* Another manager said: *"I heard of one lady bringing a cake over for her mum's birthday and the Police were like, 'of course you can give your mum her cake.' And then shopping and stuff. And then that stopped because people were complaining. There were some people who were on that other end of the pendulum of like 'crack it down', 'lock it down', 'do more!'".* Another recalled: *"'Would you mind going to Woolies for me and grabbing this and meet me at the checkpoint?' Even that – they had to stop that at one stage as well coz they were searching and didn't have the time to search all these bags of shopping or whatever. People were hanging out for KFC or whatever else and they were bringing it to the checkpoint [laughs] But it depended too. Some of them just thought this was ridiculous, giving them the KFC. I mean goodness gracious".*

Through such encounters, Gurriny staff worried about the maintenance of infection control procedures. A staff member commented: *"The Police at the lockdown at the gate to the community were doing things that didn't make sense. Like they were doing temperatures one way one day, fill out a form another day and they were letting people through who shouldn't have been let through".* Such multiple and varied responses to requests at the checkpoint led a Gurriny staff member to comment: *"seeing the way that the checkpoint was run ... We'll get it – for sure! And it will devastate this place because we know once it's in here, it's gonna be widespread. The way that people live here, the way that the disease profiles are here, we know that once it's here, we're gonna have major, major problems.* ***It's just preventing it from getting here. And that prevention relies on a checkpoint that was dysfunctional at best".***

Breaches of the lockdown rules were also of concern. Community members attempted to

access alcohol via bush tracks, later dubbed "the COVID Highway". There was concern that those using the 'Highway' were not only putting themselves in danger and breaching Yarrabah travel and access restrictions, but also putting community members at high risk through possible transmission of COVID-19. A Gurriny manager noted: *"there was two tracks that people used - it was used for people who were trying to get back into community and it was used for people who were bringing in drugs and alcohol".* The leader of another community organisation added: *"Yeah and we got the cowboys out there that did it for the wrong reasons you know? To satisfy their addiction. So they cut through scrublands down to the southern end. They jumped in boats to go down to Deeral … yeah it was challenging".* A community leader noted: *"it was hard for us to manage it - they put themselves in danger you know? Walking through the scrub, going in dinghies down the southern end. It went a bit crazy here for a while... there was parties every night! But even during the lockdown, because they were getting it through the illegitimate back door, there were still parties in the community. Some people said that things never changed".*

Because of the risks of lockdown breaches by boat, fishing was initially banned; later fishing at the beach or in the bay were allowed if the COVID-19 rules were followed. A Gurriny staff member commented: ***"And they did stop traditional hunting as well – with the boats... That was where stress come from coz people were- they can't go out to Cairns to get food, but they can't go do traditional fishing or hunting where they can support families"***. A Gurriny manager suggested that such rules could potentially have been more accommodating: *"the patrol boats were basically there twenty-four seven just in the bay. There's no reason why we couldn't go up to the patrol boat and make it do an inspection".*

By 26 May, after two months of lockdown, the Yarrabah LDMG petitioned the State Government to remove Yarrabah from the Biosecurity Determination at the earliest convenient time. The LDMG submission requested that Yarrabah be placed under co-directions under the Public Health Act, Queensland which allows an immediate state government response to reinstate public health control if needed. The submission recognised that other Queenslanders were being permitted to travel outside their suburbs and to move back to a normal lifestyle, but the restrictions in place in Yarrabah meant that community people could not do these same things. A leader of another Yarrabah organisation reflected: *"when the Premier announced a lot of the easing of [Queensland] restrictions, most of our discrete communities weren't included in that because we came under the Biosecurity Act. It was tough, but um…we just had to find a way of trying to find that balance between protecting our community but also giving them a little bit of flexibility to go and have that freedom of movement yeah".*

A Roadmap was designed for the easing of restrictions, including ensuring healthcare processes and systems, increased COVID-19 testing, increased messaging, education and safety processes, establishment of a local quarantine and isolation site and establishment of a Rapid Response Plan. The LDMG undertook to conduct a survey of at least 400 people to identify if they wanted the lockdown to be lifted. As the restrictions were eased, the rules changed frequently and became complex and hard to follow. A Gurriny manager recalled: *"You were allowed to travel between I think it was 6a.m. in the morning and 8p.m. You could pick six hours between that. I don't know how they manned that. And then I did hear stories about- they were pretty open with the 8p.m. so I don't know. I don't know".* She continued: *"**a lot of the Cairns people who live in Cairns who wanted to go and see family thought***

that that meant they could go over. And then they couldn't go over, so then they were a bit cranky about that. *But it all changed really quickly".*

The Yarrabah lockdown was lifted on 18 June, 2020 by Federal Minister Greg Hunt. A Gurriny manager described celebrating the ending of restrictions: *"I can tell you that when the road opened, didn't I love it! Just…leaving for Cairns was unreal. Coz that's my escape every weekend. Is a drive from here to Cairns. And it's the in between- that drive from here to Cairns - is what helps me with some of my self-care".*

Copping it

Although the imposition of the biosecurity regulations had been a Federal government decision, the LDMG health taskforce's Yarrabah Pandemic Action Plan of 24 March 2020 acknowledged: "*We know that there will be community backlash to this [lockdown] decision*". The LDMG forewarning of a potential lockdown led some community members to assume that it was a local decision. A Gurriny manager commented: *"one of the big problems that we did have in community was actually community assuming where directives or strategy came from? Unfortunately a lot of the decisions … pointed towards Council or towards us at Gurriny and they wore the brunt of a lot of ill will from people. Well-constructed adjectives you know".* A community leader observed: *"They thought that the LDMG and the Yarrabah Leadership Forum were like some form of Big Brother and we were making all the decisions*". Gurriny, too, was conflated with the government by some community members. A Gurriny staff member explained: *"**We wanted to separate ourselves from that, but we were seen as, 'we're the ones closing the road' or 'we're the ones allowing people to come and go' because we were the ones that were doing the exemption forms to get people medically cleared, and because so much of our workforce was coming from Cairns as well.*** *They saw us coming and going and thinking 'oh they're the ones that have the say.' For us that was quite frustrating".*

There were three main responses by Yarrabah community members to the lockdown. A Gurriny manager recalled: *"No one liked the lockdown coz of the inconvenience but there was a group who took it to a point of 'we're being locked down' and it's a racist thing and it became all of that…*

And then there was a group who were just like 'I just want to be able to go shopping'. 'I just need to do this' or 'I just need to get that'…

And then there was a group who were happy to have it".

For those who considered the restriction to be an imposition, deeply-held memories of historical disempowerment were triggered, along with responses to contemporary racism and discrimination. A Gurriny manager explained: *"a lockdown for a community like Yarrabah which has a long history of the impact of government policy such as Stolen Generation, such as the Queensland Opium and Aborigines Act, and other systemic, racist mechanisms. When you start saying we're gonna lock you down to protect you, that's quite paternalistic ... You could only really expect people to accept it if you can explain it. You can't just say, 'this is for your own good'. Coz that's garbage!"*

For some, the restrictions triggered reactions of disbelief and shock. A Gurriny manager recalled: *"So we were automatically in lockdown and that was incredible.* ***It was a first time in my journey in life as an Aboriginal man that I felt the power of the Crown yeah… I felt***

the force- this power that exists over our nation and over our people. Just being exercised at a drop of a hat! *And it made me think about well if I'm feeling this, then how's the rest of the other five thousand people in this community feeling? And the ripple effects of that just ricocheted … sent shockwaves through the whole community"*. He continued: ***"I could feel the control. I could feel the angst. I could feel the anxiety.*** *I could feel the … hold on a minute, I'm not as in charge as I think I am as a human being. Let alone an Indigenous person - which is on our country and our land … And part of me started to rise up a bit ... the Biosecurity and other- whoever it was at the time, changing decisions and saying, 'oh no, they need a pass now'. And that WORD pass is a no-no for us! …* ***I'm holding back the tears because it really- you can't do anything without that pass! This piece of paper!*** *… Another word I don't like! Checkpoint. I had to remind myself that I am just resilient as you are. I have to remind myself that you and I have the same colour blood and- I'm Indigenous yes, but I'm strong and so is my grandmother, and we've survived many generations".*

The psychological effect of the lockdown had particular impact on Elders. A Gurriny manager and leader of another organisation suggested: *"A lot of the elderly groups and the ones that were living through the exemption time, had triggered back from that time where you had to hand in your papers to go to and from community".* A community leader commented: *"Some of the genuine elders, the genuine elders' families acknowledge that there was like a revisiting old issues you know, and being restricted and locked up. Those are quiet voices though see? They're genuine, humble voices that didn't make all the noise but they did express those concerns. We can't go and do some shopping. It's like the old days you know, in the dormitory."*

The frustration of some community members with the lockdown was directed at community leaders. Enmity had consequences for the leaders, in increasing stress at a time when they were already struggling to manage a range of challenging issues. Leaders of two Yarrabah organisation reflected: *"There were so many things going on to protect Yarrabah from COVID getting in. But the hardest part of it was there was a group within the community that opposed everything that was going on and they didn't believe that they were vulnerable or them going out and coming back wasn't a threat to the community… So we had to deal with a lot of that stuff like a lot of the leaders in the community were being attacked either by on social media, or in person or that type of stuff. That was hard".* Another community leader said: *"We copped it there for a good couple of months… We've had to be diligent about our efforts but also take the hits too for it!"* A Gurriny manager recalled: *"I know the Mayor and the CEO of the Council, they were really copping it because everyone believed that they were signing off on who could come in and who could go out and all of that kind of stuff".*

The frustration of community members increased over time, culminating in protests by people in the community wanting the right to leave Yarrabah and people in Cairns wanting the right to enter the community. Dubbing this 'protest in, protest out' the leader of a local community organisation explained: *"They wanted to come back on Country – visit family and you know, because of that freedom of movement you know… they still connected back home you see? And they want to come back home. While the other mob was getting a bit tired of being locked down, they just wanted to go out and do a bit of shopping you know".*

Some Gurriny staff members were sympathetic to the frustrations. A manager said: "*Like a lot of us at Gurriny had great empathy for the protests and anger that- and the issues- not*

the anger so much, but the issues that were being put on the table about the contradictory aspects of the lockdown". Paternalistic health messaging from the state Chief Health Officer did not help. A Gurriny manager recalled: "*I ended up ringing the office and I said, 'can you tell her to pull the message because it's so wrong and so paternalistic how it's coming across'.. … it was just, 'oh and I'm here to help out Aboriginal people' and 'you people in communities-' you know it was…it was horrible. …They ended up pulling the message, but it wasn't until a few days later. I was like, 'seriously!'"*

However, the protests began to directly threaten the safety of Gurriny staff. A Gurriny staff member identified: *"We were lucky- quite supported by our CEO.* ***The moment we had protests coming towards the clinic for the lockdown, coz they were aimed at us being seen as the face of the lockdown um … our CEO shut us down, sent us home****. And she's really good. I always feel supported on a safety level by her, and by management here…We've got multiple safety things – gates and personal alarms and ways that we could leave rooms, so I personally didn't feel like there was a threat at the time, but I could see that a threat could build".* A manager identified*:* "*I received several abusive and quite disturbing phone calls from community members directly to me about what was happening and what they thought of me and…yeah, quite distressing ... It was a pretty volatile time"*.

Other community leaders were concerned that local frustrations were being harnessed to support external broader political agendas. One leader described the protests thus: *"Our mob became a bit agitated and restless and then they…they did some stuff that we wouldn't like them to do".* The leader continued: *"Mr Katter's office organised a protest for mob- for that freedom of movement to do a bit of shopping. And then the mob from Cairns who were community people wanted to come back home. I think Mr Katter's visit really reinforces that with some of our mates there … that they put on the victimhood mentality around the history and the impact of colonisation on our mob... I mean it's a democracy, we need agitators but I think their agitation is being stuck on not moving forward. So it's parked there for the rest of their life".* External media outlets provided coverage of the protesters' cause and added fuel to the protests. A Gurriny manager reflected: *"The media was a real pain in the butt if I could say, because there was an absolute small, tiny group within community which got the most run for money as far as communications".*

Other community members were simply concerned about the practical implications of the lockdown. A Gurriny manager said: *"During the lockdown, some of the people who were arguing against it, look they had some really valid reasons. Like there were some people who don't have keycards. They only have bank books. People say, 'couldn't we just like go in for a few hours and do this and do that and come back?' And I actually think that if we did have another lockdown, it would probably be something like that. The problem with it though is that whatever you do, you've gotta have the resources to man it. It's one thing to have that idea, but who's going to actually manage it?"* Another Gurriny manager reflected: "*I think they really couldn't understand …why we weren't allowed to go up to Edmonton, get what we needed to get, like anybody else. It was inequality - 'why am I different, I'm not different'.* ***… I can social distance, yes I can wash my hands, yes I can get out of the car and go straight to the shop, straight back to the car and straight back home. I'll isolate and I'll do that once a week or once a fortnight, just as long as I can get food".***

Finally, most community members recognised that the lockdown had been imposed to keep Yarrabah safe. One Gurriny manager said: ***"I think that's where every one of us needed to***

just dig deep at the time and look at who were affected personally as well as professionally, but also as a community. That's what decisions were made on, I felt. As a whole of the community. And I think sometimes some people felt …it was all about me as an individual rather than a whole"*.* A community leader reflected: *"although the Biosecurity Act came in pretty heavy on us, but if we could work hard on restricting the entry point, well the things we take for granted can - have some sense of normality".*

Following the easing of restrictions, a government representative suggested: *"we're all wanting to just go back to normal life and in Queensland we've been able to do that. I think if there is a second wave, it would be a nice little buffer for people to be able to create some separation and go 'well we're okay now, but I know what to do if it happens again.' Behaviourally".* A leader of a community organisation noted: *"When you look at it, it really didn't discriminate – the virus because the people in Victoria and New South Wales, although they came a bit later than us, although they went through the same challenge like the protest, the restriction of movement".* A Gurriny manager said: *"I'm intrigued by how Yarrabah people feel after watching what's happened in Melbourne? Coz when the lockdown first happened, it was very much about Government imposing- and it was about- it was a black thing. We've seen a lot of stuff that's gone on in Melbourne which to me sends the message 'this is not about being Indigenous'. This is actually about protecting communities and trying to pull back some control over a disease that is making people really sick, and it's really impacting on a whole range of things that happen in your community. Your jobs, your ability to socialise and all those things".*

(Not) having resources

Akin to resourcing challenges facing the whole of Australia, Yarrabah did not have the needed resources to respond adequately or appropriately to the COVID-19 threat. A Gurriny manager suggested that resourcing shortages were a result of Federal government's failure to resource the response: *"the Federal Minister for Health enacted …the Biosecurity Act ... So he said we're doing it and it is the responsibility of the State Government to operationalise it and make it happen.* ***It's cost the State Government an enormous amount of money to do that. That was the beginning of the end, I honestly think"****.*

At the start of the pandemic, resource restraints meant that even the State-funded public health services had inadequate resources to manage the pandemic response. A Gurriny manager identified: "*it's a Public Health emergency. The Government needs to have answers, so their resources need to be able to plug in ... Speaking to TPHS, the machine that is supposed to deal with this and support it. I think there's a veneer of capability to deal with it. And once you scratch that surface, it's paper thin. It will fall apart I think. The hospital's not ready for it. The local TPHS are trying their best, but they're working with nothing, with limited resources … the Campbell Newman Government … stripped public health to the bone. It's taken two election cycles to actually try and rebuild that. But you can't rebuild expertise and people in their positions*".

In Yarrabah, LDMG funding submissions for critical aspects of the response such as the establishment of local Yarrabah quarantine sites and the recruitment of a Communications Officer were not responded to. The Queensland Disaster Management framework had been recently amended to escalate communication flows from the LDMGs, through the DDMGs and then to the state level; however, these were untested and there was little experience of dealing with a pandemic. The lack of experience with the Queensland Disaster Management

Act (2003) and associated functions ascribed at the Local and District Disaster Management level, highlighted deficiencies in process understanding and pathways. Areas of concern included request for resources (especially PPE), local quarantine and isolation facility. A Gurriny staff member noted: *"Those chains and those events didn't work that well and there was lots of disjointedness … there was all sort of falling over each other as to what they do. I think if there was actually clear directive and training…".* A community organisation leader recalled: *"We had put that submission in within the second week of lockdown. We got a response probably three weeks after the roads were opened [laughed]".* Another said*: "We had a lot of requests for assistance... One for PPE [personal protective equipment] and one was actually for the isolation quarantine facility within the community that basically we just lost somewhere. We never got communications back as to it being received or process so [sighs] probably for the first two or three months, it was just* ***constantly trying to find out well where is it? Who's actually responsible? Can we get some feedback as to where that process might be? It seemed to be quite disjointed"****.* A briefing by the LDMG stated: *"As Yarrabah fights the COVID-19, we are doing this without any certainty of funding other than through the Disaster Management process. Would like to have some "comfort agreement" or in-principle agreement that if needed, can use existing funding as trying to prevent deaths in Yarrabah as a matter of urgency".*

Funding for Gurriny was also an issue. A reduction in patient visits in the early stages of the pandemic had meant a 50% drop in Medicare income, the main source of untied funds received by the organisation. The saving grace was the organisation's eligibility for and receipt of Job Keeper subsidies to maintain staff salaries. As noted by a Gurriny manager: ***"We're not funded from public health, we were not funded for any of this pandemic until later on in the piece when funding started to trickle in"****.* Responses to Gurriny's requests for resources were also slow. Gurriny managers provided examples: *"Another submission that went in in the early stages … got approved- Gurriny's just employed the person two weeks ago. That was one downfall when we were putting in for emergency funding, it wasn't being looked at as a priority".*

As the biosecurity restrictions eased, the State Government funding mechanism started to kick in and resources were provided for public health services. As a Gurriny manager recounted: "*The Public Health Unit has now received additional funding, so they're actually expanding their team, they're in the process of doing that. They're expanding a whole range also of Indigenous positions … and it's all around COVID responses and building capacity now to do contact tracing in the event that that has to happen… so I feel a lot more confident that if we go back down this track that we've got things in place as well".* At the time of interview in November 2020, the funding process through the Disaster Management pathway remained problematic. A Gurriny staff member reflected: *"What tends to happen which [sighs] is very evident, is there's the panic and neglect cycle – seems to whip around all the time. We're sort of back into a neglect cycle almost - you know, regardless of … everything that we did".*

Strategies that Gurriny implemented

Yarrabah did not have the key health requirements to respond adequately to COVID-19 including the necessary trained public health workforce, testing facilities, isolation or quarantine facilities, personal protective equipment (PPE) or ventilators for a potentially large number of high-risk COVID-19 patients. Gurriny staff were also aware that, should

there be cases in Cairns, increased demand on the Cairns Hospital would mean that these resources would be scarce for the whole district. The strategies undertaken by Gurriny in response to these early scenarios can be broadly categorised into four interrelated types: managing the health service operations, realigning service delivery, educating and supporting the community, and working across agencies.

Managing the health service operations

There were four key aspects to managing the operational response to the COVID-19 pandemic in Yarrabah. They were:

1) being informed and prepared,
2) working as a team,
3) establishing a Cairns-based Yarrabah hub, and
4) looking after staff.

Being informed and prepared

At the start of the pandemic, it was challenging to obtain accurate and timely information from national and state health authorities, due to the rapidity of the transmission of the virus around the world. Furthermore, available information about needed responses to COVID-19 was provided at a national or state level that did not support Gurriny's concern about the need for immediate protective action at a local level. A Gurriny manager said: "*The information that was coming through to the LDMG was - it was like regional, it was very broad, like 'these are the restrictions' or 'this is what we're doing'. But to actually really try and understand it and put it in the context of Yarrabah … that information wasn't being filtered through by Queensland Health. So for us there was this frustration because we already knew - we had that information about who would be at risk in our community, and we had a much greater understanding I think than the LDMG members around the impacts of overcrowding, and what that might mean in terms of spread of COVID. So we had I think, a heightened sense of anxiety that we needed to move a lot quicker around this and make some decisions which were about Yarrabah".* The lack of specificity of information to support Indigenous community responses from Queensland Health continued throughout the pandemic. This caused frustration and misinformation, increasing Gurriny's workload. Two managers commented: "*from a public health point of view around what should we be doing, health promotion that type of stuff, we weren't getting any of that"*.

Gurriny had been monitoring the developing global pandemic and was aware of its potential seriousness. A Gurriny manager said: "*If we go back to probably November last year … we were paying attention to what was happening in China and … just monitoring it and seeing what the Government and the Health Department were doing. There didn't seem to be a lot of Federal level movement on anything so in essence yeah, so we watched what was going on essentially".* However, like the rest of the world, Gurriny was unprepared to manage the effects of a rapidly developing pandemic. A board member reflected: *"I don't think anyone was prepared for COVID.*" Two Gurriny managers commented: *"I think there was the shock that, 'oh my god, what is this!' It's like being hit with a tsunami … where you think, 'oh well what do we do next' and 'where do we go' and 'how's that going to affect that' … I wouldn't say it was a panic, but it was like an unfolding …that's what we've gotta do…So no we weren't prepared. But like everyone else in Australia, we weren't prepared".*

However, Gurriny had previously experienced infectious disease outbreaks in Yarrabah and had learnt how to effectively manage them. This enabled the organisation to recognise the potential threat of the pandemic and to act quickly to protect the community. A senior Gurriny manager reflected: "*There's been three public health emergencies, each one scaling up significantly from the last. It's kind of a funny fate … really helped prepare… So in 2018 … we were just in the beginning stages of a mumps outbreak... an important part of Gurriny's strength, is their ability to pivot towards a particular problem like a public health thing ...In 2019 we had a A.P.S.G.N which is a … complication of skin infections that affects the kidney in young kids... So again, we were able to highlight the concern very quickly, make an argument for that pivoting again … So we've learnt how to do that over the last couple of years".*

Gurriny also had a quality assurance officer and procedures in place to deal with disasters – this expertise provided a foundation for working through government Disaster Management pathways to effect a pandemic response. A Gurriny manager commented: *"There is some element of pandemic disaster planning that's within the accreditation cycle generally but like most people outside of the very highest levels of Federal Government, I don't think anyone really understood the scope and the size of an actual proper pandemic. So even our documents didn't really reflect that too well".* A staff member affirmed this*:* "*So as far as pandemic's concerned, we actually have our infection control procedure. So infection control procedure collectively covers off on all these sorts of things, but not to the extent that what COVID-19 actually meant".* Ultimately, Gurriny's preparation aimed to support community resilience. A Gurriny staff member said: *"community resilience and continuity is all about local level. .. implementing and putting equipment, resources and process in place so it's ready - and active- but also it's not about just having it in place but actually keeping it relevant and trained and familiar."*

Working as a team

The organisational capacity of Gurriny was constrained during the COVID-19 lockdown by workforce continuity issues. Gurriny's workforce is made up of at least 75% local Yarrabah staff but the health service also relies heavily on external agency staff. During the lockdown, exemption permits were required for this skilled workforce to enter and exit Yarrabah. A Gurriny manager explained: *"We have a high turnover of staff, and I think that's not unique to us… Being that under the private award, we get paid a lot less out here – even though we're remote, than the public award. So you just can't keep staff… Then come COVID, people are obviously going to put their own needs first and so they should. If you've got an at-risk family member or if you're here from the Northern Territory and they're closing the borders, of course, go home. You can get a job anywhere. You can't get a new family member anywhere! So we lost some staff to that".* She continued: "*the concern about people being able to continue to work during COVID and all around us … jobs were being put on hold...* ***In the back of our minds, we were looking at well how do we make sure people can continue to be employed"****.*

The organisation needed to consider the potential that a staff member might become at risk of COVID-19 infection, and consequently need to be isolated or quarantined. Gurriny managers were also concerned to protect staff members that had underlying chronic conditions. A manager noted: ***"some of our staff in Gurriny also fitted into that 'at risk' category as well and so the balancing of not putting them at risk versus helping them to maintain employment".*** Another manager observed: "*when you talk about quarantine or*

isolation, it's very hard to do that in a house that has 11.5 people, their three-bedroom house in Yarrabah. So when one staff member um … had signs of COVID, there would be a number of staff members that would also be off as well because they were in that household or in contact with that staff member".

In part due to staffing shortages, the remaining staff were assigned new roles and responsibilities. A team-based approach was supported and the capacity of staff members grew. A Gurriny manager acknowledged: *"As a team, they really kind of came together. It was great to see, it really was. Everyone was very focussed to do their best for the community, and the best for Gurriny. And it paid off. We really came together as an organisation. It was great. What the staff managed to do in a short period of time was yeah, really amazing".* A manager powerfully expressed: *"for me personally … I'm so glad that I was a part of what's happened. I'm so glad that once again I was able to support the community. Like* ***what we did as a team as well also glad to be a part of it. And I think it just reminds me that some people are called to build us and I just know that that's what I'm called to do.*** *And it just makes me a sense of satisfaction, achievement. It gives me a sense of identity that I'm doing what I'm called to do".*

Opportunities were provided for staff members to step up into new leadership positions within the organisation. One manager reflected: *"I was able to exercise some of my skills if you like, in a way that I felt contributed to some of the promotion and in the community around knowledge sharing, around just engaging with the community about how to I suppose deal with some COVID. And what we knew at the time".* A staff member said: *"within the organisation, there was some really good teamwork, but really good um…growth amongst the team. Like I'd never really worked with the CEO. I didn't really know what the CEO did. We did heaps of late nights together and… were able to push through other issues that weren't necessarily COVID related but needed a little bit of attention or explaining or … yeah. Whether it be staffing or whether it be reorganising or room structures or anything … my relationship with everyone here is a lot better personally and professionally, and I've had huge professional growth within the last six months".*

Following lockdown, Gurriny took on additional staff to fill vacant positions, such that at the time of this study, two managers observed: *"at the moment the workforce capacity is probably better than what it was during March to June, so that's a good sign*". *"We've had complete staff turnaround before, during and after".*

Establishing a Cairns-based clinic

A creative solution for maintaining the continuity of employment for Gurriny staff who lived in Cairns was to open a Cairns-based Yarrabah clinic. The clinic was useful also for providing care for Yarrabah patients that needed to travel to Cairns for hospitalisation or other treatment. A manager described it thus: *"the idea of having a Cairns-based team, it sounded good because there were a number of a staff who were able to be a part of that team and it's that whole idea of redeploying and things like that during that period of time".*

A Cairns-based clinic was established at the Cairns-based ACCHO, Wu Chopperen Health Service, which generously volunteered the use of office space. A Gurriny manager recalled: *"Some of our nursing staff were saying,* ***'we need people in Cairns to provide some of the support to our local Yarrabah people who have gone into hospital'****. [CEO name] was really keen for that to happen and she approached Wu Chopperen who were happy to give us their*

boardroom to work out of. For the first two weeks it was just a couple of Gurriny staff, and Gindaja offered coz they were in the same boat … they came onboard to help. It was one of these things where- the type of program was evolving as we went, yeah. There was an understanding right from the get-go when we were first setting it up was that we would work closely with the … Nurse Navigator program with CHHHS. We almost became like a supportive team to them. We didn't report to them, but we just worked back and forwards". Another Gurriny manager concurred: *"So we set up an outreach service in Cairns that supported our mob in Cairns and weren't able to come back to community or were in quarantine for the fourteen days. People trying to get back to community, so we set up this outreach thing in town that you could go to, fill out biosecurity forms or get support, even if it was a food pack or something".*

The role became intensely busy, supporting patients with multiple needs. A manager recalled: *"there were many people 'caught' for want of a better word… so say a high-risk pregnancy woman who had to have constant medical appointments. Well we moved those people into Cairns, out of community, accommodated them in Cairns and then … we supported them during that time. Or you had some people that were being discharged from hospital and had to quarantine so we had to find somewhere for them to quarantine and support them doing the quarantine process. So we worked very closely with CHHHS*". Another Gurriny manager recalled: *"[name of Cairns hub Gurriny manager]- I don't know. She nearly fell over! I think she got ninety-six calls one day. It was crazy. It was our whole team in there. They were just running around crazy''.*

A considerable focus of the Cairns-based clinic entailed supporting patients to complete paperwork to allow exemption from the biosecurity restrictions and permission to enter Yarrabah. A Gurriny manager explained: *"in order to meet the exemption … you had to agree that you hadn't put yourself at risk. How can you say you haven't been exposed to someone with COVID-19 if you don't know? You could be sitting next to someone! And how can you say that you're well if you're going over there for another thing that makes you unwell?"* The manager continued: *"Also, the way that they did the passes and the forms for that checkpoint changed constantly like I mean the forms probably changed fifteen, twenty times. In one day alone, the forms changed five times. When you're dealing with that bureaucracy and that paperwork um…in terms of having to provide emergency care for a critically ill patient… it can be quite stressful and frustrating. If they had things like lists or information all available online, and things communicated electronically, it would've been so much easier".* Another Gurriny manager recounted: *"the biggest problem we had was exemption-allowed names were hand-written on a piece of paper that then had to get delivered upon to the hill. Why couldn't they not just have a working live list that's on a laptop or something like that, that gets updated online?... We had dialysis patients that were sitting on the bus at the checkpoint for an hour and a half, waiting for their name to get added to the list, who are now overloaded or who have just had forty shots of insulin and they're needing food".* In summary, a Gurriny manager considered*: **"If we didn't have that [Cairns-based] team at the time, it would've just been really difficult.** Really, really tough".*

Looking after your staff

Staff members became fatigued through dealing with the realignment of roles and intensity and complexity of the needed COVID-19 response. A Gurriny staff member recalled: *"It was difficult … but we didn't give up. … We'd have stuff dropped on us at five o'clock Friday afternoon and like we'd work all night to get process, get communications in place and make*

sure that we were ready by the next day to give the best response possible to weather whatever- or whatever change needed to be put in place". A manager located at the Yarrabah Cairns hub recalled: *"There were moments when we were trying to book them into a hotel at ten o'clock at night ... When we were working, I was getting at least a hundred calls a day on my phone and that was ranging from people- most of them were community members trying to work out why they couldn't go home or they needed support with their groceries or they were upset about something, to people wanting to know how to complete those exemption forms that they could return home… We all worked practically seven days a week. Well I know I did".*

Gurriny staff local to Yarrabah or local Indigenous staff living in Cairns suburbs experienced the difficulties of separating work from the impacts of the lockdown on family life. A manager explained: *"When you're here, you don't escape at all. Like … we were going through a pandemic and whilst we lived here, you didn't just work and it was eight hours and it was finished ... It was also the hours after that... You couldn't just go home and switch off...But I don't [know] - if people understand. We come in and you still try to function. I'm only saying that because I don't know if there's been an opportunity for our staff to talk about that. And I think the other thing is too … we have a responsibility to look after ourself. If we don't talk about it, then no one's ever gonna know. .. I think we need to get better at that**. I think we need to understand that if we're not looking after ourself then we can't look after others.** Whether we're a clinician or a SEWB worker, or H-R or finance. But I think **we do need to have some awareness around the fact that if you're a community person or professional, you never go away. Work never ends".***

Furthermore, a Gurriny manager suggested that there was a need for a forum to discuss the role of Gurriny staff who worked, and those who stayed away from Gurriny during COVID-19. The manager noted: *"We had some staff who couldn't come in … There was no full team all the time … there was staff who wasn't here because of other things. I think that bought some … questions. None of our staff have really dealt with that either you know? And I don't know if staff agree there needs to be support given to like talk about that or understand that. And I think some way through, our communication could've been better because whilst some staff couldn't be here, there was some of us who had to stay. We didn't have a choice. For me it's heart-breaking and sometimes I think I feel like it goes unnoticed. And I'm getting a little bit emotional".*

Those living in Cairns and working from home experienced different impacts of disconnection and isolation. A manager said: *"those of us that were outside of the lockdown um … We tended to use telephones and Zoom and MS Teams very well. … But to be perfectly honest, I didn't enjoy it at all. It just felt like disassociation psychologically. Gurriny became this surreal place and … for me it was a very traumatic change because I wasn't with my staff, I wasn't … engaging. And every day it was like the constant updates and we all had to read them. Like how many deaths, how many infections … So many people died and you were thinking, 'oh god, we're so lucky in this country' ... we lost a bit of the sense of feeling about when a person dies from such a hideous … death .. the loss and grief and devastation and trauma with that became lost in this almighty surge … tsunami of a virus. Unreal".*

The Gurriny CEO recognised the fatigue of staff members and responded by instigating generous support measures. A manager recalled: *"I think we've been quite lucky in that the organisation's been very generous with leave during that period. If people were sick they*

could take days and obviously we didn't want sick people coming over to community either if they were living in Cairns ... So we learnt again, that lesson of looking after your staff, and I think it reinforced that the organisation is very good at that".

Staff wellbeing support was also provided at the workplace on a day-to-day basis. A manager said: *"they gave us nine-day rosters, we had the healing services, we had EAS, we had debriefs with the doctor. The SWEB team supported the team to run some of the social wellbeing stuff. So they provided some activities".* A staff member recalled*: "they just paid once a week to bring in trays of baked goods!"* A manager said: "*We were just as much affected as everyone else so ... we looked at how do we do staff support? We got our social team to do staff things on a Thursday afternoon coz it was half a days Thursdays, and just do things like crosswords or weaving or massage or jokes or putting up 'word for the day' or whatever you know? Thought for the day! So our social team would manage our staff support, and go from there because it was just yeah … it was crazy. Crazy time".*

At the end of the lockdown, many Gurriny staff and managers took much needed leave. They described their wellbeing: *"Our Cairns-based team, there was a lot of stress on us and in fact… when we finished, Sue gave the Gurriny team five days leave... I actually took three weeks. ... For the first week, I actually considered whether I needed to go and get counselling to debrief because it had been so intense… and I thought I'll just leave it for a few days and see how I go. After a few days I'd worked through what I needed to work through".* Another manager said: "*When it was opened at the end of June and all the staff came back to work and all the managers- I stayed for another two weeks, just to settle things down, and then I took two weeks off. I just- I just shut down um … went out home out on the farm there and just stayed home the whole time. And just had no contact with nobody. Just to get your sanity back!"* Another manager continued*: "I myself ended up very sick. …. I had a bad year. But I know through COVID, for me, I worked and I think it was … from the stress of it because we were working*."

A Gurriny manager suggested that workforce wellbeing would be strengthened by improved internal organisational communication: *"I think we need to have regular briefings and I think we need to cater in forums. I don't know, do we continue to do those big team meetings because people can sometimes feel intimidated. Maybe we need to start opening up forums or stuff like that, but in a way that's going to allow people to talk. Yeah. I think we need to start listening to one another. I think we need to understand that communications are very, very important at all levels. And I think if somebody's not being given that information or if that information's not being communicated then it's going to affect somebody. And you don't want that".*

Realigning services

In order for Gurriny to respond appropriately to COVID-19, it needed to radically pivot its service delivery provision. There were five sub-strategies that comprised realigning services:

1) providing patient care,
2) testing,
3) managing the need for infection control,
4) supporting the sterile tunnel and getting 'caught' in Cairns quarantine, and
5) adhering to isolation requirements.

Providing patient care

At the start of the lockdown, regular Yarrabah patients who were isolating at home were advised not to come into the clinic unless necessary. A manager recalled: ***"We definitely saw a restriction of services, like everything contracted to core services.*** *And that changed with the threat changing. So in the beginning it all went back to just call us, call us, call us and we'll do everything over the phone... And then delivery- delivery of medicines and stuff to the home increased. And then it was a matter of, 'oh no, come back, come back. You still have to come and get your diabetes and your medication-. It's safe to come back now.' So we had to change our messaging with that, when the risk became more- when it became obvious that it wasn't such a high risk. We still have some of our services restricted like some of our programs are not back up running. Some of our centres are not back up running".* Another community organisational leader observed: *"We did a lot of telehealth as well, which was good. That was even better and towards the end, they finally decided to put a Medicare item to that. So that happened as well – with the doctors and the clients here".*

The realignment of service delivery occurred organically in response to need and changed over time. A Gurriny staff member reflected: "*It wasn't particularly clear in terms of knowing that that's what was going to come out of it, but as it naturally developed, it became like organically it grew and was clear".* Three Gurriny managers explained: *"There was a radical change. So a lot of our program activities stopped … the wellbeing workers and health workers were then utilised to do community door knocking, visiting, community support, handing out information to address the fear and anxiety. We still ran the Clinic, so our doctors who were essential workers and nurses who lived in Cairns travelled over and provided the normal business as usual clinical work … A lot of the medical appointments … in terms of all the visiting services that went into Yarrabah were cancelled. Some of them were able to be done by telehealth, some weren't … Some of our wellbeing services converted to telephone counselling – our Mental Health service. So there was complete change".* Another manager said: *"It was mainly all clinical stuff, anything around social health we didn't deliver. Any staff who were in Cairns that did social health work, were deployed to do the outreach service in Cairns".*

The realignment of services was accompanied by a need for funding flexibility and COVID expenditure tracking. Gurriny immediately established a budget line item to pay service realignment costs. A manager recalled: "*Look straight away in March I said to* [finance manager name] ***'I need you to set up a line item we'll call COVID-19. We don't have any money. Let's just set up the line item should money come later than we can just … pay it back.'*** *So which was good".* Gurriny contacted their funders to advise of the need for flexibility to use existing funds for the management of the pandemic in Yarrabah. Gurriny managers were pleased that funding bodies were supportive. Managers commented: *"There were a lot of challenges through COVID, but we were supported by our funding bodies and the Government in terms of any income we lost we were able to apply for funding to have that covered due to COVID. Just the funding available for all your hand sanitisers and all the extra cleaning stuff that you needed during that time so that was really good".* Another manager said: *"Had to write to all the funding bodies to say, 'The staff that are funded by your funding body will still continue to do some of your work, but they'll be doing a whole lot of other work. They will be redeployed to do COVID work.' And it was really good coz most of the funding bodies came back and said, 'yep, we approve this. We know we have to be creative around what we do now during COVID'".* A third manager reflected: *"We've had a*

bit of success in negotiating with these guys about the fact that it's not business as usual so you can't expect results as usual and we've had some success, but there are still some challenges in that space and I think funding agencies and reporting agency programs need to accept that".

Later in the COVID-19 response, a Gurriny Manager reflected*: "There's quite a bit of work left still internally for Gurriny around our service delivery model…* ***our service delivery model needs to be reviewed to ensure that we've overlayed it with the COVID norms."*** Another manager considered: *"Structural changes … that I think became evident were needed during COVID, and that's having a more nurse-led direction within Gurriny. So we've seen our nursing positions almost double and to have this Team Leader positions identified – something that we've been wanting to have anyway but really saw the need for it. Just to have clear communication and direction for other staff as well."*

Testing

Just prior to the biosecurity lockdown at Yarrabah, a fever clinic was established in the undercover entrance outside the Gurriny/CHHHS clinic building, to test community members for the virus. Establishing the fever clinic was the responsibility of CHHHS. The CHHHS proposal was that clinic hours would operate from 12:00-20:00hrs. However, a senior Gurriny manager was concerned that a part-time fever clinic would potentially leave Gurriny staff exposed to infected clients/staff who presented at other times of the day. He said: *"CHHHS were starting to talk about capacity to run fever clinics, so testing clinics. And they said, 'oh we're gonna put one in Yarrabah. But we're only gonna run it from 12p.m. to 8 p.m.' And I said, 'well how does that work for us when we're here from 8 a.m. to 5p.m. How do we look after our staff and our vulnerable patients in a clinic space?'… and so I said 'let's just run it in the morning.' We need to do that coz as I said, we need to protect the staff and we need to protect the vulnerable patients who come and see us for valid reasons coz we still need to run primary care".*

The fever clinic was staffed by one Registered Nurse (RN) in two 4 hour shifts to minimise fatigue. A Gurriny manager commented: *"The Fever Clinic was the responsibility of CHHHS but we ran it. … two staff each day was taken off the floor to do that. Then they would do testing after hours as people presented. That was a big load – resource wise for Gurriny".* A staff member noted: *"It was quite physically hard on our staff, especially in the beginning of the year when it was in thirty-six degrees and you're sweating and- we have had staff pretty much- almost faint from it … in the beginning we had full PPE, and staying out there for the whole shift and that was just so exhausting. And also just learning the processes of how to swab… People have this idea that you have an innate knowledge of how to don and doff PPE and that you have got infection control. It's not the case. Just coz you're a nurse, or especially if you're a doctor, you don't have good infection control – we were making sure we were doing it correctly. Also access to PPE. We just didn't have it. We couldn't get it".*

The fever clinic provided the opportunity not only to test community members, but also to provide education. A Gurriny staff member explained: *"we had to line up our own training and all that sort of stuff. Which we did. It's a part of the job and I think we were largely successful. We were testing anywhere between six and a dozen people in the morning session and given that the chance for education as well as testing".*

Establishment of the fever clinic meant that the physical Gurriny clinic layout needed to be

altered. Initially, three tents were to be set up in an allocated fever clinic to provide an initial waiting area (secluded from GYHSAC patients), testing/swabbing and observation area, and overflow/additional testing area. Screens were set up to direct the flow of patients and staff. A Gurriny staff member said: *"When they came into the clinic…they were waiting outside. So we had to logistically change the way that we put up screens and all sorts of stuff. Tarpaulins and tents. Gazebo type stuff. And when they got into the clinic, we had to put down exclusion lines. ... When people did get to see the doctor there was a line put on the floor with emergency tape at 1.5 metres from the clinician. So we adjusted to that and the patients responded. Every time we spoke with patients, we spent time early in the consult explained to them why we were doing this - giving them a chance to ask any questions. We also made sure that each consult had an element of checking in on the patient and how they're handling the stress of lockdown. Checking how their family was doing. Whether they needed extra assistance with food deliveries or other logistical things*".

There were also complexities in running the fever clinic between two organisations, and in supplying the appropriate equipment and protocols. A Gurriny manager explained: *"I spent a fair bit of time making sure that* ***if we were going to take on testing, that we were going to do it right …*** *there's that kind of on the ground, logistical, from a health service point of view, if we started to run tests, how quickly could we run out of stuff? Who needed to be trained up to do that? Who would we send in tests to? So we were sending tests through a private lab, so that was part of that discussion around testing materials, so it's not just PPE, but swabs and the like. How do we test them and how do we follow patients? …And it's not as simple as just finding the staff, it's also the management of it, the supplies of it, the communication. When you're dealing with two different organisations that have different legal obligations and different computer software … the implications of not sharing that data is infection control disease spread. …"* Having set up the initial testing operations, Gurriny continued to test community members. A Gurriny staff member estimated: *"I think we ascertained we did about four per cent of the population within the first month or something. It took four days to get a result back then… I reckon we'd be up around- coz we're still doing swabs now. I reckon we must be up around four or five hundred".*

By November 2020, Gurriny had agreed with CHHHS that the fever clinic should be handed back to CHHHS to manage. Gurriny managers explained: *"The Fever Clinic still happens but we don't do it anymore. CHHHS has agreed now to continue with that. So that's been good".* A staff member said*: "But now we've got rapid testing and faster turnaround with our testing and we've actually secured a point of care test, so that's a machine Flinders sent us to do pretty much, it takes forty minutes to get a response"*.

With the handing back of the fever clinic to CHHHS, by November 2020, the focus of Gurriny shifted to working with CHHHS for preparedness for contact tracing in readiness for potential cases of COVID-19 in Yarrabah. It was considered that contact tracing needed to be undertaken by trained public health staff in collaboration with local Gurriny staff members. The LDMG developed a rapid response plan which outlined that if the contacts were not able to quarantine or isolate in their own homes the Mayor or LDMG needed to ensure that the locations identified for quarantine and isolation were ready. A Gurriny manager said: *"It has been picked up by … CHHHS … They're working towards making sure that we identify and get some competent people within community trained up so when that team comes over, they can actually assist them in being able to deliver that".* A staff member commented*: "You need competent people to be able to undertake trace tracking …*

within community, you have a street … it's either your cousin, your brother, your step-sister, your relation, your nephew, your niece. And so people going from house to house visiting and stuff is very different to what it is in a main street say in Cairns …So ***… you need a local person from community to be able to assist in that as to where are the family groups, who knows who and who would have gone where.*** *Again, community is quite transient as well".*

Another Gurriny manager described the planning process: *"As the restrictions eased, the first thing that happened was … like Gurriny has connected directly with the Public Health Unit. .. building capacity now to do contact tracing in the event that that has to happen. We're in the process now of developing up a procedures document as part of our Rapid Response Plan …. So I feel a lot more confident that if we go back down this track that we've got things in place as well. The community I don't think's ready yet because the next step is we want to talk to the community and get information out about 'what does contact tracing mean'. And also like in the event* ***if somebody in Yarrabah was made positive, what would happen to that patient? And then what would happen to their family? So we need to have that information out there"****.* The manager continued*: "Contact tracing and case management. How do we do that, who's going to do that? How can the limited staff of TPHS achieve that in the community of our size because one case is effectively five cases of contact….So the structure that I've proposed to the TPHS is we get half a dozen people trained up, they come over and meet your staff so they start to build their own professional relationship, and they learn each other processes and who to talk to when things hit the fan or who to go to for information. So there's not that vacuum of information or the pathways are unknown".*

Managing the need for infection control

At the start of 2020, Gurriny revised their emergency management plan and infection control procedure to account for the complexity of an effective response to the potential and/or real threat of a pandemic within the Yarrabah community by Gurriny and CHHHS (Yarrabah Health Facility). A pandemic procedure was developed and approved in March 2020 to minimise transmissibility, morbidity and mortality; minimise the burden on the health service; ensure effective consultation, communications, engagement and collaborative management to ensure effective controls and outcomes; and ensure a proportionate response to the risk associated with the threat of COVID-19 or other pandemics. A Gurriny staff member explained: *"So we had a basic infection control procedure but what we did is we developed a pandemic procedure. So the big part about it was actually managing clients or managing the spread of it … it identified what we actually need, how we go about it. The general problems were PPE first and foremost. So from a clinical perspective it's like make sure you've got toilet paper, you've got clean water and you've actually got enough PPE for your staff first and foremost, to be able to perform the tasks and not get infected themselves".*

Infection prevention and control procedures at the Yarrabah Health Facility were broad. They included identification of team member(s) roles in infection control, hand hygiene, sharps injury and exposure to blood and body fluids management, waste management procedures, PPE access for clients and employees, environmental cleaning of clinical and non-clinical areas of the practice, sharps injury management, and an isolation process, management and location in accordance with facility buildings and site layout.

Due to global shortages of PPE and a lack of clarity about distribution mechanisms,

accessing PPE became a challenging mission for Gurriny staff. Requests for PPE through the LDMG process were not successful. A Gurriny manager recalled: *"there was a lot of anxiety over PPE supplies. The Commonwealth was providing PPE to the Primary Health Network who were then distributing it out and I think during that whole period of time, we got one box of fifty or a hundred masks I think it was, and* ***that was all we got … I mean I don't know what would've happened if we had a case"****.* The urgency of the situation, and the unexpected solution, was outlined by another Gurriny manager: "*Looking at our PPE, understanding that testing would require a full donning and doffing of PPE and … how long would our current supplies last us? And essentially it was a week. We had enough to basically run tests for a week. We started to talk to different agencies about how they could support us with access to PPE because we started to put orders in straight away – through our own private providers so we started to get these orders in and very quickly they were saying to us at a national level, 'look our suppliers are now really depleted and it's gonna take six months for this to come in-' It was that early stage. March I think it was, where PPE just really disappeared. In the end … we'd done an interview for the Huffington Post Australian and then I think the U-S office at that stage saw the article and sent over fifteen hundred masks... Which was really, really amazing like it was such an amazing gesture from an organisation that had no real connection to us previously".*

Gurriny then undertook basic training of staff and patients in infection control but identified a need for further and ongoing training. A Gurriny staff member described the training provided as: "*A basic hand hygiene component that we do every year and then … a few little online COVID Government click and flick things. I don't think it's adequate. … they are looking into trying to bring in people that can provide hands-on training because I think that's the big thing is you need people showing, doing, demonstrating... We don't have an educator here. That's one thing we've really been pushed for though and we have got it advertised for an educator and I guess COVID sort of bought that out as being a real need – to have an educator. We did our own little in-services the best that we could but I'm not accredited to be an educator …*". Gurriny also offered to provide infection control training to the Police at the road checkpoints. A Gurriny manager commented: *"We were told, 'oh it'd have to get approved through Cairns…' when we tried to approach them and it never went anywhere. They need medical people at checkpoints. They need an infection control person that can oversee the everyday actions of the people****. It's the same with like in the quarantine hotels in Sydney and Melbourne – they need medical people making those decisions. And training the staff and teaching them, 'no you can't touch that.' 'You can't do that'".***

Developing and managing options for isolation and quarantine

In 2018, a mumps outbreak in Yarrabah had demonstrated that overcrowding and the poor state of existing housing made quarantine measures in the community virtually impossible as most infected individuals shared a bedroom with more than two people. The Yarrabah Aboriginal Shire Council housing audit had reported an average of 12 people per household: clinical records during annual health checks reported the lower number of 6.4 - but still well above the national average of 2.6. Faulty taps in 1/3 of houses also made hand hygiene measures extremely difficulty to implement. Gurriny and the health taskforce therefore identified the need for other strategies for quarantining those people that had been tested and were waiting for the results, and for isolating people who had returned a positive result and needed to isolate for 14 days. A Gurriny manager recalled: ***"A huge focus at the time …***

initially was around trying to have somewhere in Yarrabah for quarantine*. So that was a really big one".*

As Gurriny began testing people through the fever clinic in late March 2020, those waiting for their results were sent home (due to no current quarantine site in Yarrabah) and told to quarantine, despite the overcrowding in houses. A Gurriny staff member commented on the requirement for a four-day quarantine period: ***"the quarantine information was constantly changing as well. So it was like whether they had to quarantine, or the entire house had to quarantine. That's changed a couple of times… it just depends on the Queensland Government's…instruction.*** *So at the moment they need to quarantine until they get a result, but the rest of the house doesn't.".*

The health taskforce of the LDMG set out to identify what existing infrastructure could be used for quarantine and isolation purposes in Yarrabah. They assessed potential quarantine venues in Yarrabah along with the need for appropriate fit out, access to amenities and support staff. After examining the potential of several sites, three were identified as potentially suitable, but contingent on the need for appropriate funding to be able to set up each site and then provide workforce, ongoing equipment and on-costs for six months. The potential quarantine and/or isolation sites at Gindaja, Noble Drive and Workshop Street had the capacity to provide approximately 30 beds which would be overseen by the identified workforce. The need for security and cleaners, cooks and health workers, and equipment such as security cameras which could be used as required to trace track if required, was also identified.

However, by mid-April, the lack of forthcoming funding for a quarantine site/s, and concern about staff risk, organisational liability, not having enough PPE and the complexity of decontamination and waste management caused the health taskforce to rethink the plan and develop a new model. This revised model was formulated on a proposition of the need to put more onus on families to look after themselves. It encompassed a multi-pronged approach, including home isolation with the necessary support, and the development of Gindaja as a quarantine site for use if people needed to get away from their homes. Health taskforce meeting minutes note: "*the main concern is that if quarantining is not done properly, then, if the person returns a positive result, then the virus could spread more quickly*."

The multipronged model incorporated home quarantine where the entire household would go into quarantine assuming a likelihood of sharing the infection. This would also require testing of everyone in the house. Support would be provided to the household with the care being provided by the family members and where clinical care was needed, access from ED or Gurriny. The formal community-based quarantine facility was to be located at Gindaja in demountables and the training centre, with a medical tent option if there was an overflow or a need to accommodate a larger family. Cooking and provision of meals would be done through the kitchen at Gindaja. If a person's test was positive, they would be transferred to the isolation site in Cairns which was managed by CHHHS. A manager of another organisation explained: *"through the LDMG Health sub-committee, we applied for funding for an isolation unit... two buildings on site here at Gindaja that we used for quarantine and isolation and we had a number of families come through that. And it worked well".* A Gurriny manager provided an example of the use of the Gindaja quarantine facility for a patient with dementia: *"One family that had their patient was like demented and was a wanderer and*

she wasn't suitable for quarantine – putting her in a hotel was too problematic, and was very disruptive to her and to the family. They were really, really upset. It caused a huge family crisis. We put them in quarantine here at Gindaja".

However, at the time of interview, funding for the refurbishment had not been finalised. The manager continued: *"Not yet, not yet. So we done that to prove that we can do this. So we had to get approval from the Chief Health Officer to trial those isolation units. And we did it, and it worked well. So then we put a submission in for funding for an isolation or quarantine place within Yarrabah".* She continued: "*So the funding has been approved but we changed the purpose. What we have changed it to … that the funding be given to Gindaja to set up isolation quarantine area but when there's no COVID-19 and not being used for that purpose … Step Up Recovery... which is where they start to do things for themselves. But it's still in an alcohol and drug free environment … If COVID comes back, or if we get an outbreak, that can be used as isolation. When there isn't any COVID issues, it be used as a Gindaja Step Up house so. They are going to be demountable buildings fully kitted out with kitchen and bathrooms and toilets and living space and that kind of stuff. And they could probably house up to … fourteen".*

However, a Gurriny staff member considered that it would not be feasible to provide community-based quarantining in Yarrabah if there was community spread of COVID-19. She argued: *"If you had major community spread here and you were dealing with mass people on ventilators that weren't able to go over to Cairns coz Cairns was dealing with its own crisis, you'd need military to come in – for sure! In the beginning, that's what we thought we might have to face. We were sitting there going, 'okay, how many patients could we get in each room?' 'How can we hand-ventilate them?' I mean luckily there's more advancement in COVID and COVID wasn't as quite as bad as we thought it was going to be. We have better treatment now – ish! Symptom management".* She continued: *"I don't think it's feasible purely based on the capacity of staff to run it. Sounds good! But no ... you need staff that know how to clean things in an infectious control way. You're just going to spread it to your staff! I mean we saw that even in America and places like that, they had thirty per cent of staff still catch COVID even with the use of full PPE? We don't even have full PPE out here! We've got basic PPE".*

Another Gurriny manager agreed that there was insufficient capacity in Yarrabah to manage an outbreak of COVID-19. He said: ***"realistically the only people who can do that are the government, and through the armed forces- the medical armed forces...*** *They do it in foreign countries, when there's cyclones, they do it during times when there's emergencies like the bushfires and that sort of thing. So we needed to raise our concern and highlight those numbers coz part of the challenge of Yarrabah is that it's both too close to places like Cairns, but also too far away from people who make decisions, so it's in this blind spot. ... If this is a real pandemic then action needs to be real and we need to get real commitment to actually support the community to survive".*

Supporting the sterile tunnel and getting 'caught' in Cairns quarantine

The lockdown of Yarrabah had serious implications for Gurriny's patients who were accessing treatment in Cairns, including for short-term medical appointments and longer-term hospitalisation. In accordance with the lockdown rules, those entering Yarrabah needed to have completed 14-days of quarantine in an approved facility. As a Gurriny manager recalled: *"when they first did the lockdown, we were told that all of those people*

who would normally come in for a specialist appointment, they could come in for their one hour appointment, but they'd then have to do their fourteen day quarantine. … We said, we have to come up with a different solution. That's when ***we were able to have agreement around the sterile tunnel so that if there were people who urgently required certain appointments, we could bring them in and then bring them back home".*** An agreement was reached that patients attending a simple day appointment or procedure were asked to socially distance, wear a mask and then permitted to return to Yarrabah. However, as a Gurriny staff member remembered: *"That was negotiated with [Tropical Public Health Service name] and with CHHHS. [But] it was messy. It was a lot of trial and error.* ***How it actually operates on the day depends on staff on the floor and whether they've been told or whether they have capacity*** *to separate people - and then the willingness- and that comprehension of the patient. Some of them just don't have the capacity to understand how to isolate and have good hand hygiene".*

If a Yarrabah person required overnight hospital accommodation, they needed to quarantine for 14 days upon discharge before returning to the community. A Gurriny manager explained: *"once they were brought in here* [to Cairns]*,* ***they had to do the fourteen days, but they couldn't do fourteen days until they were medically cleared.*** *So if they were discharged from hospital, they didn't automatically go straight into their fourteen days. Sometimes they'd go to their family members. They had the option of going and staying with a Cairns family member, or Red Cross, while they continued to get whatever medical care they needed. Then the Nurse Navigators would give them the medical clearance to allow them to then go into [quarantine]…"*

Within a week of the lockdown on March 26th, on the advice of Gurriny, the health taskforce of the LDMG agreed to the establishment of a Cairns-based Yarrabah Clinic. A Cairns-based team would also ensure that patients in Cairns were supported and able to access their medications. Throughout the lockdown, the Cairns-based team supported a high volume of Yarrabah people "caught" in Cairns, in part, because the information and preparation provided before exiting Yarrabah was often inadequate. A Gurriny manager explained: *"A person would be ambulanced in, and* ***there was a bit of a conversation at the A&E at Yarrabah to say, 'look once you go in, you're gonna have to do your fourteen-day iso', but nobody really explains that on average, you're probably going to be away from home for at least three weeks minimum.*** *That doesn't get said in that context so people- it was like, 'I'm feeling really sick, yeah I've gotta go', not thinking about that. The next issue that comes is first of all,* ***usually they get in there, it's an emergency so they don't have their clothes, they don't have their money. And their family members can't bring it in because they're in lockdown.*** *So that's probably the first thing that they realised. And then if they've got kids, or their partner,* ***then they can't see their family members so then they want their family members to come in...*** *and then we're trying to negotiate with CHHHS to pay for them to go into iso and- it was just this complete kind of circle of … trying to support these families, trying to get the A&E to approve payments. It was really expensive. The iso was two and a half thousand dollars per person".* The lack of communication by CHHHS required the Cairns-based team to explain the rules and quarantine procedures to community members. A Gurriny manager said: *"there was a few where … people have come out of hospital, didn't want to go into quarantine, but had families in Cairns … and they were thinking, 'that's fourteen days at family- and then I can come home.' And we're saying, 'no it's not. You actually have to go into a proper quarantine you know, accommodation –*

that's what Queensland Health classed as, and then go home.' So it was that as well – dealing with family frustrations …"

Keeping track of more than 100 patients, their support people and families through their journeys from Yarrabah to hospital, to quarantine and back to Yarrabah was challenging. Gurriny worked with CHHHS Nurse Navigators to track patients; a role outside of its normal scope. A Gurriny manager reflected: *"We'd often get a notification from across at Gurriny. They'd text us, they'd email us and say, 'hey, just letting you know that [name supplied] was sent to the hospital today'. So we would ring up the hospital and try and get in contact with the patient … we'd start that connection with them and just be somebody that they can get messages to family, things like that. .. we'd say, 'no, don't bring anybody in. Let us work out first if they can come in. They get in here, they could be stuck', and you'd ring them the next day and they'd say, 'oh yeah Johnny's here' and we're like, 'why did you do that!' But that happened all the time. If they wanted their family with them, they just did it regardless. And then you'd be left trying to work out how to fix the problem. So that was really frustrating…during that six to eight week period, there must have been well over a hundred people. You add onto that, that all of them would have at least one support person as well and a chunk of them had children. It was really challenging, and sometimes they would go missing and we'd track them down for the Nurse Navigators. Facebook was a really good way of tracking them down. You'd get onto Facebook and you'd find out where they're staying".*

Quarantine in Cairns for those patients discharged from hospital was paid for by CHHHS and was located at several Cairns hotels. A Gurriny manager explained: *"Those who were put in quarantine, which was nearly every day somebody was being put in quarantine from Yarrabah, straight out of hospital, into the fourteen day quarantine and um … some of them had babies you know, so they didn't have nappies and stuff like that. So we had to do like a baby pack … some food packs, … some hygiene packs, and get it delivered to them in the accommodation".*

For those awaiting hospital, expenses were paid by Gurriny. A Gurriny manager provided examples: *"a lot of our mums, mums-to-be who are high risk, so … around two weeks before they were due to give birth, they and their families would come into Cairns and Gurriny covered the expenses for them to stay in accommodation, and then they'd have their babies. I think it sort of worked well. Except it ended up being an awfully long time to be away from home in the end".*

Quarantining in hotels did not work for all patients. A Gurriny manager provided two examples: *"he was an alcoholic, and he would wander… he couldn't go into quarantine ... So he'd been in Cairns for at least six weeks. I was constantly worried that he'd probably get hit by a car or somebody might bash him up – all those things. There was a few times that somebody did pick him up and the Nurse Navigators would let us know that he'd been dropped off at the hospital. ..And we had another patient who had lots of problems as well around alcoholism and he went missing. He had a voice box which wasn't working properly. He ended up in Gordonvale... I don't even know how we got this to happen but we were able to get him home... The Gindaja team picked him up from the hospital and drove him around all day while we were waiting to get the final [exemption approval]- so we wouldn't lose him".* She continued: *"And the other big thing with the isolation was that especially when the carers- if the carers had drug problems, they found it really hard going into iso if they …*

didn't have enough drugs to get them through the two weeks, or they didn't have access to those drugs. We did have a number of people who actually went in for a few days and then walked out. Then some of them would walk through the bush and we'd find out that they're back home. We'd be trying to find them and- yeah, and somebody would say, 'oh no, they're home.' So we had a few of those. It got to a point where we just like well we can't do anything about it".

Another Gurriny manager recalled the intensive support provided by Gurriny for some patients: "*So one of my Aunties who needed chemo … so she had to go in. We organised her to go in, do the chemo, be placed in the Red Cross for the time being, whilst she goes back and forth. And once all that hospital care had finished, then she went into quarantine for fourteen days, and then she came home. I remember her carer that went in with her – her daughter, she was so frustrated … We just kept um … you know, making sure that they were having access to our social team in regards to some counselling. We made sure that they were fully stocked with any food items that they needed during quarantine or whilst they were in Red Cross. Just servicing them. And even going there with our phones and so they could FaceTime and Aunty could FaceTime back home to families here as well, so just doing that sort of stuff? Coz it helps with um…I guess their mental health".*

Non-patients who wanted to return to Yarrabah also had to quarantine but at their own cost. A Gurriny manager recalled: *"If you weren't a health patient but you wanted to go back to community, you could go into places like the Pacific International. I tell you no lie, it took me … it had to have been four weeks of asking and no one could tell me how much it cost. No one could tell me. And so when people would say, 'oh you've gotta go in there but you have to pay for it yourself'. 'How much does it cost?' 'I'm sorry, I don't know.' If we have to do this again, I think- the Shire Councils, they need to really, really strongly advocate to Government to find places which are more affordable".*

A Gurriny manager recalled: *"there was a whole group of people in Cairns who weren't health patients but they were stuck in Cairns. They started to come and connect with our Cairns team... Towards the end, so people could start to go back in, but you had to do all your paperwork to get a permit. So we were doing that. [name of Council officer] he was the key person coz everything had to get signed off and approved by the Mayor. We were facilitating getting documents filled out. There was one document you had to actually physically sign. Print it off and sign it, confusion a was another document that you had to complete online, and then you'd get sent back a copy of the permit which you could either keep electronically on your phone, or you'd have to print it out and you'd have to present it as a permit at the checkpoint … So we started to help with patients plus community members … over that period [Council officer] processed around five hundred of those... We probably contributed at least half of the paperwork, and that's in addition to the health ones.… we worked really, really hard to cover off and close off all of our health patients, and I was like, 'okay that's it. We've done the health patients. We're shutting down! We're shutting the doors' and then [Gurriny CEO] said, 'no, I need youse to still operate for another two weeks'. Coz there's all these other people in Cairns that need to come over. We got stuck doing that then".* The same manager recalled*: "People would come in because their car was broken down. Then they wanted to go and get it serviced or fixed and then 'how do we get back?' 'You gotta do this' and 'you gotta do that. You can't get back.' Just shake your head in disbelief".*

Educating and supporting the community

There were two aspects of educating and supporting the community:

1) relaying the COVID-19 message, and
2) supporting the wellbeing of community members, including food security, mental health, alcohol and drugs, funeral and youth wellbeing.

Relaying the COVID-19 message

Gurriny started to consistently relay educational messaging from January 2020, prior to lockdown. A Gurriny manager recalled: *"fever clinic, getting checked, quarantine, blah, blah, blah. So there's a whole list of things that we made sure that every time someone came into the clinic, it was relaying that message. Every time, every time! When our staff was out and about in community doing community visit, it was relaying the COVID message blah, blah, blah you know."* Communication initially relied on health messaging through social media. Messages were posted on the Yarrabah Facebook noticeboard, which was privately run, but that was shut down when content being posted became too controversial. The Gurriny Facebook page was then used for social media posts. A Gurriny manager explained: "*We were going to make sure the community was well informed. We developed some messaging in the kind of February March period as well … through the Health Promotions Team …. One of our strengths in this period was increased engagement and social media. Directly through the Gurriny Facebook**, we produced a series of posts and videos talking about increasing people's hygiene, handwashing, surface cleaning with bleach and all that sort of stuff which was really important in those early stages. We couched this within a message of protecting your mob.** So we looked at it as a way for people to take ownership for what's happening and also to lean into those ideas of local community and cultural ties and family ties so that they could really take this on with gusto. I think that was actually pretty successful. I think those messages were well received... Part of those restrictions in the messaging was 'stay at home'. 'Don't come out of your house.' 'Stay home.' People in the community were very good at listening to that".*

Two Gurriny managers considered the social media to be effective. One manager stated: *"I think the social media worked. I know the health promotion team put up a lot of stuff ... they had good reviews. I thought it was another way to letting people know that … Yarrie was doing okay. And sharing with family that this is what's happening. They did things like videos".* The other identified the value of social media for external communications from Gurriny. He explained: "I started *to get involved on Twitter as well, from a professional point of view as the SMO, raising awareness. Through the channels there I managed to get the message across …we had with a bunch of different media organisations. Huffington Post and NITV and ABC and a few others. What that led to was a real ramping up of awareness of how this was going to impact remote communities but specifically Yarrabah".*

Communication from Gurriny focussed on the health aspects of the COVID-19 response, but they also posted notices on behalf of CHHHS. A Gurriny staff member noted: "*We were having to talk for ED here because they don't have access to their own social media or own Facebook page. So if they were closed or they were having issues or wanting to get messages across, it would have to come through us. So again, we're being represented as the Government ... I think the Yarrabah ED should have their own social media to get important messages out".*

By the start of the lockdown on 26 March, the LDMG health taskforce had agreed that clear communications to community members must be high priority. A Gurriny manager observed: "*It wasn't until … all the messaging started to come through Queensland Health and … the Federal Government, it was then that they [Yarrabah LDMG] realised that this is serious, we need to … start driving the message as a community, holistic community approach… around March.* However, the rapidly changing nature of the information about COVID-19 globally and in Australia, and its implications for Yarrabah, also posed challenges in communicating effectively with community members. A community leader recalled: "*the LDMG, we did our best to try and promote the information out there, but early on in the piece you've given information to the public. And I know we got hammered about this from the public, was an hour later that information changed. So it was hard to try and keep up with- they were asking for information that was coming out of date within the hour. So all the best we could do was tune into the news and the radio and the television, and social media to the best you can".*

Communication about the broader multi-sectoral issues associated with the biosecurity determination, the rules of lockdown, and what they could expect in terms of the length of the lockdown period, was less adequate for reassuring community members. The LDMG and Gurriny leaders acknowledged that they did not have the required resources or established systems to effectively communicate COVID information to Yarrabah residents. A community leader said: *"We did our best on social media. ... We put out a couple of releases and articles. I think everybody was just in panic mode – wanting information. … we couldn't give them because it was changing all the time yeah... And no one knows if Cairns was going to go from one case to ten cases in the hour".* A Gurriny staff member noted: "W*e didn't have the resources and we were all so overworked that to put it back on one of us or someone from the sub-committee, and we didn't have the funds just to bring someone on immediately. Again this was another submission that went in in the early stages … Gurriny's just employed the person two weeks ago. That was one downfall when we were putting in for emergency funding, it wasn't being looked at as a priority".* Inadequate communication about the restrictions contributed to community frustrations. A Gurriny manager hypothesised*: **"if you're not continually communicating with a community about this, there's a vacuum of information. In a vacuum of information, people will search for that answer** and so the internet is there, people are discussing on Facebook and other social media and the fringe element latches onto fringe pseudo-science and clinical militism that sort of stuff, and that became an issue during the latter half of the lockdown where there was protests".*

Gurriny was also aware of the limitations of social media in Yarrabah given that many community members do not have access. A Gurriny staff member suggested: *"There's a lot of things that prevent people from accessing social media here though. A lot of poor phone signal. A lot of people don't use social media – older people. That's reflective of technology in general out here. You've got people that don't even have bankcards or online banking ... It works for some people, it doesn't work for others".* A government representative acknowledged: *"we could have communicated better… there were structural issues that prevented that from happening as well as the fast, rapid change in the information that was coming out*". However, Gurriny managers agreed that Gurriny needed to take leadership of future communication efforts through pandemics. One said: *"it has to come from Gurriny, yeah… And-tailored to Yarrabah, so… we are the direct link from the Chief Health Officer,*

right down to the Regional Health Authorities, to our local Public Health Unit, to our Senior Medical Officer. That's the chain, and that's where the authentic, validated, actual, real information has to come from".

Recognising the limitations of social media, at the start of April, Gurriny and Gindaja teams also commenced door knocking through house-to-house visits to get the COVID-19 prevention messages out, including advice to community members about staying home and protecting themselves. Gurriny staff were trained internally. A Gurriny staff member described the process: *"When we first did the door knocks, … it was COVID symptoms and what we should be looking out for and obviously the 1.5 of standing within the households and trying not to transmit any germs. Also with the food. So we had people like Coles and TFN and Woolies bringing in supplies for the community … they were all asking the social emotional wellbeing how's everyone going in the family too because everyone being cooped up together … I think Gurriny- we had the information given out to community on a daily basis and any new that was given to the CEO was then filtered down for us to distribute. So from our end, I think we did quite well".* A Gurriny manager added: *"In the early days of it.* ***When we did the walk through the community, door-knocking every house ... we kind of bought the clinical and the health promotion, the SEWB all together and with other community organisation leaders, and we went into the community and we door-knocked, we handed out resources, we did information sharing, we talked about services that was provided, people who they could access … how to present for medication.*** *Consultation was now changing. People had to do phone consult. I suppose the role that we played was as Gurriny health professions, regardless of where we were at. And Gurriny was supporting the community and working together with a couple of organisations".*

The door knocking effort was resource-intensive, taking 30-40 staff a week to complete. A Gurriny manager explained: *"So eighteen suburbs I think we counted up and we broke up and certain groups went into certain areas.".* Another Gurriny manager elaborated: *"So we went out everywhere – even to the humpies out at Back Beach and out at Buckee and around the point. So anywhere there was a humpy or a house or where you knew people were staying in tents, we delivered the pack".* Another manager said: *"You know what? I think door-knocking is … I believe in it. .. I'll promote it period. If you want to engage, if you're gonna get a response, that's the only way to do it I feel anyway. I think it was good- when we went out, we weren't just talking to one person as well. We tried to talk to the whole family unit that was there at the time ... I think like the opportunity is not only because we're going into someone's house to connect or engage with the family unit, it's like the things that happen on the side. So opportunities we had where people who were walking on the street who we may not have caught in their home, or someone might be there visiting, they may not have been there. So we didn't miss people. … You're telling a unit, so the message gonna have a roll-on effect. Maybe gives them an opportunity to sit down and talk about it".* One community member, however, expressed disappointment that she was provided with an information pack but little in the way of verbal information about COVID-19 or the Yarrabah situation. A Gurriny staff member suggested: "*I think doing another door-knock would've probably been a good idea, just to pass out some of the information or summarise how the response is going or what changes have happened …*".

Household consultations also provided community feedback to Gurriny - identifying that people wanted to isolate at home, children needed to be occupied and people wanted to talk to leaders and ask questions about what was being done and how this would stop the

virus from coming into Yarrabah. A Gurriny manager observed: *"Everyone was different, but something that I heard a lot of when I was out … was 'why were we in lockdown?' And 'why were people that didn't live here were coming through?' … I suppose it was people's assumption or what they understanding…who was making the decisions as well. So in their mind they already knew that it was the leaders of this community that was making these decisions to close down. They were kind of the main two... It was at a point where it felt like it was escalating."* Two community surveys were also conducted with Yarrabah adults to gauge community opinion. The aim of the first survey was to gain a better understanding about Yarrabah community's views on the Commonwealth Biosecurity Restrictions and to identify if residents wanted the lockdown to be lifted; and the second survey gathered community members' perceptions of a potential easing of the Alcohol Management Plan restrictions.

Later, as the lockdown restrictions were being eased, the LDMG health taskforce emphasised the focus on householders' responsibilities to care for their own safety. A Gurriny manager explained: *"this idea which we're still trying to progress, of household plans...**helping shift people's thinking around who's responsible for protecting them against COVID … We'd help them work through a plan and we've talked about also providing a starter pack … like sanitising and things like that. But it also has a part of it which is where you can as a family, make some decisions** ... identify really clearly does somebody who resides in your house is at greater risk ... who actually can come in and out of their house? We're suggesting things like socialising outside under a tree. We're suggesting things like when the kids come to play that they just play outside. You don't have all the nieces and nephews running through the house. And then just some really basic but general cleaning behaviours and habits. .. those regular touch spots that you might not normally do like your light switches and your remote and door handles … the washing of hands, not touching your face... if you are sick, staying at home. Getting tested, yeah. So just trying to promote all of those. And when they go to Cairns, making sure they've got hand sanitiser and they use it. They do maintain their distance with other shoppers and don't touch every product on the shelf … We're looking at getting signs developed … they could put them up at their front gate as well. And the other part was them thinking about if somebody is feeling unwell and you did need to isolate in your home while you're waiting for your results, is where would you do it? You have to pick a space in your home, so doing stuff like that too.".*

A Communications Officer (a short-term position) was recently appointed as a joint position between Gurriny and Yarrabah Council. A manager commented: "*none of the services at the time had a dedicated Communications Officer who could get different forms of messaging and coordinate that. We often find Gurriny always resorts to the door knocking coz we find that the most effective … However, you can't rely on that all the time. However, having the Comms Officer who could put things on the community dashboard, do texting, do Facebook do Instagram, Twitter, website, you know … extremely effective. And more accurate and up to date messaging".* A Gurriny staff member agreed: *"I think we needed a Communications Officer. That needs to sit at that taskforce. Or come away through the briefings, through the CEO's or whoever sat at the taskforce, give them to the Communications Officer to say right, this is your job through COVID ... The community started to demonstrate because they did not know what was going on and neither did we".* Suggested future strategies included the use of the local radio station to convey Gurriny messaging. A Gurriny manager said: "*We're about to get the radio station up and running and each organisation had to nominate two people to be presenters on the radio station. Black Star I think it's called. And so we're about*

to get that happening, and all the staff are getting the training in radio … We're really excited about that. Because that's that instant messaging that will go out when we need it yeah".

Supporting the wellbeing of community members

While the primary effort of Gurriny was rightly focused on protecting Yarrabah community members from COVID-19 infection, the community lockdown under the biosecurity regulations also aggravated extant health and social issues. In particular, it affected the security of the food supply, challenges related to the truncated supply of alcohol and drugs, altered funeral arrangements, and the need to support the wellbeing of community members during uncertain and frightening times. Gurriny supported community wellbeing through implementing food supply strategies, managing mental health, supporting people with alcohol addictions, and supporting youth wellbeing.

The role of Gurriny was described by a manager as being to: ***"reassure and encourage people they had to be part of that process. It wasn't just something that we could fix.*** *… like some of the stress came but when you talked about it in that sort of sense, yeah you just felt people accepted some parts of it at the time. And I think too openly admitting … I didn't know everything either, myself.* ***And just like them, I was affected as well. I was doing what I was to support my community the best way I could as well, with the support of my leaders – ALL of our leaders!"***

Implementing food supply strategies

Yarrabah residents who have access to vehicles normally shop at supermarkets in Cairns, , with the closest supermarket being within a 35 minute drive from the community. This meant that to enable community closure, the LDMG needed to ensure alternative arrangements for food supply. Also needed were other household and livelihood goods such as clothing and pharmaceutical supplies. The leader of a community organisation explained: *"with food security … we've got a store but a small one and a couple of little take-away ones around town. … we've had to mobilise food security. So … I think we got Woolies and Coles online and two pop-up shops – Total Food Network and the Island and Cape, what they call ALPA ... We didn't have much food here. So it was good that through the district DDMG that they were able to facilitate that. I wouldn't say pretty quickly but you know, in a good time frame. That we've had to satisfy the people here. There's about five thousand people. So that was good and the food supplies came in".*

A Gurriny manager recalled the supportive role played by the Gurriny health promotion team: *"I know the Health Promotion Team went up and they helped Council with the Woolworths and Coles stuff so I think really in some sense, they not only promoted- that they gave people reassurance outside of community ... Your family's okay in Yarrie".*

Mental health

COVID-19 and the community lockdown brought a range of challenges to community members' wellbeing and mental health. A Gurriny manager described the stress experienced by community people: *"the stress I saw in the early days was the unknown. That people just needed to be reassured at that time that everything was okay. Well not okay, but* ***people just needed to be reassured that it wasn't only happening in Yarrabah. It wasn't only happening in Australia it was happening world-wide"***. Gurriny staff reported community members and Gurriny staff experiencing elevated fear, anxiety, bereavement and trauma. A Gurriny manager described: *"I know that there was a lot of support around mental health*

with families, yeah. From our team, … our staff would be supporting that …. Stress or anxiety? Oh look everybody- that came through quite clear. Even my staff". A Gurriny board member also noted: "*People talked about being stressed. Those with mental illnesses were worse off during COVID*".

A Gurriny manager explained: "*It has in a sense bought us together but as well, the actual disease itself …it separates us. ...I think it's very…mentally [challenging] for a human- any human being. Coz we're very social. We're very touchy-feely! We're very close. It's nothing for …another older sister to nurse her sister's baby is nothing, you know. Yeah…**we eat together, we sleep together, we play together. We do all these things. We're very close knit. So for this disease to come in and say we've all gotta be separate, I think …COVID really put people back to separate, but then it did bring families too, like families were all I guess together as well?** So there was that if there is any positives out of it".*

Another Gurriny manager also considered that COVID-19 had had mixed effects on community wellbeing: *"I think in Yarrabah because we still had a bit of freedom, because we had no COVID in the community like I said, people were still free to go to the beach - they still visit families. It wasn't real tough here that you couldn't have the visitors ... But when there were parties, people were getting fined. Especially when the alcohol started to come back in on the sly market... The Police would be there, 'you're breaching the COVID laws. You're only allowed to have five visitors-' or whatever it was. That type of stuff".*

Gurriny ceased conducting their group wellbeing programs during the lockdown. Instead, the social and emotional wellbeing team maintained the delivery of wellbeing and mental health services through home visits and other one-on-one and family support. The SEWB team developed rosters and processes for wellbeing workers to organise their community engagement, developed consistent and current communiques that workers disseminated, educated workers on how to respond to questions, and developed a process for how workers could feed information and issues from community back to the health taskforce Group of the LDMG.

Alcohol and drugs

Yarrabah has an alcohol management plan that restricts the amount of alcohol entering the community, but lockdown completely stopped the legal supply of alcohol and drugs into the community. A government officer explained: *"There's a carriage limit, so it's one unit and a certain number of mid-strength cans or a certain litre quantity of wine per vehicle at any point in time. Having that lockdown meant that there was zero…it rendered the carriage limit to zero".*

Yarrabah residents who live with an addiction, began to present at A&E with alcohol related withdrawal issues. A Gurriny manager said: *"those that were with addictions, we had to look at what support we could give them straight up because they'd been cut off from their alcohol supply and their drug supply. This is going cold turkey. **We had a lot of people in the community that weren't well. With alcohol withdrawals**, people can actually die from that. It's the worst drug to withdraw from. So we had our staff going around to houses that were known alcoholics, ensuring they were okay. There were a few people that we actually had to get out of the community. Some of them went to hospital, or some just had to go to family in Yarrabah because it was just- we couldn't manage it in the community with Gurriny and the Emergency Department setting up all of the Testing Clinics and that kind of stuff, this was another level as well."* The manager continued: *"We were constantly checking on those*

people like- and if we knew that they had alcohol, our staff were talking to them about managing it. If you had some surplus, just have a couple a day or something. You've gotta keep yourself going".

An appetite for black market alcohol was fuelled in part by additional funds coming into the community through government Job Seeker payments. A community leader observed: *"I think we were always aware of … people that have heavy addictions. What surprised us is that people were prepared to pay the amount they were paying for the alcohol. But when the extra payments come in from Centrelink, it didn't deter them. They had the extra money! Oh so what! They've given us extra five hundred, yeah I'll buy a hundred and fifty dollar spirit or two hundred dollar cask! … some of the drug dealers or those that were sly-grogging, were making up to like twenty thousand a fortnight".* A Gurriny manager noted: *"Whilst the injection of cash- the old saying, money's the answer f all things. Well yes but…[sighs] our community was set on fire. The parties just went whoosh. And it's just quietened down. We was all wondering, why is there noise all the time? This is crazy.' A lot of things escalated. And I think that was the other thing too, a good concept and we want to inject funds and that's great, but how do we do it so that we empower people?"* Another community leader agreed: *"We've had parties here every week you know, and because they're getting a couple a hundred dollars in their kitty, and then you had the superannuation payout, yes, it's creating a lot of- an increase in social problems or anti-social behaviour. Good intent by the Feds but some people need to be taught about money management you know – financial counselling. That's a minority, but the majority I think you know, they bought whitegoods and stuff like that".*

An alcohol working group of the LDMG was established to look at issues relating to alcohol access. It was agreed that a harm minimisation approach should be taken, and the committee examined the options for providing a licensed venue. A government officer explained: "*a lot of people want to have somewhere that people can learn how to drink sociably and responsibly together- a licenced venue, and you know … like at the footy club? Like most other footy clubs in Australia. Yeah so that was one of the things*". By mid-April, the Alcohol Working Group discussed options to take to the State Government and get a restricted Liquor Licence for Yarrabah during the lockdown phase. This included whether there should be household or individual limits to address some of the COVID-19 rules such as social distancing vs social drinking. A community survey was drafted to determine community members' views about a licensed premise. A community leader recalled: *"The sub-group on the Community Safety Plan was to … try and get some options of providing alcohol in the community in a legal way. So there were surveys done, but it was just trying to navigate around the liquor licencing division under the AMP rules, and doing the best you can. The AMP rule or the liquor licencing rules really are pedantic to try and navigate around because of all the community safety issues around that".* At the time of this research, the issue was still being progressed.

Funerals

A Yarrabah funeral safety plan was drafted by the LDMG in June 2020. The plan was based on government guidelines for a COVID-safe funeral, including maximum participants and introducing technology to stream services and prevent crowds gathering. A Gurriny manager reflected "*in the midst of all of this, people were dying. So our roles had changed- we had families out there who were trying to mourn but they couldn't. Part of that mourning- they couldn't bury their family ... We had to kinda support them in the best way*

we could. Continue with some of the stuff like dropping off tea and coffee and then when the funeral safety plan- we were part of some of the consultation around that. And when it came into play, our roles had changed".

A Gurriny staff member recollected: *"if there was a major death here … or multiple deaths, how do you control Sorry Business and the masses of people that naturally congregate … Sometimes cultural behaviours will surpass Government direction or infection control desires ... So it's like what if we have five hundred people who rock up out the front? Because we've got a couple of people who've died in ED. And then what's the safety implications of that – of us saying, 'no you can't- So and so's died but you can't come in and see them because of COVID'. Fuelled with an anti-government sentiment coz we had protests and stuff here and you know, frustration and anger and boredom. Safety concerns were real".*

Youth wellbeing

In order to prevent the social gathering of young people, the Queensland Government decided that school arrangements for term 2 of the school year would move to home-based learning for the first five weeks, with the school providing on-line learning and work packs for students to use at home. Events such as sports days were also cancelled because they were too hard to organise within social distancing guidelines. All in all, children and young people were left to the care of their families and/or their own devices. A community leader recounted that the closure of schools and other structured programs resulted in high levels of freedom for children. He observed: "*everything was just all a bit normal here you know, you go and play in the park with your friends, you'd be out riding a bike or the horses. So our strategy was lock the door, so things can be a little bit normal here. I mean the Police, they see all the kids early on, a hundred kids playing in a park".* A Gurriny staff member also commented, ***"Yarrabah was in lockdown but there were still things to do as well. We did see a resilience in family going to beaches … fishing off the beach or camping out*** *so when we were looking for people, said, 'oh they went … for a camp'. They were using what they had here in a positive way so it sort of bought that sort of situation as resilience to town".*

However, a particular subset of youth that was strongly impacted was the school leavers. A Gurriny staff member noted: "*School leavers …there were a lot of stress on getting back to school. I think some opt to stay at school. Whether they're down Townsville or something stay in that area. In some parts where Gordonvale and Djarragun brought teachers over to study within the PCYC hall. Sort of a move forward from that but I guess any days missed at school for anyone it's gonna be a big deal for them to catch up".* A community leader added: *"really important years, like the senior years or if they were doing their year twelve it was disruptive--yeah I had some grandparents come up and tell me that yeah, that they wanted to get their young boy who was graduating this year, back to school".*

Another group who were clearly affected was the 202 Yarrabah students who attend 12 boarding or day schools outside of the community. Each private school had to arrange access to facilities to provide educational continuity for their students. The LDMG sought provisions for boarding students to access the facilities of Yarrabah State School, but social distancing requirements, the unavailability of teachers, and complexities of maintaining educational standards for non-enrolled students meant that non-enrolled Yarrabah State School students were not permitted entry into the school. This resulted in the students not having a dedicated space to learn and working with limited access to Wi-Fi/internet to connect to their school. A community leader reflected, *"We just needed like a leader there in*

the education sector to say, 'no, they can use this classroom because no kids are coming to school.' …You send them away to a private school or boarding school to get a good education … They're the ones you know that are going to succeed ...

Providing for boarding school students' education became a defacto additional community responsibility, for which neither parents nor organisations were prepared. Gurriny tried to provide support in a role that was clearly beyond their scope. A community leader noted: "*We've had to try and put up a little learning centre for them here you know…those kids were disadvantaged because they couldn't use the education facilities because private school and the state schools don't actually complement each other. We tried to work through it and negotiate but Education Queensland wouldn't give up some of the room space there you know. So … I know Gurriny provided some support down at the Youth Hub for them but this is a pandemic and one would think that the flexibility of trying to support students in this type of situation would have been common sense. But then the rules said otherwise".* He continued*: I'm pretty sure the Djarragun kids had the same challenge as well where they weren't allowed in some of these state schools and the sad part about it all is the kids that went away to boarding school and students to Gordonvale and Djarragun were a little bit marginalised, but the school population, the attendance rate was pretty low. So they had empty classrooms that could've accommodated some of these students… they're all Yarrabah kids. They just go to different schools".*

At the start of the pandemic in early 2020, Gurriny was able to provide support and COVID-19 education for Yarrabah youth through its Youth Hub that had been established only the previous October. A Gurriny staff member explained: *"Between the school time there was the 18 to 25 – some of the school leavers. And then after three o'clock … with the under-age youth's coming in and having their time. Eighteen to 25 we try to work more around … using the laundry and showers and jumping on the computers. We prepare meals as well ... preparing their own breakfast...Through that we have Yarning Circles. In that first bit in February it was around COVID ... At that time it was education and promotion of COVID-safe environments and every youth that walked in, we let them go to the bathroom facility to wash their hands before anything else. It became a regular thing, it became the norm … make sure everyone stick to that protocol and hopefully what they do at the Hub … they take into their households and it becomes the norm there. It was getting the feel for them to say 'this is yours'".*

However by late February 2020, the Youth Hub was closed and the annual Young People's Health Check was not conducted in 2020. A Gurriny staff member described how youth wellbeing staff were diverted to community education and support roles, *"We didn't have too much engagement with them … And I don't know how you could change it in that sort of pandemic sort of scene where- I mean maybe more of the online stuff I don't know … we couldn't really do much… a lot of our engagements were with the adults, even though we did see youths. ….* ***I would like to have some kind of advisory within that thing to say 'well now it's a close-down, what are we doing for our youths?... And it is in the back of your mind and every time you see a youth, you try and have the conversation with them or have them on social media.*** *A lot of the youths that I talk … they ask 'when's the Youth Hub opening?' I'd like to give them a date but I can't so obviously we're talking about COVID and making them safe to come back – still around education around why it's closed. There was never a space for them. For myself,* ***I did feel that we didn't do much for the youths but we couldn't as well".*** Another Gurriny manager advocated for the reopening of the Youth Hub

and programs: "*I'd like to see the Youth Hub. What's the Youth Hub gonna look like? How are we gonna start getting some of those activities happening? I think that's probably the main one"*.

The disruption in educational continuity has had longer term impacts in terms of school attendance. A Gurriny staff member commented that subsequently: *"I've noticed a lot of kids haven't returned to school and they're the younger ones. The primary school kids. We've noticed coz we see them on the streets ....Whether that is influenced from not going to school to have that structure or good sleeps. Well the right amount of sleep and waking up on a schedule where when you're in lockdown, you're sleeping whenever … because it's happening with the really younger ones, it may impact in their future".* A community leader noted: *"having the kids out of school for so long I think- I still see it now that kids just couldn't get back into that routine of getting back to school. They became quite comfortable not going to school by not doing anything to do with that. So that was a bit of a danger area there… just as a community member, I can go for a drive and I'll see all these children out of school just walking around so something's going on. A lot of them just couldn't get back into it. And the parents are struggling as well to get them back in".*

Working across agencies

There were two sub strategies of working across agencies:

1) working across Yarrabah agencies, and
2) working with government.

Working across Yarrabah agencies

As an ACCHO, Gurriny is a non-government organisation (NGO). Gurriny worked closely with other Yarrabah-based NGOs and government agencies. Collaborating and working together to respond to COVID-19 strengthened relationships between Gurriny with other community-based organisations. For example, a manager from another Yarrabah organisation said: *"It's really strengthened it. There wasn't a lot of collaboration before. There was like in our Learning and Wellbeing Centre, our staff would do promotion stuff with the Gurriny staff and that type of thing but in terms of at a management level, there's more communication at a management level. So that was really, really good. And there's been a close relationship building between the management team as well so that's been a good thing".* A Gurriny manager said: *"it was good to work with other organisations and their employees. So* ***we had Gindaja with us. We had Council work with us. They came from the Day Care and different areas. From housing. I think that was really positive. I think that's what the community needed to see at the time … positivity. And I think they needed to see the fact that their mob was doing something. Their mob was there when the community came through this time.*** *I thought that was positive".* Similarly, a Gurriny staff member and manager noted: *"Just in terms of coordinating the emergency response and the partnership between Queensland Health ED and Gurriny at Yarrabah, we really saw that partnership grow and solidify in that time and I don't think I've ever worked with them so much and so closely more than that particular time. You know, all our discussions involved them as well ... we got most of our directions from CHHHS. And … a little bit through TPHS".*

Working with government

Relationships with government bodies located outside of Yarrabah were reported as less collegial. For example, Gurriny staff expressed frustration at their unsuccessful attempts to

influence Police infection control practices at the checkpoint. One Gurriny staff member noted, *"just trying to communicate anything and agree on anything. We identified from the very beginning that we should be doing temperature checks. Well then they didn't have access to a thermometer … I just felt like that they didn't know what their boundaries were. …another thing that we had, we knew that we had people breaking quarantine, climbing the mountain at night, coming over and showing false documents to come over. We knew that that was happening, and we would try and report it – 'A' who do we report it to – it was really difficult to discover who do you report these issues to. And then 'B', finding out if anything happened … and most of the time we found out nothing had happened. So we had people in the community that were a direct risk, that are then putting us at risk, but also putting our job and our careers at risk alright? Coz if there is a major event here, you can imagine what your workload's going to be like. And we're here telling them, 'hey we know this person's in community that shouldn't be' and nothing happens".* She continued: *"…the Police and the Army here. They're supposed to be a quarantine barrier, yet they're doing things like grabbing our ID with their hands, accepting coffees. You could literally see them walk from the Cairns side of the barrier, pick up deliveries of KFC and McDonalds, and walk it back to the Yarrabah side of people, and deliver it, which is a complete breach of quarantine"*.

Intersectoral communications through the disaster management pathway were also problematic. A Gurriny staff member identified, *"If you put in a request for assistance, it goes to here, it goes to logistics and it goes to the comms … so that was the whole idea is that if it goes to one, then it goes to the other. They can't do it. There was also disjoint as well between that the QDMA as the LDMG and the DDMG and the hospital actually has their Incident Management Team and then they have a HEOC Team – the Health and Emergency Operations Centre. They're working side-by-side trying to draw lines between the two different entities. But* ***… there was still disjoint between the entities as such. I think making succinct the actual communication pathways and ensuring that the specific roles*** *which are critical to running QDMA– whether it be a HEOC or the LDMG or whatever it might be, really need to be embedded and they need to be trained in accordance to the level of responsibility that it requires".* Another Gurriny manager explained, *"in the DDMG … the Police are the lead. And Queensland Health … it felt like they were more advisers. And I think that was related also to the mess up of having the State and the Commonwealth and the ... two different lots of legislation … It would've been better I think if- the way it's set up now, is that Queensland Health, and it's via the CHO and you can already see how that- it makes a lot more sense in terms of managing an outbreak. Yeah it'll be led by Queensland Health".*

Different organisational systems created communication problems. A Gurriny manager suggested: *"It was- communication pathways I suppose* ***if you had a common thread all the way through, it was communications at the end of the day which was actually the problem…"*** Another Gurriny manager agreed that what was needed was: *"A little bit more coordinated response from the Council maybe or from the Government, or TPHS with the Council. The Council- they don't know infection control. They don't know the medical side of things, and a lot of the questions that I would expect Council to have been organised or to be able to answer- they just couldn't. How does someone quarantine? Where do they go to quarantine?"*

Communications issues between Gurriny and other organisations were difficult to resolve and often required escalation to high levels of government. A Gurriny staff member

observed: *"Our CEO is in contact with all the big-wigs and was able to get us information quicker than what we could get through official channels with CHHHS or Queensland Health – through her connections … sitting on various boards and committees, and her being able to fire up questions and problems through her personal connections".* A Gurriny manager reflected: *"I don't know how other people do it, but me, if I have someone on the ground not listening, I just go straight to the top. I don't care anymore. And that's what we kept on doing. We just kept on going straight to the Minister, straight to the Minister. Everything that we had to do, coz the bureaucracy on the ground just wasn't supporting us. Council was able to just go to the top for us as well. So it was Health Minister, the Indigenous Minister as well... to make things happen on the ground".*

Towards the end of 2020, Gurriny managers were making headway in strengthening relationships with some departments. A manager explained: *"For me it's been about building a relationship between TPHS. So anyway, setting up a relationship with them, getting to know them. Getting them to understand how we experienced the lockdown through the pandemic. We're setting up those pathways that flow regular meetings and that have action at the back end of them as well so they're not just like people chin-wagging ..."*.

Gurriny staff agreed that there was a need for clearer communication channels in future. A staff member identified the need for: *"clearer communication on who to ask and how.… Perhaps it shouldn't be based on personal relationships and it should actually be an organised, clear pathway. One would hope".* A government representative noted: *"I can't think of anything that Gurriny could've done better but I can think of some things that could've been done better from the outer agencies kind of perspective in terms of supporting Gurriny better".*

Outcomes

The purpose and benefits of this research are to provide time critical information and analysis to inform strategic planning around health services and community operations and safety during the ongoing COVID-19 pandemic and future critical incidents and situations. The research has highlighted that Gurriny responded to COVID-19 by leading with local solutions to keep Yarrabah safe. Gurriny's leadership was at the core of its four strategies: managing the health service operations, realigning services, educating and supporting community and Working across agencies. These strategies were enabled or hindered by six conditions: the leadership capacity of Gurriny, relying on the health taskforce, the health of Yarrabah community members, "locking the door", "copping it" and (not) having resources.

To date, the leadership demonstrated by Gurriny and other Yarrabah organisations has kept Yarrabah safe. Undisputedly, the major benefit was that Yarrabah succeeded in preventing COVID-19 cases coming into the community. A Gurriny manager considered that: "*at the end of the day I think the staff and community do realise that it was for their protection. It was actually done to really preserve- because* ***if we did have a community transmission in Yarrabah, I would hate to think how fast that transmission, and how many people would get it"****.* The Federal government's community lockdown and the Queensland Government initiative to close the state borders also contributed to keeping Yarrabah safe. A manager said: ***"I don't think it was our contribution alone.*** *Clearly closing the borders was the most significant thing that's really helped … closing the borders was the best thing. Coz it really slowed down the transmission … into the State. And then it allowed our health and hospital systems nationally to be able to cope*".

Participants acknowledged that although challenging, many things worked well regarding the response by Gurriny and the Yarrabah community. At Gurriny, the management of operations and realignment of health service delivery have, on the whole, also worked very well. A Gurriny staff member explained: "*having a more nurse-led direction within Gurriny. So we've seen our nursing positions almost double and to have this Team Leader positions identified – something that we've been wanting to have anyway but really saw the need for it. Just to have clear communication and direction for other staff as well".* New or vacant positions were also being filled as this report was being written. Working relationships between Yarrabah organisations, and engagement with some community members were strengthened. A Gurriny manager reflected: *"I think through it we can say there were tears, there was joy, and that is only from the experience that I had. But some of it I suppose because of some of the community staff I suppose, we did see some of the smiles through it as well because of our community engagement".*

Additionally, there were unintended benefits. For example, CHHHS operationalised their Yarrabah dialysis service to avoid unnecessary travel by dialysing renal patients who previously travelled to Cairns. A manager reflected: "*previous to COVID, we'd been fighting to have dialysis full service in Yarrabah rather than driving our mob into Cairns every day? Get the full service happening out here – morning and afternoon session, it's only a four-chair dialysis, but most of our clients were being driven into Cairns to be dialysed because Cairns Hospital couldn't find the staff…. COVID forced that. ... we're [now] looking at expanding coz there's more that maybe coming on in the next two years, so yeah look at having the whole dialysis out here full time".* Similarly, an isolation and quarantine facility is planned for construction at Gindaja.

Participants considered that the areas that needed to be strengthened included communications, youth wellbeing, training and preparation for infection control, contact tracing and case management, and the establishment of local isolation and quarantine facilities. A Rapid Response Team and Plan have been established to progress such issues. A Public Health Working Group of the LDMG has also been established to discuss public health strategies going forward.

Gurriny continues to demonstrate leadership by preparing for a second wave of COVID-19 and future pandemics, which were considered likely whilst there is no vaccine. The Yarrabah Roadmap of May 11th 2020, developed by the health taskforce of the LDMG, set out plans for any second wave or future pandemic. It stated: "*We want to make sure that the right processes are put in place to stop any possible chance of transmission when restrictions are eased and to ensure that we're safe and that a second wave of COVID-19 does not come into Yarrabah*". A Rapid Response Team and Plan, and a Public Health Working Group of the LDMG have been established. Training for procedures such as testing, contact tracing and case management, in conjunction with Queensland Health's TPHS, continue to be implemented. A manager concluded: *"We're still running our Fever Clinic … we have a Rapid Response plan … we've built a very close relationship now with the Public Health Unit … We're a trial site for Rapid Point of Care Testing now* ***… I'm not sure what community people are thinking. I think they think it's ended and we're all good, but from Gurriny's perspective, it's not over yet".*** Finally, the roll out of a vaccine and site-specific control of hot spots will continue to provide ongoing challenges, particularly in the context of potential opening of international borders and the port of Cairns into the future.

Yarrabah has not yet taken the time to debrief or celebrate its successes and achievements in maintaining the safety of its community and residents through COVID-19. A Gurriny staff member considered: "*Uh not yet. I don't think the dust has settled. And apprehension…Best case scenario is that we don't have to deal with it but at the same time**, if you never have to deal with it well … what we did put in place has worked***".

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Appendix 1: Timeline of key actions related to Gurriny's response to COVID-19

Month	Action
November 2019	First internal discussions at Gurriny about preparedness for a pandemic.
Late January 2020	Gurriny initiated discussions with Local Disaster Management Group (LDMG) about the need to take leadership for pandemic preparedness.
February	Gurriny assessed its preparedness – with regards to staffing ratios, PPE & testing, structures and pathways for dealing with a case.
Mid-March	State Government activated Disaster Management plans that triggered Local Disaster Management procedures in Yarrabah. COVID–19 information was provided to Gurriny from the Tropical Public Health Service (TPHS).
Mid-March	LDMG established a Health taskforce; a COVID-19 Taskforce Action Plan was drafted.
Mid-March	Gurriny and Cairns and Hinterland Hospital and Health Service (CHHHS) developed a Pandemic Procedure for Yarrabah Health Facility.
Mid-March	Gurriny budget line item for COVID-19 set-up, despite absence of designated funding.

Midnight, 25th March	Checkpoint installed on Pine Creek Yarrabah Road at Koombal. This effectively isolated Yarrabah from Cairns and therefore interrupted access to basic commodities and services normally self-managed by community members.
26 March	Australian Government enacted legislation under the *Biosecurity Act 2015* to restrict access into Indigenous communities, including Yarrabah. Penalties applied if anyone was found breaching these legislative travel and access restrictions.
27 March	LDMG Health taskforce developed a Jobs Safety Environmental Analysis COVID-19 Facility Inspection & Assessment Report to assess the suitability of facilities in Yarrabah for quarantine; this informed development of a proposal for funding for Quarantine / Isolation Sites in Yarrabah and phased implementation plan.
Late March	LDMG commenced preparation to source and provide access to food and other essentials to community to negate people leaving community. Strategies included online deliveries from Coles and Woolworths, pop-up shops, a weekly seafood delivery, & deliveries of clothing. Gurriny assumed responsibility for education about social distancing.
28 March	Queensland local government elections held – a new Yarrabah Council was elected; the Mayor was returned.
March/April	Gurriny/CHHHS established a Fever clinic at Bukki Rd.
April	Gurriny conducted door knocking to every residence in Yarrabah to provide education about COVID-19, social distancing & food supply
7 April	The Australian government further strengthened the *Biosecurity Act 2015* (Cth) legislation to prevent the spread of COVID-19 in remote communities and rapidly address outbreaks.
April	The LDMG developed a Yarrabah 10 Point Recovery Action Plan
20 April	Gurriny's Generic Biosecurity Plan was approved by Human Biosecurity Officer Queensland Health
May	LDMG developed a Yarrabah Recovery plan and Risk Register
25 May	LDMG developed a Submission to Amend the Biosecurity Determination for Yarrabah to try to speed up the easing of restrictions so that people could travel outside of Yarrabah.
25 May	LDMG also developed a Roadmap to easing Yarrabah's restrictions. It identified trigger points for action and developed a Rapid Response Team and a Rapid Response Plan and Checklist.
3 June	LDMG drafted a Yarrabah Graveside funeral safety plan (COVID -19)
June	Gurriny developed a Management of Change plan to protect the safety of staff and community members when lockdown ended. Working from Home temporary arrangements for Cairns-based staff and Gurriny's 4-day week roster ceased
18 June	Federal Health Minister Greg Hunt lifted the Biosecurity Determination lockdown as it applied to Yarrabah
June	Cains based team (to support quarantining and isolating patients client and residents in Cairns) wound down as restrictions on travel and entry to and from Yarrabah were lifted.
June	LDMG drafted a COVID Household plan
September	Recruited a temporary Communications Officer

SEPTEMBER	Gurriny developed a Return to Work - Biosecurity Management Procedure Mandatory Protocol for all Workers / Services at GYHSAC
1 OCTOBER	Gurriny started to deliver full primary healthcare, including allied health.
END OCTOBER	CHHHS assumed full responsibility for the fever clinic
NOVEMBER	LDMG drafted a Yarrabah key learnings document.

Appendix 2: Organisational decision making structures